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NEW ZEALAND CHILDREN'S EXPERIENCES
OF
STRESS AND COPING

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ABSTRACT

Children's experiences of stress and coping have been underexplored in comparison to studies with adults and adolescents. Of those studies that have been conducted on children, many have utilised checklists originally developed by and for adults or adolescents or developed for children without consulting with them. It is only relatively recently that children have begun to be consulted about issues that concern them. While there have been studies exploring specific aspects of children's lives, there is no evidence of a study that has asked children, living around a country, not in known stressful situations, to talk about their stress and coping. There has been no prior research of this nature undertaken in New Zealand.

This study explores New Zealand/Aotearoa¹ children's experiences of stress and coping in their lives. A total number of 171 children, aged 8 to 12, from 29 schools throughout the country, were invited to take part in the study. There were two phases of data collection and the second phase included the administration of a coping checklist which was developed out of the data from Phase One. Overall 62 participants engaged in an individual interview and the rest took part in focus groups of primarily four children each. Discussion was facilitated using informal guidelines and all the individual interviews and focus groups were audio-taped, transcribed and analysed using a Constructivist Grounded Theory methodology.

Four categories of stress and 29 stressors were identified, the majority of which cluster around children's two primary contexts, the school and family. The results demonstrate that many of the challenges children identify are linked to the stress experienced by the significant adults in their lives including their teachers but primarily, their parents. While they could identify what their parents and other significant adults in their lives find stressful, they were unsure, and in some cases doubtful, that adults were

¹ *Aotearoa* – Maori word for 'New Zealand'

aware of what children find stressful or if they could identify the signs that a child was experiencing stress. The 20 coping strategies that were identified were ordered into four categories of coping with the primary modality being internal behavioural or cognitive strategies.

Children have explicit and articulate views on what they experience as stressful; how they are vicariously affected by global stressors and what they perceive the significant adults in their lives experience as stressful. Most children have a broad range of coping strategies that they can utilise and most identified their mother as part of their support system. There are challenges however, when stressors are experienced in the family and children have to rely heavily on their internal coping strategies. The small number of children, who could not identify a close family member or a member of the school personnel as support, were noticeable in their vulnerability.

The participants provide valuable insight into the world of childhood and inform us as to what is needed to ensure as strong a mental health foundation as possible so that they emerge into adolescence and adulthood able to participate as fully and effectively as possible.

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The four pages of art are copies of paintings by 9 and 10-year old students from a local primary school. They were asked to paint what they thought stress looked like.

CHAPTER 1

INTRODUCTION

“Children are remarkable for their intelligence and ardour, for their curiosity, their intolerance of shams, the clarity and ruthlessness of their vision.”

Aldous Huxley

“*Children are our most precious resource*” - a comment that is frequently adopted in promoting causes as diverse as child safety (Gordon & Mackay, Rehfuss, 2004), environmental concerns (Olden & Guthrie, 2000), health (Victorino & Gauthier, 2009), politics (Aynsley-Green et al., 2000), parenting (Land, 1987), and transport in education (American Federation of Teachers, 2005). In that statement, there *appears* to be an acknowledgement that children are our reservoir of assets for the future, which suggests a requirement and even a willingness to protect and nurture their needs. Yet today, children are growing ‘fatter, sicker and sadder’ (Gleeson, 2004, p.15) and their well-being in a ‘rich country’ such as New Zealand (UNICEF, 2007), is not guaranteed.

The question might arise as to ‘why’, if we claim to recognise their value to society, children’s needs are so poorly met? The recent (2007) UNICEF *Report on the well-being of children in rich countries* highlighted the frequently less-than-average circumstances many New Zealand children experience in their lives. This suggests that children face stressors that can challenge their well-being. It is widely acknowledged in Aotearoa/New Zealand and elsewhere in the world that the impact of stress experienced in childhood can influence future adjustment and development in adolescence and adulthood (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Muldoon, 2003; Smith & Gollop, 2001). The past Children’s Commissioner, Dr Cindy Kiro, has highlighted that children’s knowledge and

observations are seldom sought in New Zealand (cited in Mason & Hannah, 2009, p. 1) and little is known about their perceptions of stress in their lives, how they cope and how they make meaning of their experiences or seek support. Furthermore, it is uncertain how children perceive and make meaning of global, external stressors that they might be vicariously exposed to. Even though there has been a growing acknowledgement of the need for us to listen to children as the “mediators of their own experiences” (Phelan, Yu & Davidson, 1994, p. 421), it is recognised that their voices are seldom heard in our attempts to explore the reality of childhood (Atwool, 2007). Two of the outcomes that have been noted as rewards for listening to children are ‘enlightenment’ and ‘empowerment’ (Warshak, 2003, p.374) where the one gives adults information they might otherwise not have obtained and the other gives children opportunities to experience giving and having their opinions listened to as well as contributing to decision-making, especially in matters that concern them.

Even though the importance of including children in research affecting them has been emphasised at both a national and international level, (Gregory, Gregory & Carroll-Lind, 2001; Lansdown, 2001; Mayall, 2003; Smithies & Bidrose, 2000; Gray, 2002), it has also been highlighted that the majority of past studies around children and childhood, focused on them as ‘subjects who are acted **upon**’ rather than ‘acting **in** the world’ (Christensen & Prout, 2005, p.43). Although we all have experience of being a child, the practice and disadvantages of constructing childhood through the eyes of adults when in fact the true experts are the present cohort at any given time in history, has been commented on by Gregory, Gregory and Carroll-Lind (2001). Indeed, it has been suggested that what we need in order to develop our interventions is, not the ‘second-hand data of significant adult figures’ (Wyness, 2006, p.187), but the critical view of the ‘inside-out perspective’ as against the ‘outside-in view held by observers’ (Yamamoto, Whittaker, Davis, 1998, p. 305).

Children’s rights are enshrined in the most widely-ratified document in the world, The United Nations Convention of the Rights of the Child (UNCROC,) which attempts to balance the care and protection children require while at the same time positioning them as social actors and active, vocal participants in society. Historically, in the field of research the focus on an adult-centered, developmental perspective has been reinforced through methods and interventions (Mason, 2005)

illustrated by the description by Alanen (2005) of 'pseudo-inclusion' where the focus is on children, but they themselves are largely invisible.

However, in some countries and in some research fields, society's view of childhood has evolved and reconfigured over the past thirty years and, particularly in the past decade, this is starting to be reflected in fields of research that engage with children (Alanen, 2005). Researchers have begun to reposition themselves based on their view of children as 'having subjective world's worth exploring' (Wyness, 2006, p. 185).

While these developments are encouraging, it seems paradoxical that, as a cohort, they are still not routinely included in research, particularly in issues that directly concern them. The very fact that we still debate the issue of their inclusion, that internationally and nationally childhood is exposed on a daily basis as a potentially vulnerable stage of life development, suggests that we continue to stumble in our attempts to understand childhood as a concept and children as the incumbents. Through our failure to enquire as a result of our adult presumptions, we frequently fall short in providing children with the basic needs for survival, let alone the optimum conditions for them to develop to their full potential. If we want to understand the intricacies of contemporary childhood, it is not enough to rely on the view of adults for, if we continue to only consult with children as an exception rather than as a rule, we continue to leave them susceptible to the impact of challenges that are potentially overwhelming for their capabilities.

Internationally, in their review of existing research on the correlation between stressors and child and adolescent well-being, Grant et al. (2003) note that compared to research with adults, children have been under-represented in investigations concerning stress. This has resulted in very limited data on the effects of stressors on the wellbeing of children. It has further been proposed that this paucity of research directed at children suggests that adults still vastly misjudge the severe impact of stress on children and young people (Matheny, Aycock & McCarthy, 1993).

'Stress' is a complex word to define and is frequently used loosely and indistinctly within the public domain and according to the situational context (Matheny, Aycock, McCarthy, 1993). In its complexity its meaning can be vague and confusing. The same can be said of the concept of 'coping'. If adults find these words multifaceted and complex, then those challenges become even more significant when working with children and **their** understanding of the term. I see the challenge as needing to be informed by what we understand from our perspectives and experiences, yet also having the ability to hold our opinions so that they do not interfere with our ability to listen to what children have to say. Many children would probably not use the words 'stress' and 'coping' to describe an event or experience, or their subsequent reaction/s. Many of them may identify them as words their parents or caregivers use in their descriptive vocabulary. Never the less, even though they may not be part of children's common vernacular, they have the ability to define them in terms of their own experiences. The following quotes taken from a pilot group prior to the study illustrates: "*Stress is when you are under pressure. Someone might have done something that might have hurt you and you become depressed. When you're stressed sometimes you swear and let your anger out at someone*" (female, aged 10).

Stress is when you feel under pressure and maybe you don't think that you can do something that other people like your friends or your parents are pressing you to do. When you are stressed you might feel like you don't know what you are doing or you don't want to be in this situation. It fills up inside you and it's really hard. (girl, aged 10)

I have worked and interacted with children for 34 years. My roles have included mother, teacher, tertiary lecturer, counsellor, and researcher. In my work as a counsellor with children in the school and family environments, I have had the privilege of listening to their personal perspectives on their experiences of childhood; their interpretation of what it is to be a child at that particular time in history within their family and social contexts. Out of this has grown an awareness of childhood as a stage of development less understood than we, as adults, seem prepared to

acknowledge. And in this struggle to admit we 'do not know', we interpret and presume from our adult perspective, and in our presumption we miss the opportunity to consult with the experts incumbent in that stage of their development.

While we ponder the methodology, the ethics, the reliability of working with children; the actual lived experiences of children evolve as rapidly as our recognition and acknowledgement of them as experts in their generation, moves slowly. If we want to fully understand the developmental risks and protective factors that influence positive social outcomes in the lifespan, it stands to reason that we should regularly consult with all parties involved. When we fail to understand what children experience and what their needs are, we are unaware of what we should be providing to optimise their experience of this stage of development, a fact that has previously been highlighted by the World Health Organisation (2002) with the statement that "increased understanding of children's experiences of stress and means of help-seeking would have the potential for policy makers and service providers to identify gaps in existing services." Overwhelming and challenging events in childhood have the potential to lead to poor mental health outcomes in adolescence and adulthood. Over and above the major life transitions and challenges that we know have the potential to be stressful, children today face many new stressors that we, as adults, may not have experienced during our childhood. We need children's voices to fully inform us in research and towards the development, implementation and evaluation of policies that either directly or indirectly impact on them.

This research proposes to explore Aotearoa/New Zealand children's experiences of stress and coping. The essence of this study will be to capture their experiences based on their personal accounts; to understand how they react to the stressors that challenge them and to identify potential gaps between their identified needs and any support systems that are perceived by adults as being available to them. Children (aged 8 to 12 years-old) of different gender and ethnicity, from both rural and urban settings and across socio-economic strata will be invited to participate in the consultation.

It is proposed that the findings from this study will, at a later stage, inform the development of an instrument that will be available in primary schools for children to access in order that they may inform relevant adults of their present stress experiences, coping and help-seeking. This may take the form of a generalised annual whole-school cohort approach as well as an ongoing individual 'at risk', or self-referral, intervention information tool for teachers, special needs support staff, health professionals, community agencies and policy makers at Ministry level.

It is many years since I myself was a child and the world that we inhabit now is a vastly different one to the one that I experienced in my childhood. Informed as I am by my own distant memories, my adult qualifications and professional experience and driven by my passion to improve contexts for children generally, and more specifically, those in New Zealand, I have set out to talk to children around the country about what they find stressful and how they cope as a child today. Informed by children themselves, perhaps we may better understand and support them in times of stress, enabling them to develop to their full potential in order that they are able to engage and contribute fully and actively as adults in our society, unencumbered by the lasting effects of stress in childhood.

CHAPTER 2

LITERATURE REVIEW

Introduction

Stress has been described as an aspect, to a greater or lesser degree, of everyone's lives. The difference, however, lies in the vulnerability to stress of each individual (Gunnar & Quevedo, 2007). The questions '*What do New Zealand children find stressful?*' and '*How do they cope?*' underpin this research. Recognising the children as a group and as individuals, the study seeks to explore their experiences, their vulnerabilities and their defences.

Middle childhood has been described as "a unique developmental period with its own set of tasks and milestones" (Moore & Theokas, 2008, p.109). It is a time when children are investigating their strengths and their limitations, venturing into deeper and more consciously meaningful friendships while still firmly attached at home. This is also a stage of development which is frequently ignored by researchers and policy makers and yet, as the launch pad into adolescence and then adulthood, ignoring the needs of this group can have serious consequences (Moore & Theokas, 2008).

This chapter reviews the literature in the field and provides the setting for this thesis, from which the process and findings will be described and discussed. In essence it grounds the study on a base from which to develop this research with children.

At the outset, the issue of why we should be concerned about children's experiences of stress and coping will be explored, with a focus on the developmental, personality, neurobiological and attachment theoretical perspectives.

This will establish the underlying rationale as to why the research should be undertaken.

Considering that the ability to cope involves skills necessary for dealing with daily as well as life challenges, the question of why some children cope and others struggle is often described in terms of resilience and this, as well as theories of differential impact, will be included.

A review of the international and national literature regarding children's mental health and how it is currently viewed and described will add to the initial developmental perspectives. Following this, the subjects of stress and coping as research phenomena and how the words have evolved and are defined today, will be examined.

Research about stress and coping with adult populations has a long history and although adults are not the focus in this project, stress and coping are. Knowledge gained from these studies has informed research with children, consequently a discussion on some of the developments in adult studies will link to the development of studies with children.

Research 'on' children has a much longer history than research 'with' children and some of the issues connected to the revolution and the evolution of this movement will be discussed. While the development of research with children is not the focus of this study, studies with children have always had, and continue to have, the potential to be controversial, this is particularly true in studies about stress and coping. This background review includes reference to the history of children's rights, in particular those that pertain to participation and protection. Of necessity, these references underpin, direct and point the way to this study with children about stress and coping.

Research *with* children about their experiences is still a relatively young field and the review of the history and the developments of the field will provide the context from which this study has emerged. Finally in this chapter, justification for the undertaking of this study has grown out of the identification of what *could* be referred

to as a gap in the field. It could also be described as a natural progression, given our need to understand the culture of childhood today and the importance of our commitment to the promotion, protection and participation of children.

Why should we be concerned about stress and coping in children's lives?

The answer to this question can be explored from various theoretical perspectives – developmental, personality, neurobiological and attachment.

Stress is necessary for survival (Gunnar & Quevedo, 2007). The foremost theories of child development (cognitive, psychoanalytic and behavioural) acknowledge that growth requires change involving challenges, readjustment and varying degrees of stress (Seefeldt, 1984). The middle childhood stage of development (aged between 6 and 12) is often viewed as a somewhat uncomplicated phase. Freud referred to middle childhood as the 'latency' period in which the child is primarily 'working and playing' (as cited in Thomas, 2005, p. 67) and described it as a time of 'relative calm' from a psychosocial developmental perspective (Pressley & McCormick, 2006). Erikson labelled it the 'industry versus inferiority' stage when children 'need and enjoy hours of make-believe games and play' (Thomas, p. 92). Bronfenbrenner, on the other hand, clearly articulated that children do not exist in a bubble of individual development in their immediate environment. Indeed, research increasingly reveals the impact of environmental factors on children's wellbeing including, 'culture, law, policies, community, family, and media' (Dodge, Coie & Lynam, 2006, p. 743-745). In identifying the influence of various contexts in which children are nested Bronfenbrenner noted the importance of looking beyond the individual in order that we may comprehend their development. He stressed the concept of 'ecological validity' (Thomas, p. 356) and the 'study of development in real-life settings' (Muuss, 1996, p. 315). From this we can ascertain that from an ecological developmental perspective, unless we study children in their own settings and focus on their experiences and observations of their own contexts, we will not understand what it is that enhances or negatively impacts on their development.

The two primary settings in which children live in middle childhood are the home and the school. Attending school provides the environment within which children's mental, social and emotional development is either enhanced through challenge and accomplishment or negatively impacted through challenge and failure. In terms of Erikson's 'industry versus inferiority' stage, measuring themselves against their peers, either independently or through the academic system means that children become aware of their abilities and self-efficacy. Experiences or perceptions of 'not measuring up' can impact on their motivation and their mental wellbeing. Pressley & McCormick (2006) note how primary schools 'become increasingly competitive with far fewer academic winners than losers' (p. 400) suggesting that systems of schooling and the significant adults in children's lives are pivotal to the impact of these middle childhood challenges.

The ability to cope with stress is influenced by personality, and at the same time personality is also shaped by stress. One of the oldest psychological arguments exists in the domain of personality development research; the 'nature **versus** nurture' question is now evolving into an understanding and acknowledgement of 'nature **and** nurture' (Caspi & Shiner, 2006). There is evidence to show the influence of the environment on genes, and vice versa (Dodge, Coie & Lynam, 2006). Influenced by genetics, traits are the first aspects of personality to emerge and these develop and strengthen with increased cognitive, emotional, behavioural, communication and motor skills (Shiner, 2009). Traits have also been described as 'reflecting individual differences in biological systems that have been selected through evolution and are shaped by individuals' life experiences (Nettle, as cited in Shiner, 2009, p. 721). They are also viewed as 'organisational constructs' in that they contribute to how people manage their behaviour relative to stressors in their environment and the demands experienced in different developmental stages (Caspi & Shiner, 2006). The interactions between children and their environments clearly influence the development of their personality, while their personality shapes how they respond to their environments.

Roberts and DelVecchio (as cited in Shiner, p. 722) suggest that the stability of traits increases over time through childhood and is moderately stable by adolescence. This infers that the period of childhood is critical in the development of

personality. Just as opportunities and abilities to cope may demonstrate resilience, build self esteem and shape personality, lack of coping strategies has the potential to negatively impact on personality development. The knowledge that processes such as coping and attachment styles, and traits such as aggression, empathy and anxiety are features of children's developing personalities highlights the importance of exploring children's abilities to cope with stress.

Stress is often explored and described in terms of its psychological effects on development; however the impact on neurobiological development is an essential aspect of understanding stress and coping in children's lives. While neurobiological reactions to stress are essential for survival, experienced frequently they enhance the possibility of mental and physical health challenges, especially during phases when the brain is going through a growth spurt (Gunnar & Quevedo, 2007). Stress, particularly early stress, can, through altering brain states, create maladaptive coping mechanisms separate from cognitive functioning.

Timing, duration, and the relationship between genetics and ecological challenges can all influence the impact of stress on brain development, behaviour and cognition. Research has demonstrated the relationship between experiences of stress in childhood with aggravated susceptibility to stress and cognitive deficiency (Lupien, McEwan, Gunnar & Heim, 2009) and mental health challenges in adulthood (Teicher et al., 2003). Early stress can also predict significant adaptation in social and emotional functioning and increased susceptibility to emotional and behavioural disorders (Veenema, 2009). With figures suggesting that between "10 and 15% of women are affected by postpartum depression in developed countries" (O'Hara, as cited in Prince et al., 2007, p. 867), children who are poorly nurtured in childhood, in particular those whose primary caregivers may experience depression, are at increased risk of depression themselves in adolescence (Halligan, Herbert, Goodyer & Murray, as cited in Lupien et al., 2009).

The influence of environment on personality development and lifelong mental health can be further explored in attachment theory. While it has been shown that poor early nurturing and attachment may have negative neurobiological outcomes, attachment theory also posits that a child internalises relational working models

through their early experiences of human connections and interactions and that their model is applied and adapted through ongoing experiences in their various domains (Bronfenbrenner & Morris, 2006). Early experiences of poor attachment have the potential to adversely affect future inter- and intra- relationships, pointing to socio-emotional challenges. During middle childhood, attachment to adults continues to be critical and insecurities can affect trust in self and in others, leading potentially to social, emotional, mental and behavioural maladjustment.

Connections and interactions with adults, whether directly or indirectly, environmentally or biologically, emotionally or socially, thread throughout the theory discussed. Recognition of the influence of interplay between children and their environments is also key to the various theories. In answer to the question as to why we should be concerned about children's stressors and their ability to cope, the different models highlight some of the critical issues contributing to children's development and provide impetus for undertaking this study.

Resilience

Almost three decades ago Rutter concluded that resilience does not develop through the evasion of stress but rather through personal experiences of coping successfully with challenges, which leads to the development of self-assurance and social abilities (1981). Resilience is intertwined with stress and coping, and has more recently been defined as "adaptive functioning across multiple life domains following significant exposure to adversity" (Shannon, Beauchaine, Brenner, Neuhaus, Gatzke-Kopp, 2007, p. 722).

In their critical appraisal of the body of resilience research, Luthar, Cicchetti, & Becker (2000) noted that studies have moved away from defining resilience in terms of the unique personality attributes in a child to recognising the influence of outside factors and the combination of the individual child, the family and the environment in the development of resilience. Researchers have also been interested in the 'underlying protective processes' which contribute to positive outcomes in an effort to develop appropriate interventions for those children at risk. The term 'resilient' has evolved to be understood as a dynamic, and not static, characteristic that suggests

the presence of challenging conditions and the ability to adapt positively – *at that time and in those circumstances*. Cicchetti and Curtis (2007) have urged researchers to focus not only on behavioural aspects but to explore the interactions with biological and genetic processes in a ‘multilevel pathways’ construct of resilience (p. 628).

As with the stress and coping fields of research, contemporary resiliency studies have grown to embrace the psychological, environmental, biological, relational and genetic aspects of influence. While ‘resilience is not absolute’, if the ‘components’ (Garbarino, 2008, p. 7) are present, all children have the capacity to be resilient.

Resilience is a basic human capacity, nascent in all children. Parents and other care givers promote resilience in children through their words, actions, and the environment they provide. Adults who promote resilience make family and institutional supports available to children. They encourage children to become increasingly autonomous, independent, responsible, empathic, and altruistic and to approach people and situations with hope, faith, and trust. They teach them how to communicate with others, solve problems, and successfully handle negative thoughts, feelings and behaviours. Children themselves increasingly become active in promoting their own resilience. (Grotberg, 1995)

As in theories of growth and development, the contemporary resilience literature highlights the importance of understanding the individual from psychological, biological, genetic and relational perspectives as well as in their interactions with their environment. Children’s positive and negative emotionality and their ability to self-regulate, both of which are informed and influenced by their environments, are pivotal to children’s ability to adjust to stressors (Lengua, 2002).

While participants in this study were not asked directly about their resilience, the subject of coping explores their resilience relative to the stressors under discussion. Risk and protective factors influence how a child copes and overwhelming risk factors exacerbate the potential for challenges to mental and emotional wellbeing (Alperstein & Raman, 2003). What constitutes a risk factor and what is experienced as overwhelming is, at the outset, individual to each child. Talking to children about stress and coping recognises that understanding the environments that children exist in, exploring their relationships with significant people in their lives, identifying the stressors in their various contexts and the level at which they are able to cope is crucial to our understanding of their resilience and for what is needed to enhance and support that.

Talking to children themselves recognises that, from a social constructionist perspective, they are the key informants in a study that seeks to understand their experiences and skills. In terms of the range of theories and aspects of what influences child development the researcher, as co-creator, holds the knowledge of why we should be concerned about stress and coping in children's lives and listens for these influences.

Children's mental health in context

Many organisations and researchers, national and international, who focus on the health of the population, have found defining 'mental health' a challenge (World Health Organisation, 2004; Almedom, 2005, Friedli, 2009). In addition many models of mental health tend to describe only parts of the whole (Vaillant, 2003). Unlike physical health, which provides an actual concrete model to probe, explore and understand, mental health is an abstract, culturally moulded and defined concept, still not automatically recognised as an essential dimension of health, yet an aspect of health which underpins the very physical health on which society predominantly chooses to focus its attention. The World Health Organisation (WHO) has described mental health as:

...not just the absence of mental disorder (but)...a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (<http://www.who.int/features/qa/62/en/index.html>)

The organisation has further defined the mental health of children and adolescents as the capacity to:

...achieve and maintain optimal psychological and social functioning and well-being. They have a sense of identity and self-worth, sound family and peer relationships, an ability to be productive and to learn, and a capacity to tackle developmental challenges and use cultural resources to maximise growth. Moreover the good mental health of children and adolescents is crucial for their active social and economic participation. It is directly related to the level reached and the competence achieved in psychological and social functioning. (WHO, 2005, p. 2)

At the same time there is also international and national acknowledgement that it is difficult to define a concept such as 'mental health' or 'mental wellbeing' without taking into consideration the many and varied cultural contexts that children live in, including family, ethnic, political, educational, environmental and economic. (Friedli, 2009; Lahikainen, Tolonen & Kraay, 2008; WHO, 2004).

The connection between stressful life events, coping and mental health; the mental health trajectory

However difficult we find it to define 'mental health', the connection between stressful life events, coping and challenges to mental health is well researched (Compas, 1987b; Middlebrooks & Audage, 2008; WHO, 2005). The subject of stress is complicated. What we do know is that stress can be a positive, motivating factor

(Lunney, 2006; Middlebrooks & Audage, 2008); can build resilience (Grotberg, 1995) and can lead to psychological growth and growth in life skills (Robson, 1999), factors that will serve children well in adolescence and on into adulthood. What is also well-documented is that too much stress, or too many stressors, can challenge the mental health of children (Hampton, 2006). It is also acknowledged that, for most children, the ability to develop strengths is enhanced by the presence of protective factors such as caring and supportive parents or caregivers (Power, 2004; WHO, 2005); attachment to at least one significant adult in their lives (Patterson, Cohn & Kao, 1989); strong school connections (Morgan et al., 2007); and adults modelling coping strategies (Power). While some children demonstrate the ability to cope in stressful experiences with very few, or no protective factors (Radke-Yarrow & Brown, 1993), for most, the combination has the potential to lead to a trajectory of poor mental health throughout their life-course (WHO, 2005). The World Health Organisation has highlighted the need for children to receive the benefits of mental health promotion to preclude challenges to their mental health throughout their lifetime (<http://www.who.int/features/qa/62/en/index.html>). This has been supported in a statement which emerged out of the European Society for Child and Adolescent Psychiatry Congress held in Florence, Italy in 2007 which held that 'mental disorders prevented in childhood are mental disorders prevented for life' (Florence Declaration, 2007).

Notwithstanding the recognition and promotion of mental health as a major component of children's health by significant global health organisations, acknowledgement by governments by virtue of statements within relevant policies and service provision worldwide remain inadequate (Belfer & Saxena, 2006; WHO, 2005).

Over a decade ago, in a collaboration between the World Health Organisation and Harvard University, Murray and Lopez (1997) projected that by the year 2020, unipolar major depression would be the second leading cause of burden of disease or injury globally. In highlighting the need to bring these calculations up to date and look forward to 2030, Mathers and Loncar (2006) confirmed the earlier estimation by ranking unipolar depressive disorders between HIV/AIDS and ischaemic heart disease as the three foremost causes of burden of disease. While it is recognised

that predictions such as these may be less than certain, they do provide us with information about trends and 'useful insights into the future health of the world' (p. 2030) and therefore the opportunity to plan interventions and develop relevant policies (Mathers & Loncar). In 2009, mental health has been calculated to contribute to 14% of the global burden of disease (Tomlinson et al., 2009).

There is growing concern regarding the mental health status of children across the globe. Mounting confirmation of clinical depression in children as young as three (Luby, 2009) show that episodes in these young age groups are not merely passing developmental incidents but rather tend to predict recurring and persistent experiences of subsequent depression (Luby, Si, Belden, Tandon, & Spitznagel, 2009). Other mental health challenges in middle childhood, such as anxiety disorders, have been described as 'serious and common' and likely to predict challenges through the lifetime trajectory (Cartwright-Hatton, McNicol, & Doubleday, 2006, p. 832; Marshall & Ramchandani, 2008); behavioural disorders, such as conduct disorders have been strongly correlated with family dysfunction, most commonly inter-relationship discord, and have been identified as risk factors for numerous adult mental health challenges (Harrington, 2001). While there is emerging acknowledgement of the cultural and contextual influences on the prevalence and the attendant risk and protective factors (Canino & Alegria, 2008), globally, reliable epidemiological data illustrates that 20% of children experience a disabling mental disorder underpinned by economic, personnel, training, service provision and policy resource gaps. (Belfer, 2008; WHO, 2005). Concurrently, there is evidence that parents underestimate children's distress (Stuber, cited in Krajcski, 2002, p. 34) and considering their role in providing the necessary care and referral for their children, the prognosis is sobering. In the United States it is estimated that at least 1 in 10 children (National Institute of Mental Health) or as many as 6 million young people may be affected by a serious emotional disorder. In their analysis of depression across the United States, the non-profit organisation Mental Health America, reported that depression affects 1 in every 33 children (<http://www.mentalhealthamerica.net/go/state-ranking>). In the United States, *Key National Indicators of Well-being* (Federal Interagency Forum on Child and Family Statistics, 2008), the government statistics on children revealed that in 2006, 5% of children were described by their parents as having 'definite or severe difficulties with

emotions, concentration, behaviour or being able to get along with other people' (p.16).

Similar to the United States, in a survey conducted in 1999 for the Office of National Statistics in Great Britain, Meltzer, Gatward, Goodman and Ford (2003) reported that amongst children and young people aged five to fifteen, one in ten children and young people and specifically, in children aged five to ten, 10% of boys and 6% of girls had a mental health problem such as anxiety and depression and that these children were about twice as likely to be members of discordant families, described as having 'unhealthy functioning', than children with no mental health challenges; 35% compared with 17%. In a document outlining the Governments vision for improving children's physical, mental and emotional health over the three years from 2007 to 2010, it was noted that 'rates of mental health disorders remain worryingly high' (HM Government, 2008, p. 3).

In a more recent National Statistics follow-up survey, there were similar statistics for children aged five to ten with mental disorders, with boys at 10% and girls at 5%. Many children experience challenging social functioning within their families, including parental emotional and mental illness, and parental separation (Green, McGinnity, Meltzer, Ford, & Goodman, 2005). In 2007 the mental health services for children and young people in the UK were described as needing urgent attention with statistics showing that over the past two and a half decades, diagnoses of anxiety and depression had escalated by 70% (Shetty, 2007).

In a survey on the mental health of children and adolescents in Australia specifically exploring Conduct Disorder, Attention-Deficit/Hyperactivity Disorder and Depressive Disorder, the incidence of mental health challenges for children between 4 and 12 years is between 7 and 14% (Sawyer et al., 2000).

In New Zealand, amongst the general population, research has shown that approximately 47% of the population will have an occurrence of mental ill health in their lives with the figure equating to one in five annually (Oakley Browne, Wells, & Scott, 2006). The Agenda for Children and the Youth Development Strategy Aotearoa (2002) are government documents and strategies that provide a base to

ensure that children and young people are central to policy issues and that they are taken into consideration regarding issues that concern them, ideally by having vocal input (Gray, 2002), and that relevant and effective research investigates their circumstances and wellbeing. Never the less, the Ministry of Health has acknowledged the incidence of mental illness amongst children and young people in New Zealand has risen over the past half century with the Mental Health Commission proposing that 5% of children and young people have a “serious, ongoing and disabling mental illness requiring specialist intervention” (as cited in Child Poverty Action Group, 2003, p.57). Statistics suggest that approximately 25% of children are expected to experience a significant challenge with their mental health prior to the age of 13. Amongst five to nine year olds, almost 40% who have a serious diagnosed mental health disorder will go on to have similar or other mental health challenges in later childhood and beyond (Ministry of Health, 1998). Children are not however, automatically included in research on mental health in New Zealand, with the recent national survey targeting the population who fall into the 16 years and older bracket (Oakley Browne, Wells & Scott, 2006).

While there is clear evidence that the incidence of children experiencing mental health problems is increasing, conversely there are also many indicators that their needs, even in developed countries, are frequently unmet (Patel, Flisher, Hetrick, McGorry, 2007). Thinking in terms of the future, today’s children, the participants in this study, are tomorrow’s adults. The importance therefore, of their mental health as children, cannot be overemphasised.

Stress and coping

One of the earliest definitions of the word ‘stress’ came out of the field of structural engineering (Robson, 1999) to describe the effect on metal under pressure; with the first reference to humans attributed, in 1932, to Cannon, a psychologist, (Frydenberg, 2008). When endocrinologist, Hans Selye, first described the phenomenon of ‘biologic stress’ in 1936, the term caused heated reactions and it was decided that what he was describing was ‘nervous strain’. His descriptor was then changed to ‘alarm reaction’ (Rosch, 1998; Selye, 1957). From Selye’s seminal

work on how the body copes with stress which he described as 'the general adaptation syndrome' (1946, p.117); his discussion on the impact of 'stressors' on mental resources (1950); to his 1974 definition of stress as: '...the nonspecific response of the body to any demand made upon it' (p.27), the study of stress has grown over the past 60 years from research into how the body reacts to stress to a multi-faceted field of study. In fact, just how large stress and the associated field of coping research are, can be understood in the suggestion that they may be the most extensively investigated domains in psychology (Frydenberg, 2008).

Stress has never been an easy concept to define or measure (Webster-Stratton, 1990) and this is well illustrated by an unidentified critic who once captured the complex nature of the word by declaring: 'stress in addition to being itself, was also the cause of itself and the result of itself' (Rosch, 1998, p.3). In an attempt to distinguish between the stimulus and the response, Selye himself described and defined a 'stressor' as '...that which produces stress' (Selye, 1957, p.64). Further extension on the complexity of defining the word stress includes the 'process' as well, suggesting a definition which best describes the global intricacy of the word: 'Stress is best used as a general term of the total process linking demands to reactions and other outcomes' (Carpenter, as cited in Robson, 1999, p.220).

Almost five decades later the definition of 'stressors' had evolved to, in some cases, describe a set of domain-specific identified challenges: 'environmental events or chronic conditions that objectively threaten the physical and/or psychological health or well-being of individuals of a particular age in a particular society' (Grant et al., 2003, p. 449).

From a biological perspective stress has been defined as: '...real or perceived challenges to an organism's ability to meet its real or perceived needs' (Greenberg, Carr & Summers, 2002, p.508). From a mental health perspective the definition by Lazarus and Folkman (1984), 'psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being' (p.19), has been described as the theoretical foundation for investigations on stress in the young (Grant et al., 2003). Notwithstanding this challenge in arriving at a consensus of

description, stress has been identified as one of the most significant issues associated with mental wellbeing (Grant et al., 2003). While researchers may search for common classifications of stress, Greene (1988) has drawn attention to the fact that the oft-used definition by Lazarus and Folkman refers to the appraisal 'by the person', highlighting just how unique the experience of stress is and therefore how important it is to gather information from those whom we seek to understand, define and support. This two-fold common, yet at the same time unique experience of stress was captured 50 years ago by Selye who described the outcomes of stress as a 'specific syndrome', but the causes or stressors as 'non-specifically induced' (1957, p.56). More recently however, there have been attempts to define the meaning of stress from children's perspectives, including: '...caught in life's challenges' (Kostenius & Ohrling (2008).

Studies on coping developed out of stress research and heralded the shift from a deficit model of adjustment to investigating the ability of people to manage the challenges they face in life. This field can be traced back to Sigmund Freud's exploration and definition of the defence mechanisms that people employ in their efforts to deal with psychologically overwhelming experiences (Frydenberg, 2008).

As with the term 'stress' there are numerous definitions of the term 'coping', depending perhaps on the orientation of the researcher or the origins of the research, for example, coping has been described as the resources that 'refer to physical, social, and psychological assets useful in dealing with demands' (Matheny, Aycock & McCarthy, 1993, p.110). However, one of the most widely-accepted and utilised definitions of coping is that of Lazarus and Folkman: 'Coping is the constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person' (p.141, 1984).

Coping, sometimes described as 'stress responses', has been recognised as having two wide-ranging components namely, 'voluntary versus involuntary responses' specifically the reaction to engaging with the stressor and the reaction to disengaging with the stressor; and 'engagement versus disengagement' also

described by Cannon in 1934 as the 'fight or flight' reaction (as cited in Compas et al., 2001, p. 89).

Studies on stress and coping

The experience of stress is central and of primary significance within the wider context of overall health (Byrne, Davenport and Mazanov, 2007) as is the ability to cope (Taylor & Stanton, 2007). The correlation between elevated stress levels and increases in problem behaviours is well established (Lau, 2002) as are the links between challenging stressors and neurobiological (Hampton, 2006; Sparrow, 2007), physical (Sharrer & Ryan-Wenger, 2002) and mental health (Dise-Lewis, 1988).

The importance of developing appropriate and effective stress measures is essential (Byrne, Davenport and Mazanov, 2007). Researchers from diverse disciplines approach the study of stress and coping from different perspectives, including, for example, biological (Greenberg et al., 2002; Selye, 1946, 1950); psychological and psychopathological (Grant et al., 2003, 2004; Lau, 2002); behavioural (Barrett & Heubeck, 2000); educational (Matheny, Aycock & McCarthy, 1993); medical (Stefanello, 2004); global financial and economic situation (Morrow, 2009a); mental wellbeing (Fattore, Mason & Watson, 2009); and social interactional (Webster-Stratton, 1990), although many of these disciplines overlap and inform each other.

While stressor lists have previously been generated through discussion with young people (Compas, Davis, Forsythe & Wagner, 1987), there is also acknowledgement that, in order to keep abreast of current challenges, they should be updated through consultation with adolescents as frequently as every decade (Byrne, Davenport & Mazanov, 2007).

While stress associated with major life events is generally acknowledged and accepted, the understanding of the effects of daily hassles and indeed what exactly can be classified as a daily hassle, is less established and therefore less supported. As previously mentioned, broad definitions of stress generally reflect the fact that

stress is essentially an individually defined experience and this would be particularly true of the day to day hassles that people experience. However, in seeking to develop understandings of contextual stress within a particular sphere of influence, various studies have shown that those experiences that may be construed as daily hassles are positively associated, independently of major life events, with mental health disorders (Barrett & Heubeck, 2000). Acknowledgement of the impact on health of daily stressors suggests that studies on stress and coping need to be conducted, not only with those with recognised challenges, but with healthy cohorts as well (Sorensen, 1991). While children appear capable of handling adversity, numerous stressors may result in decreased ability to cope, complicating their future adjustment and development. Continued exploration of specific environmental or circumstantial stressors is important but should be complemented by universal studies of daily stressors (Lau, 2002).

Coping has been described as ‘essentially a dynamic interaction between persons and their environments’. There is also recognition that, like stress, it is a complicated process to define including as it does, ‘coping strategies, coping resources, and coping outcomes’ (Frydenberg, 2008, p.20 & p.27). Coping studies can be traced back to the seminal work by Lazarus and Folkman, *Stress, Appraisal and Coping*, a quarter of a century ago (1984). Like studies of stress, researchers from many and various fields have explored the concept of coping, including medical (Board, 2005), educational (Sawir, Marginson, Deumert, Nyland & Ramia, 2008), psychological (Folkman & Moskowitz, 2007), and social (Swiatek, & Cross, 2007). At the turn of this century, one of the leaders in the field, Lazarus, commented on his sense of confidence about the growth and direction of coping research, noting a maturity, a psychological depth, a holistic approach, an awareness of the uniqueness of each individual and of a growing consciousness on the part of researchers that people utilise all their senses in coping with stress. He noted the emergence of a few comprehensive interviews and observations with participants in studies, acknowledging the powerful insights these have given to the processes of coping (2000). Less than a decade later Compas, another acknowledged leader, has described coping research as ‘at a crossroads’ and progress in the field as ‘slow’ (2009, p.88). In part, he attributed this to the lack of blending methodologies and data, noting the importance of integrating regulation studies, particularly emotional,

into 'coping with stress' research. In the light of the increasing challenges facing society today, Compas stressed the sense of urgency for those engaged in coping research, principally in the development of interventions for children and adolescents. Additional challenges in developing strategies for children lie in the fact that coping involves aspects of assessing the situation and considering whether it can be modified (Rossman, 1992) and children often have limited ability to adapt their environments (Skinner & Zimmer-Gembeck, 2007). Adding to knowledge of the state of the 'coping' field is Frydenberg's recent observation (2008), that adolescent coping research to date had largely been constructed on the adult-focused coping theories of Lazarus and Folkman.

Today, hundreds of coping strategies have been identified and many characteristics, such as the setting, personality and social relationships, impact on the process. Simultaneously, coping influences interactions with others and contributes to the development of both protective and risk factors in adjustment to stress. The process of coping reveals ability and disability in mental and physical health (Skinner & Zimmer-Gembeck, 2009).

Studies with children

While studies 'of' children have an extensive history, those 'with' children have taken a long time to gather momentum. Over the past two decades, at least in certain disciplines and fields, there has been growing recognition that studies about issues that affect children should be done 'with' them as subjects rather than 'on' or 'for' them as objects (Dixey, Sahota, Atwal & Turner, 2001; Kortelnuoma, Hentinen & Nikkonen, 2003; Mauthner, 1997; Tisdall, Davis & Gallagher, 2009). Yet, even though there is far more awareness, including children is still not seen as an obvious, automatic step when exploring aspects of their lives.

The question of what prevents adults from engaging is complex and there are multi-faceted underlying issues which have contributed to the paucity of research with children. Based on their stage of development, society engages in discourses that portray children as inferior, incapable, vulnerable and weak, in particular, the issue of age can result in 'discrimination...which places them lowest in the pecking

order and denies them rights' (Gregory, Gregory & Carroll-Lind, 2001, p.65). There are also issues around power and control where children are, more often than not, viewed as in a subordinate position in society (Taylor, 2009), perceived as essentially needy, unskilled and helpless. In tandem with beliefs about age, stage of development and perceptions of their capabilities, children are generally viewed as having less knowledge and fewer skills (Kellett, Forrest, Dent & Ward, 2004) while judgements are made about their cognitive abilities and social competencies (Christensen & Prout, 2002). There may also be doubts about children's ability and capacity to comprehend notions of health and a lack of confidence on the part of researchers about how to conduct research with various ages and skills (Dixon-Woods, Young & Heney, 1999). While all these are factors influencing how adults may or may not choose to engage with children, 'children think differently from adults' and there are 'qualitative differences in the way they understand the world around them' (Greig, Taylor & MacKay, 2007, p.31). Quite obviously they *are* at a different stage of development and it would be unhelpful to approach research with children in the same manner that one conducts research with adolescents or adults, however, 'underestimating their abilities and patronising them' (Greene & Hill, 2005, p.8) is also disrespectful and counterproductive to the possibilities inherent in engaging appropriately.

Research with children can raise questions that may not yet have been asked and reveal information as yet undiscovered and has the potential to benefit and provide opportunities for children and society as a whole (Tisdall, Davis & Gallagher, 2009). Asking children themselves is, in all probability, one of the best ways of understanding how to best develop the value of data (Scott, 2003).

At both a national and international level, the importance of including children in research affecting them has been emphasised in policy agendas (Lansdown, 2001; Smithies & Bidrose, 2000; Gray, 2002). In addition, Article 12 of the United Nations Convention on the Rights of the Child recognises their rights to be listened to and taken seriously and in an analysis of those rights, Lansdown (2001) stated that 'adults need to learn to work more closely in collaboration with children to help them articulate their lives, to develop strategies for change and exercise their rights' (p.1). Nationally, the Research Agenda for Children in New Zealand (Smithies &

Bidrose, 2000) and a literature review undertaken by Gray (2002) for the Ministry of Social Development, each advocate for increased participation by children in decision making. In organisations and structures overwhelmingly predisposed towards the beliefs and opinions of adults, including the voices of children provides another level of understanding and insight (Bricher & Darbyshire, 2004).

Over the past two decades a 'new sociology' of childhood has defined children as social actors in their own right and has begun to engage with them in exploring the ways in which they are impacted on by their various contexts and wider society and how they, in turn, influence their social cultures. Children are viewed as 'historically active' and not as 'becomings who grow into adulthood' (Hendrick, 2003, p.55). Childhood is viewed as 'part of society, not prior to it' and children are recognised as having a 'sense of present value' and as being 'subject to the same type of influences that shape other social phenomena' (Christensen & Prout, 2005, p.47 & 42). Hence the need to conduct research with them, as the incumbents, if we are to understand their experiences of childhood and to offer appropriate social, psychological, medical, educational and other supports.

Studies with children on stress

Even though the study of stress is one of the most prolific fields of psychological research, the focus has been on adult participants (Lau, 2002) and, to a lesser extent, adolescents. Children have attracted far less attention. It has been suggested that while there may be similarities between adult and child perceptions of stress, the disparity comes about in the meaning making of the experience which is influenced by the limitations inherent in children's' stage of development (Compas, 1987; Robson, 1999). There is acknowledgement of the daily, often substantial demands on children, the urgent and hurried level at which they live their lives and the 'premature' or 'pseudo- maturity' born out of early exposure to adult stressors and media information (Lau, 2002).

In terms of the history of research with children as explored in the previous section, literature around stress and coping studies 'on' or 'about' children is far more

evident than literature relating to studies 'with' children. Exploring children's actual life experiences is seen as a far more integrated process which may help to complete the puzzle in the field of stress studies (Kostenius & Öhrling, 2008).

Studies about children and stress have a history dating back to 1972 when Coddington adapted the methodology of Holmes and Rahe (1967), researchers who had worked with adults, and developed the life events measurement tool, The Social Readjustment Rating Scale (SRRS). The scale is still considered useful for practitioners and those engaged in stress research today (Aggarwal, Prabhu, Anand & Kotwal, 2007; Scully, Tossi & Banning, 2000).

Coddington administered lists of life events to children and adolescents ranging from preschool through to senior high school age groups for the purposes of measuring the readjustment to life events, which he called, life change units (LCU's). These life events lists were generated from the literature and through the professional experience of the researcher. The lists were first given to professionals namely teachers, paediatricians and psychiatric mental health academics who were asked to rate the series of life events (Coddington, 1972a). In the middle childhood age group, '*death of a parent*', '*divorce of parents*' and '*marital separation of parents*' were ranked by the professionals as the top three life events. In the second phase, parents of elementary school children were asked to complete the ranking from the perspective of whether their child had experienced the stressor in the previous year (1972b). The elementary (primary) school age group had 36 events, although a typing error saw one stressor, '*death of a parent*' omitted. '*Beginning another school year*'; '*outstanding personal achievement*'; and '*beginning school*' were revealed as the top three most commonly experienced stressors. Combining this information with the results of the previous study however ranked the life events in terms of 'readjustment on the part of the individual' or 'life change units' (LCU) (p. 205). From this perspective the three life events with the highest LCU's were: '*divorce of parents*'; '*marital separation of parents*'; and '*acquiring a visible deformity*'. The omission of the life event '*death of a parent*' from the checklist was in all probability a major oversight in terms of the results considering that '*death of a brother or sister*' was the fourth ranked LCU. Most importantly, the children themselves (elementary school age group) were not asked their opinions about the life events.

While Coddington's work was undertaken in the field of psychiatry and was essentially exploring how much readjustment was required for each adult-identified life event, it was nevertheless a positive move towards trying to understand children's ratings of life events. Interestingly enough Coddington quoted Toffler's *Future Shock* in highlighting the rapid industrialisation of the times and the social readjustment that was required of children and young people compared to previous generations; and this in 1970.

In the light of the present call for increased research with children and the need for stressor lists that are reliable and valid for today's children, he had already identified the need for new data to be collected every two to three years in acknowledgement of how quickly society evolves and changes. He also suggested that research should take into consideration the impact of social and cultural factors (Coddington, 1972b). Both of these issues remain pertinent today.

Twelve years later, Coddington described the development of the Life Event Scale for children (LES-C). He noted that his scale was for the purposes of measuring the "stressfulness of a child's environment in a global way" (Coddington, 1984, p. 123). The reason he gave for not asking children themselves about the events included on the Life Event Scale, was "due to the possible threat such an inquiry might invoke" (p. 104). While this measure is still widely utilised today and has been translated into various languages, the authors of an evidence-based assessment of stress and coping measures have suggested that the original events are redundant and need to be modernized (Blount et al., 2007). The absence of children's perspectives on what they find stressful has also been noted as a limitation (Ryan-Wenger, Sharrer & Campbell, 2005).

During the late 70's, Yamamoto developed a 20-item life event scale garnered from consultations with teachers and from the related professional literature. The participants were asked about the stressfulness of the events, if the event had ever happened to them, and the researchers were also interested in ascertaining if children agreed with the views of the professionals. Children were found to be discerning in their appraisal of the stressfulness of life events and to disagree in

some instances with the evaluations of the professionals. For example, evaluation of a life event such as *'loss of a parent'* was adjudged equally stressful by children and by the professionals while the divergence emerged in the category of *'parental conflict'* which children rated as more stressful than professionals (Yamamoto, 1979). A decade later the researchers were suggesting that the lives of children and adults had far less in common than was generally accepted (Yamamoto, Soliman, Parsons & Davis, 1987). By 2001 however, after a study that explored the reliability of parents' knowledge of children's experiences, it was suggested that a re-evaluation was necessary after a study revealed that they were 'reasonably reliable' witnesses (Yamamoto & Mahlios, p.536). Yamamoto's scale has been used in evaluations with children around the world and taking into account cultural differences there was generally common accord on the experiences and opinions of the young participants suggesting a 'culture of childhood' while highlighting the gaps between the opinions and experiences of children compared to the opinions of adults (Yamamoto, Soliman, Parsons & Davis, p.861; Yamamoto, van der Westhuizen & Davis, 1996; Yamamoto, Whittaker & Davis, 1998).

During the mid-1980's researchers progressed to actually speaking to children as a means of generating lists of stressors. Talking to children individually and in small groups, they asked the question: 'What happens that makes you feel bad, nervous or worry?' (Lewis, Siegel & Lewis, 1984, p.117). At this initial phase of the project, rather than the delineation between the different emotional states, they were interested in discovering the sources of stress. Twenty-two items, called the 'Feel Bad' items, were identified and then administered via a questionnaire to smaller group of children. Children were asked about the intensity of the stressor as well as the rate of recurrence. Further analyses led to a final list of 20 items and these were administered as a questionnaire to a large sample of children, who were asked to rate the stressors whether they had experienced them or not. An unexpected finding was that children who had not experienced some stressors (e.g. parents separating or divorcing) rated them more stressful than those who had, suggesting that the anticipation of a potentially challenging event can be more stressful than the actual experience. The researchers also found that stressors in children's lives are often enduring and unidentified by adults (e.g. the effects of adult conflict) and not necessarily life events with a specific timeframe or onset (e.g. starting school)

highlighting the importance of asking children themselves what they find stressful. They also pointed out the importance of exploring the correlates between the 'Feel Bad' score, and depression and anxiety inventories, in this way starting to make connections between stressful life events and the onset of childhood mental health challenges, such as anxiety and depression.

Although not aimed directly at middle childhood, it was during this decade that the Life Events and Coping Inventory (LECI) was developed as a means of measuring the stressors and coping in 11 to 14 year old young people. The author credited Coddington's Social Readjustment Rating scale but criticised the adult generated stressors suggesting the scale probably failed to measure children's experiences of stress at all (Dise-Lewis, 1988, p.484). Results from the LECI revealed that '*one of your parents dying*'; '*a close family member (grandparent, brother, sister died)*'; and '*your parents decided to get a divorce*' were the top three ranked events. Participants were also asked to indicate whether they had experienced the stressor in the previous year. This study also grouped four categories of stressors that were identified in interviews and focus groups for inclusion on the list, namely, 'traumatic or crisis events', 'routine, frequently occurring events', 'changes affecting family, peer and academic/school roles; and 'internally generated events or worries' (Dise-Lewis, p. 487).

In 1988, Greene described a study using the Stressful Events Questionnaire (Greene & Brooks, cited in Greene, 1988), in which children themselves were asked to list at least 10 events that had happened that they had found 'hard to do what they usually do every day' (p.394). They were also asked their age at the time of the event happening, their emotional response, and the impact and intensity. With the high number of school stressors identified, the school domain was described as potentially 'a chronic strain' in the lives of children (p.400). The author noted that children's views of stressful events differed from those of adults as well as emphasising the importance of actually asking children themselves about stressful life experiences. Specifically the three most frequently mentioned stressors were: '*death of a pet*'; '*death of a relative*'; and, equally, '*grades*' and '*illness/injury*' (p 391). Greene's findings support Lazarus and Folkman's (1984) comments that what children find stressful are the pressures and tensions of daily hassles, which have

also been described as potentially 'chronic and problematic situations' (Broderick, 1998, p.176).

During the late 80's, when Compas explored the stress and life events literature pertaining to children and adolescents (1987), he identified six checklists of which only one (Coddington, 1972b) was for children, noting also that methods for measuring stress in younger populations had been developed out of adult measures. He did not include Yamamoto's 20-life events scale (1979) although that list too had been constructed out of the literature and the views of teachers.

During the 1990's, researchers were still highlighting the paucity of stress research in childhood compared to that with adults while noting the absence of validated and effective programmes to 'treat' students (Matheny, Aycock & McCarthy, 1993). This suggests that collaborating with children in research about their lives was still not a process that had been adopted by all researchers in this field and that intervention programmes were still viewed from the medical model of fixing the problem within the child.

Although 'fear' and 'worries' are organically different to 'stress', they are nonetheless aspects of stress and are included here as they show examples of how researchers were starting to update or develop measures that reflected contemporary issues, acknowledging the rapidly changing societal/political challenges that children faced. Gullone and King developed a Revised Fear Survey Schedule (FSSC-II) which they had modernised to include social and environmental issues that were relevant and pertinent to that period, including nuclear war, and that they considered 'likely foci of childhood fears'. Along with professionals in the field, children were invited to generate items they believed should be included on the schedule (1992, p.988). Bearing in mind that this was a study which explored children's fears and the participants ranged in age from 7 to 18 years, the three most universal fears across age and gender were: '*AIDS*'; '*someone in my family dying*'; and '*not being able to breathe*' (Gullone & King, p. 995-996). A study which explored children's worries included researchers administering various questionnaires but also talking directly to children in structured individual interviews. Notably, worries about health, including parents contracting AIDS and the high frequency of children

identifying parental conflict, separation and divorce correlated with the increase in these particular social and health issues during the 1990's. These and other 'worries' led the researchers to note the impact of contemporary social, political and cultural influences and to emphasise the importance of regularly re-examining how challenges change over time for the young cohort (Silverman, La Greca & Wasserstein,1995). This issue of the relevance, accuracy and validity of items on measurement tools used with children has been raised by other researchers who note that, at times, these have not been adapted since original development and raise questions as to whether they truly reflect the experiences of children over time (Burnham & Gullone, 1997; Ryan-Wenger, Sharrer & Campbell, 2005).

In a four-article report on a critical assessment of progress in stressor measurement over the 15 years between 1979 and 2004, it was found that the most commonly used means of exploring children's experiences of stress, was the stressor checklist. These either had a broad focus or had a focus on a particular context or category of stress. While there was evidence of progress in both the number and design of adolescent stress checklists, this was not the case with measures for children. The authors named only five that they viewed as 'well-established' (p.414). Children have been identified as a group underrepresented in research using stressor checklists and many researchers have highlighted the need for further studies focusing on childhood stress (Grant et al., 2003). Stressor interviews, on the other hand, were developed to address perceived methodological limitations in the development and administration of checklists. They were described as being 'used to generate a list of stressful events that have been encountered and the conditions that surround these' (p.415) and while they have been identified as being potentially advantageous there has been very little exploration of the comparative merits of an interview versus a pen and paper checklist methodology. There is, however, some evidence from one identified study that many stressors that emerged in interviews were not represented on checklists (Grant, Compas, Thurm, McMahon & Gipson, 2004). In terms of research *with* children, one of the most questionable issues to emerge from this review is the suggestion by the authors that the focus on adolescent stress research is justifiable in the light of their superior ability, compared to children, to articulate their experiences (Grant et al., 2004). While this proposition could be viewed as marginalising children, it also reveals a

challenge for professionals to seek ways to adjust their methods to accommodate younger participants.

During the 2000's, researchers have also continued to develop and to utilise validated instruments to measure children's experiences of stress. Studies can also utilise scales constructed out of the most commonly represented stressors from established lists with the addition of specific stressors unique and pertinent to the culture and environment being researched. This is illustrated in a study conducted in Northern Ireland which used events frequently featured in five other checklists as well as situation specific items such as '*people shooting guns*'; '*bomb scares*'; '*getting caught in a riot*'; '*getting stopped at checkpoints*'; and '*soldiers on the street*' (Muldoon, 2003, p. 196).

Finding that many of the stressor measures were demanding in terms of both time and labour, the Stressful Life Events Schedule (SLES) was developed by Williamson and colleagues as an interview instrument to evaluate child and adolescent stressors experienced in the previous year. One parent of each participant was also interviewed and agreement between child and parent was assessed to be only moderate where specific life events were concerned; although 'substantial to almost perfect agreement for all events' (2003, p. 239). The authors of this study remarked particularly on the challenge in keeping adults focused on discussing the stress that their children experience noting that there was often an inclination to veer off and talk about their own experiences of stress (Williamson et al., 2003). In another study, stressful life events were primarily regarded as being external to children's control (Williamson, Birmaher, Dahl & Ryan, 2005). The issues of asking children about stressors that have only happened to them in the preceding year is an interesting one in terms of giving children a voice about historical stressors that they might previously not had the opportunity to talk to anyone about.

The stress symptoms that children experience when challenged are also part of the stress process and a significant study which asked children to describe their responses to stress found that five well-established measurement instruments did not sufficiently reflect the realm of stress indicators that the children described they experienced. The authors highlighted the significance of self-report in order to

capture the true impact of the stressor and the accurate reflection of the response. Noting that 'it is the child's appraisal of the stressor that will initiate a response', they accentuated the need for those interacting with children to become intimate with the terminology that they use to express their stress (Sharrer & Ryan-Wenger, 2002, p.26).

Recent studies are encouraging in their direct engagement with children. In addition there are some indicators of researchers moving away from stress lists towards more age-appropriate, creative and interactive methodologies in gathering data about children's lives. One study, which employed diverse methods such as personally-designed creative projects when engaging with children, described how this varied approach enabled the researchers to hear alternative narratives, experiences and insights from the participants about what constitutes wellbeing (Fattore, Mason & Watson, 2009). A Swedish study asked 10 to 12 year olds to write open-ended letters in telling their 'stress story' and in explaining their 'lived experiences' of stress. Five themes emerged: '*being out of time*'; '*being less than one can be*'; '*being run by others*'; '*being in a fleeing, fighting body*'; and '*being lifted to excel*' (Kostenius & Ohrling, 2008, p. 290) which described the process of how stress 'forced', 'pressured', 'lowered', and 'lifted' them (p. 292). Studies with children in the field of nursing have used focus groups, mapping and photovoice methods of data collection to enable participants to discuss, describe, interpret, illustrate and inform researchers of specific stress experiences (Fereday, MacDougall, Spizzo, Darbyshire & Schiller, 2009; MacDougall, Schiller & Darbyshire, 2004). Commentary by researchers describes how using adapted methods to engage more fully and appropriately with children provides opportunities for them to embrace the chance to share their views and to provide insight into childhood that is alternative to adult centric views (MacDougall, Schiller & Darbyshire, 2004). Children actively participating in research have also been given the option of an individual interview or a focus group as well as attending presentations which report initial results from early phases of a research project thereby generating further discussion from participants (Bricher & Darbyshire, 2004). Many researchers in the field of nursing have embraced the collaborative approach when investigating stress, acknowledging that children hold the key to the insight that adults need if they are to successfully support and educate young people.

Structured or semi-structured interviews have been recommended as an ideal methodology to gather information about what children experience as stressful (Grant et al., 2003), and, importantly for those working in this field, research has shown that not only can younger children recollect as much information as older children, but compared to positive life experiences, when they narrate negative experiences, they are able to lucidly incorporate information about their cognitions and feelings suggesting that they may be attempting to process psychologically challenging incidents in ways that are individually meaningful (Fivush, Hazzard, McDermott Sales, Sarfati & Brown, 2003).

Finally, a significant study in this field has explored the 'changes in children's stressors over the past 30 years based on items in existing instruments and research studies' (Ryan-Wenger, Sharrer & Campbell, 2005, p. 282). Specifically the researchers were interested in how relevant the existing and acknowledged instruments are for children's experiences today. The researchers conducted two studies with 596 children, aged 7 to 12, using group classroom discussion with the younger participants and a questionnaire with the older in the first study and, in the second study, the Feel Bad Scale (Lewis, Siegel & Lewis, 1984) and the School-agers' Coping Strategies Inventory (Ryan-Wenger, 1990) were administered as well as an open question inviting the participants to name a personal stressor. The results of the first study, plus the open question in the second generated 908 stressors which the researchers ordered into 54 categories. These were then contrasted with items in six existing instruments from the 1970's through to the 1990's. Only 24% to 50% of the categories named by children in the studies conducted in 2000 corresponded to items in each of the 6 measurement instruments. Out of the 54 stressor categories identified in the two studies as relevant for children in the 2000's, there were 23 categories that had items included in checklists in the 1970's, nine surfaced in instruments in the 1980's; 16 categories emerged in the 1990's, and 6 new one's from the 2000 studies. New categories that emerged in the past two decades reflected children's increased awareness of global stressors; conflict and violence in their homes and neighbourhoods; internal stressors; and those connected to time and the expectations of others (Ryan-Wenger, Sharrer & Campbell, 2005).

The development of studies with children about their experiences of stress shows a movement over the past four decades from the administration of various adult-generated stress checklists to consultation with children to develop or adapt measurement instruments. Some researchers and academics have stressed the need to update historical stressor checklists so that they reflect the challenges associated with rapid societal change and dis-ease. More recently, there are encouraging signs of some developmentally appropriate, creative and collaborative methods of engaging in research with children for the purposes of generating data about particular aspects of their lives. There is evidence to show that established instruments that are used to measure children's challenges do not necessarily represent the range and depth of stressors children experience today.

Studies with children on coping

Coping is a particularly complicated concept to define and it has even been suggested that it be 'conceptualised as part of a complex adaptive system that includes stress, resilience, and competence' (Masten, as cited in Skinner & Zimmer-Gembeck, 2007, p.137.). In relation to the vast body of research on adult coping, the same cannot be said about studies on children (Maybery, Steer, Reupert, & Goodyear, 2009). Research on coping in childhood is just over two decades old and, like studies on stress, has very little history of gathering data directly from the subjects themselves (Sorenson, 1991). Previous attempts to explore children's coping have utilised adult scales and found that 40% of children's coping strategies did not fit into an adult scale (Band & Weisz, as cited in Ayers, Sandler, West, & Roosa, 1996, p. 924). In a 2001 review of 'problems, progress and potential' in coping research the authors noted that, as with stress research, there has been far more focus on research with adults about coping than with children. In those studies that had been undertaken, four different methods of assessing children's coping strategies were identified: 'self-report questionnaires, semi-structured interviews, observations, and reports of significant others' (Compas et al., p. 93, 2001). While the latter two methods effectively exclude children's voices in direct description of their coping, the concept of a self-report questionnaire also suggests there are

boundaries and constraints within which children provide the information about their experiences.

Researchers have also explored coping concepts such as children's 'stress buffers'. These can include individual inherent characteristics and/or environmental qualities that arbitrate the impact of stress (Sorenson, 1991, p.16); behavioural self-regulation (Power, 2004); and 'emotional self-regulation' or 'regulation under stress' which have, particularly where children are concerned, been viewed as synonymous with coping (Skinner & Zimmer-Gembeck, 2007, p.119).

In exploring the development of the field of children's coping research, as with the development of research in children's stress, the particular focus in this review is the position of children's voices.

Almost thirty years ago Rutter reviewed the research field of stress, coping and development. In discussing childhood it is interesting to note that most studies were focused on specific aspects of stress, namely hospitalisation and medical procedures, birth of a sibling, divorce, bereavement and the associated social and familial adjustments. Children's voices appeared conspicuous by their absence. Equally there was no advocacy for the need to collect data directly from children (1981).

In a review of child and adolescent coping research in 1987, Compas noted the scattered and divergent state of the field specifically in terms of definition, measurement and pathways. Relying on adult studies for understanding children's coping strategies was, he suggested, unreliable, considering that adult support within children's social contexts is an important aspect of their coping. This necessitated the exploration of the relationship 'between the child and their environment' (p. 394). Noting that research with adults largely utilised checklists, it was suggested that designs that were less restrictive showed potential as data collection processes when researching children's experiences. Compas also commented that providing children with specific stressors or imaginary scenarios and asking them about their coping processes might conceal variations of what they actually do to cope in stressful situations.

In 1989, Compas, Malcarne and Fondacaro noted the 'absence of methods' for evaluating child coping strategies. In response they asked children aged between 10 and 14 to list all their potential coping strategies in response to two personally identified stressors (one personal and one academic) that they had experienced in the past three months and to indicate which of these coping strategies they had actually utilised. They were also given the opportunity to explain why they had found the experiences stressful and to rate how much control they felt they had over the source of the situation. Nine months later, they completed the exercise again. This study, which grew out of the lack of information, engaged with the young participants in an effort to generate a range of coping processes children adopt. The researchers were also interested in seeing if children were capable of creating a list of options.

In the early 1990's researchers noted that the development of coping measures for children were still in the early stages of development. The development of the Self Report Coping Scale replicated items from other child and adolescent coping lists and also introduced some new items reflecting the approach/avoidance strategies. Other methods of testing included providing children with vignettes to explore their coping strategies (Causey & Dubow, 1992).

In the mid-1990's, noting that exploration of children's coping had often been based on adult measures which did not represent the range of children's strategies and that the focus was frequently on two-factor models of emotion/problem-solving or active/passive focused strategies, researchers suggested that studies should perhaps investigate more multifaceted structures of coping behaviour in addition to more varied and perceptive methods of measuring coping (Ayers, Sandler, West, & Roosa, 1996). They endeavoured to explore the 'multidimensional nature of coping responses' (p. 927) through the development of a theoretical four-factor model of coping, acknowledging 'active, distraction, avoidance, and support-seeking coping strategies' (p. 940). In utilising the self-report Children's Coping Strategies Checklist (CCSC) and the How I Coped Under Pressure Scale (HICUPS) to test this model, researchers engaged with children through semi-structured interviews in the CCSC, but using pre-determined stressful scenario's with participants who had experienced the same specific life stressor in the previous two years. Similarly, the HICUPS

asked children to describe one stressful event that they had experienced and then to use the scale to indicate their coping strategies and the efficacy thereof. In developing these two measures, the researchers controlled the variables by speaking to children who had experienced the same stressor within a specific timeframe or limiting children to a specific personal stressor against which to consider their coping responses.

Similarly, identifying that most studies explored the type of coping strategies that children use in response to typical stressors, Donaldson, Prinstein, Danovsky & Spirito designed a brief scale called Kidcope to examine children's coping patterns, described as 'the use of multiple coping strategies' in response to stress (2000, p.352). Their motivation was that they believed knowledge of coping patterns would be more useful for clinicians than individual coping responses. Notably, having designed their scale specifically for children, the researchers considered the fact that the data was drawn only from children's reports, to be a limitation. Shortly after, their scale was described as being unreliable and having inadequacies (Compas et al., as cited in Maybery et al., 2009, p.31)

A further and later review of the field which explored how coping strategies have been categorised highlighted the disturbing nature of an overwhelming quantity of category labels and the lack of accurate description. The authors also note that some of the identified coping strategies would not be available to children at particular stages of development. With coping an intermediary between the experience of stress and mental and physical wellbeing, the importance of connecting the theoretical expanse between the 'real-time responses' that are used by individuals and the coping process was highlighted (Skinner, Edge, Altman & Sherwood, 2003). That research which has been conducted with children has focused attention on the emotional, cognitive and behavioural coping processes children employ when they are faced with defined stressful situations and how these coping processes unfurl, develop and accrue over time. Studies of middle childhood show that their abilities advance quickly during this stage of development and in an analysis of coping studies it emerged that they have a preference for four categories, or families, namely *support-seeking*, *problem-solving*, *escape*, and when escape is not an option, then *distraction* (Skinner & Zimmer-Gembeck, 2007, p.131).

Commenting that other researchers had pointed out how 'progress in the field had been hampered by unclear and inconsistent conceptualizations and measurement of coping' (Compas et al.; Skinner et al.; as cited in Maybery et al., 2009) the Kid's Coping Scale (KCS) was developed recently as a brief assessment for children. The authors noted that many scales previously utilised were designed originally for adolescents and were therefore too complicated and inadequate for use with children. Their focus was on evaluating cognitive and behavioural coping strategies relative to the stressor, noting that exploration of this relationship, would be insightful with regard to coping (Maybery et al., 2009).

It is not that surprising that the field of coping research wrestles with descriptors and categorisation of the processes that children use and struggles to capture and contain children's experiences within defined limitations. In a recent review, it was emphasised that rather than focusing on studies that investigate coping as an 'episodic process', coping research is 'critical to an understanding of stress and adversity in the real lives of children...it has the potential to provide an integrative link from the physiological processes of stress reactions to the sociocultural forces that determine the stressors that societies allow into children's lives' (Skinner and Zimmer-Gembeck, 2007, p. 137). By this it is understood, that research on coping cannot just be viewed as trying to fit each child's experiences into a list that has been generated under controlled circumstances, but rather has to include going out into the field regularly and asking children what it is they find stressful in their lives, where they experience this stress, what strategies they use to cope and how effective they are. Exploration has to include children's contexts and the barriers within those environments to their ability to cope.

While the stress literature reveals the challenges of defining the word itself and of trying to corral the vast range of life experiences that children can find stressful and of recognising the need to ask children themselves about what they find stressful, in many respects, studies on children's coping seem almost to be mired in a discussion on the correct terminology required to describe types, patterns or families of coping. Compas, himself stated recently that 'our understanding of coping processes and their role in healthy development has run the risk of

stagnating' (2009, p. 88). Perhaps in striving to add their voices and their hypotheses to the debate and in their efforts to test their various propositions, many researchers in this field, largely continue to provide limited opportunities for children to describe their own experiences. The fields of children's stress and children's coping are woven together as are these phenomenon in real-life and, in terms of ethical research, studies with children should, as far as possible, explore their actual experiences of stress and their real coping responses, rather than providing them with adult generated, graduate-student validated, vignettes and lists to check. As far as possible the children themselves should guide and inform us.

It has recently been suggested that researchers have been 'overly reliant on self-report questionnaires to assess coping' (Compas, 2009, p. 88). The question of 'mismeasuring coping by checklist' has also been raised (Coyne & Gottlieb, 1996, p. 959). Taking the field out of the boundaries of the laboratory and into the natural environments of the people being studied (Coyne & Lazarus, as cited in Coyne & Gottlieb, 1996, p. 988) necessitates giving over the control of the process. The chances of replicating contexts and experiences are slight. Not surprisingly researchers, especially in the medical field, explore the coping strategies of groups of people, children included, who are undergoing similar procedures giving them some control over the situation and the variables. Coyne and Gottlieb (2006) caution against attempts to replicate circumstances and settings using hypothetical situations or statistics and applying it to 'naturalistic data' warning that 'mismeasurement' may lead to misinterpretation of the complex role of coping.

The impact of stress on children

This literature review has earlier addressed some of the reasons as to why we should be concerned about stress and coping in children's lives. While many of the studies mentioned in this chapter have explored what children find stressful and how they cope, relatively few have asked children directly. Importantly, with the focus on the actual stressors and coping skills little attention has been paid to the impact of stress on children from their own perspectives. Children younger than 10 have been identified as being more susceptible to the adverse effects of stress as have those with inadequate cognitive ability (Monk et al., as cited in Jewett & Peterson, 2002).

From a constructivist perspective, children view and experience their world from an individual and unique position, influenced by their own biological and genetically influenced personalities and temperaments, and further shaped by their interactions and experiences in their environments, particularly their families. The impact of stress is a function of many different factors and, while these all contribute to the overall picture of 'what', 'why', 'when' and 'how', asking children themselves about what is challenging in their lives, brings together the two theoretical underpinnings of this study – social constructivist and environmental.

Why this study?

Overall, negative life events in childhood, for example within the family and connected to parents, have been linked in adolescence to increased anxiety and fear symptoms (Grover, Ginsburg & Jalongo, 2005) as well as anxiety disorders (Muris, 2007), with the acknowledgement that other environmental factors also contribute to, and influence, the impact of these stressors (Grant et al, 2006). Research has shown that stressors connected to school, relationships in the family and challenges with friendships are common experiences in children with depression (Eley & Stevenson, 2000), and experiences of loss in middle childhood can be linked to depression in youth (Williamson, Birmaher, Dahl & Ryan, 2005). Various studies and theories have led to the suggestion that, while all children have normal fears and anxieties, trauma and stress may lead to lasting neurobiological effects, escalating the possibility for developing phobias and anxiety disorders in life (Muris, 2007).

Children's experiences of stress and their ability to cope are directly linked to their mental wellbeing. Nationally, there have been some successful public education campaigns relating to mental health, for example, the infomercials about depression featuring well-known New Zealand citizens, such as the All Blacks rugby player, John Kirwin. These have, however, primarily been aimed at the adult, and to a lesser extent, adolescent population. While campaigns such as these are important and commendable, the need to educate the public about the causes and implications of childhood stress has been highlighted in previous commentary. Ideally, individual and community awareness may enable the actioning of interventions **before** mental

illness becomes a factor (Burrows, 2006). In addition, offering 'consumer-focused health and social services' requires us to ensure that we understand the contexts that children live in and the experiences they have so that we can provide appropriate and consumer-relevant 'grounded and responsive services' (Darbyshire, Oster and Henning, 2006, p.752).

The WHO has stressed that "risk factors increase the probability of mental health problems, while protective factors moderate the effects of risk exposure" (2005, p. 2). Exploring exactly what it is that children do or don't find stressful and if and how they cope is essential for establishing interventions and developing policies based on the actual needs and strengths of the childhood participants. As a further incentive, the Department of Health in the United Kingdom has called attention to the fact that the mental health of the next generation is "everybody's business" (as cited in Ford & Ramchandani, 2009, p. 751).

What is this study then?

In exploring the literature, it emerges that the study of what children themselves find stressful and how they cope is still a relatively new field in terms of stress and coping research. Additionally, asking children directly without any adult input in the form of adolescent or adult-generated stressor or coping lists is still at a fledging stage in this field. While there are studies that have explored children's knowledge about specific stress issues, such as divorce and medical experiences, there is no evidence of a qualitative study that has set out to ask children, living in various geographical positions around a country and not in any known stressful situation, to talk freely and openly about their experiences.

New Zealand is an ideal country in which to conduct a study such as this. From a geographical perspective it is small and travel friendly; it has a modern infrastructure making air and road travel around the country accessible, the relatively small populace of just over 4 million means that children should be a lot easier to hear than in countries with large populations.

A study that focuses entirely on children's views on stress and coping is long overdue. This is that study.

CHAPTER THREE

METHODOLOGY

Introduction

The purpose of this qualitative study was to explore the perspectives and experiences of New Zealand children, aged 8 to 11, with regard to stress in their lives. In addition the children offered insight into their coping mechanisms in times of stress and provided their views on parental/adult stress as well as their awareness of global stress and how these might impact vicariously on them.

Choosing to engage in a qualitative study acknowledged the importance of collecting the views of children themselves (Roos & John, 2003). Where there is very little knowledge and understanding of a phenomenon, the meaningful and broad perspectives essential for constructing theory are more likely to be facilitated by the processes utilised in qualitative methodology (Fast, 2008). Current views of children as social actors in their own right and recognition of their lives as being socio-culturally rich in many contexts, require methods that can incorporate these sociological developments (Greene & Hill, 2005).

Methodology has been described as 'providing a sense of vision; where it is the analyst wants to go with the research' (Strauss and Corbin, 1998, p. 8). It therefore seems pertinent, at the outset, to articulate my voice, my background, my experience, in a sense, my pedigree or what qualifies me to undertake this study with children and what position I am adopting in relation to the children, as respondents, and the data as I explore it.

From a social science perspective, in conducting research with any human subjects, one has to consider both the needs of the participants and the benefits to them, and the cohort they represent, as a result of their participation. When the

participants are children, often defined as needing protection while at the same time having rights to participation, those 'needs', of necessity, underpin the choice of methodology.

In acknowledgement of a social constructionist perspective, a selection of data collected and explored after interactions with children and therefore considered a development of combined 'respondent-researcher' collaboration and not just a product of regurgitate information (Huberman & Miles, as cited in Hill, 2006, p. 70) is presented as a commentary on what methodological needs the children, as co-constructors of this study, might have.

This then leads into a description of the process of arriving at a methodology that best-matched the perceived needs of the co-constructors of this study, the children as respondents and me, as the researcher. At the outset, one of the theories that provided insight was the standpoint theory which situates researcher and researched on an equal footing and recognises the participants as the authorities within their culture and in their ability to construct and deconstruct meaning and provide rationale (Fattore, Mason & Watson, 2009). In addition, social constructionist theory, first articulated by Lev Vygotsky in his explanation of a social learning theory, suggests that we 'dispense with assumptions about social structures that define childhood and go back to original consciousness' (Kellett, Robinson & Burr, 2004, p. 32). Ultimately however, what had initially appeared to be a straightforward choice of one methodology (Grounded Theory), evolved into an exploration of philosophies, beliefs, worldviews, alternative paradigms of inquiry eventually leading to a decision to adopt a Constructivist Grounded Theory methodological approach.

The postmodernist position of the researcher in a Constructivist study

It has been suggested (Corbin & Strauss, 2008) that researchers engaging in qualitative research should take time to explore their 'personal and professional philosophical orientation' and worldviews (p. 17) before engaging in the process. Selecting Constructivist Grounded Theory as methodology, seems particularly relevant when engaging in research with children who have, until relatively recently, been regarded as objects of research rather than participants and co-constructors. It

has been easy in the past for researchers to undervalue children's capabilities and to be condescending in their attitude and approaches (Greene and Hill, 2005) and much has been written about adults imposing their views as primary informants on the experience of childhood and the question of children's rights as the key participants (Leonard, 2004; Mayall, 2003). It has been suggested that if we ignore the opinions and experiences of children, we lose relevant and knowledgeable perspectives (Lindeke, Nakai & Johnson, 2006).

In deciding on the topic that I was interested in exploring, '*What do Aotearoa/New Zealand children find stressful in their lives and how do they cope*', I acknowledge my own position of "passionate participant" as facilitator of multivoice reconstruction' (Guba & Lincoln, as cited in Denzin & Lincoln, 2008, p. 258). Choosing to locate myself, or perhaps rather, finding my place in this position has evolved out of nearly 34 years of working with children and young people in education, counselling and research. My professional qualifications and roles have given me expertise in teaching, therapeutic processes and conducting research but, more importantly for this study, my experiences have given me the skills to communicate with children, knowledge of child development, awareness of the challenges to that development, the issues of power and disempowerment in childhood, and a rich, albeit adult, understanding of the stressors that children face in childhood. Through the years I have moved from the role of purely educator to a multi-faceted identity in my relationship with children – that of advocate, facilitator, confidant, supporter, and curious researcher. This may lead to questions as to whether I might be too enmeshed in my perception of the needs of the respondents resulting in ambiguous or obscure interpretations. From a postmodernist position Richardson and St. Pierre (2008) remind us that 'knowing something without claiming to know everything' (p. 476) is acceptable; that our 'knowing' is recognised as situationally limited, but 'knowing' none the less. The position of this 'knowing' might involve reflecting on not only what we hear from the respondents but also what we have an expectation we might hear and therefore 'how these expectations may frame the dynamics of adult-child interaction' (Komulainen, 2007, p. 26). This process has been further described as researchers being 'self-reflective' with regard to how we might impact on the process of research and, in addition, how it may

impact on us (Corbin & Strauss, 2008). Further to this, the choice of a comparative methodology could be seen as providing legitimacy and clarity (Qvortrup, 2003).

An additional view of my background and knowledge speaks to my *credibility* as a researcher conducting 'social justice inquiry who may be viewed as having achieved intimate familiarity with the setting or topic' (Charmaz, 2008a, p. 230). Having spent many years talking to children, my voice and my passionate position are also grounded in the social, political and theoretical arenas. These aspects can be explored against the backdrop of further criteria for advancing social justice research, the issues of *originality*, *resonance* and *usefulness*. From a social, political and theoretical perspective, my voice and my passion, combined with the voices of the children, are grounded in progressing knowledge of childhood; questioning, advancing, and improving current understandings; identifying and addressing veiled social justice implications; translating the methodically analysed categories into generic terms and general theory for the social and political benefit of children generally; advancing additional research; and contributing to the positive development of society (Charmaz, 2008a). My position and voice as co-constructor within this methodology is 'born from reasoned reflections and principled convictions that convey a reality' (Charmaz, p. 232) grounded in training, experience, social justice and personal philosophy.

The needs of the respondents

Deciding on a methodology with which to explore children's knowledge of stress in their lives required the consideration of some of the issues surrounding the process of conducting research with children. Research has failed to account for children's own feelings or perceptions of their situations (Kortesluomo, Hentinen & Nikkonen, 2003; Muldoon, 2003; Ridge, 2002) and it has been well documented that adults are not necessarily accurate judges of children's experiences (Kelley, Beauchesne, Babington, Christensen & Patsdaughter, 1999; Chesney et al., 2005; Roos & John, 2003; Scott, 2003).

This phenomenon was a key factor in choosing a methodology that, as far as possible, avoided the potential to taint the research with pre-conceived adult-

constructed ideas and opinions about the topic. Perhaps this can be further described as seeking to 'give children a voice' so that childhood realities may emerge (James, cited in Grover, 2004, p. 83), utilising a methodology which would not be 'analysed in terms of adult theoretical categories that serve adult agenda's' (Grover, 2004, p. 83). It has been suggested (Mayall, 2003) that when we engage with children, we do so from a fundamental supposition that they have 'knowledge' about a subject that we are exploring, rather than 'perspectives' or 'opinions' (p. 120). In terms of children's position in society with regard to power and disempowerment, the methodology needed to provide the means to keep a balance between children's agency and knowledge and the researcher as 'identifier' and, in so doing, to facilitate co-construction.

Table 3.1

EXAMPLES OF CHILDREN'S NEEDS

Children's voices	Underlying needs
<i>'Adults could just probably listen a bit more'</i>	<ul style="list-style-type: none"> • to be listened to more than they are
<i>'Children should be treated like older people cause they're still human beings'</i>	<ul style="list-style-type: none"> • to be respected, as adults are; children are no different; children have rights
<i>'Children should be able to share their opinions'</i>	<ul style="list-style-type: none"> • to have the right and the opportunities to voice their opinions
<i>'I also think if Mom actually helped us all out...if she always communicated with us and told us what she'd be doing, what's going on, then I think we'd stop stressing a lot'</i>	<ul style="list-style-type: none"> • to be effectively supported and to be kept informed as to what is happening and what adults plan to do
<i>'...and I know that they might think that I'm not brainy but I know that I can see things and I know that I'm not an adult but I can tell lots of things that are going on you know;</i>	<ul style="list-style-type: none"> • to be recognised and acknowledged for their awareness, expertise, knowledge

In this study, as in any social justice inquiry, it was important to keep the respondents at the centre of the process and this included the consideration of their needs when selecting a methodology. In examples taken from two interview transcripts from the 1st phase of the study [Table 3.1], children revealed indicators as to what they desire in their communications and interactions with adults.

Accordingly, one might then view the methodological needs of the respondents as follows:

- For children to have the right and the opportunities to express their views and to be listened to by others
- To be heard as social actors in their own right and to be accredited as experts in their field
- To avoid having adults impose their adult views of childhood, on children
- For adults to develop awareness of children's vulnerabilities, insight and awareness
- For adults to develop awareness of the impact of their own adult behaviours, attitudes, beliefs, worldviews, on children
- To be kept informed by adults in matters that affect them
- To be recognised as important and entitled to respect

This process was born out by Hill (2006, p. 85) who engaged with children in exploring what they needed as respondents in research and identified 'fairness, effectiveness (outcomes), agency, choice, satisfaction and respect (acknowledging rights and knowledge and curtailng the use of adult power)'.

As a researcher working with child participants and wanting to acknowledge the need for a balance between partnership, protection and promotion, the choice of methodology and methods becomes the vehicle through which these processes can be both supported in the execution and reflected in the outcomes.

The journey towards a methodology

In the early stages of my study I was informed by the structure of Grounded Theory as a methodology. From the structural perspective it was useful - the memos, the coding, the discovery of categories, all helped with the growth and development of my study. However, from a philosophical perspective, as a methodology, it did not sit entirely comfortably with me. As noted earlier, from my worldview of children as

expert social actors in their own right and as holders of the knowledge that we, as sociological researchers, have an interest in exploring and understanding, I felt that there were aspects of the method that did not enable the mutuality of the process. This fits well with the assertion that grounded theory methodology can be seen as a 'spiral that starts with the traditional form' and can then be modified and blended according to philosophical developments underpinning qualitative research and the 'ontological and epistemological position' of the researcher (Mills, Bonner & Francis, 2006, p. 9).

From the Classic Grounded Theory perspective, Glaser's assertion that the theory 'emerges' from the data was problematic in that my approach developed essentially from the experience that it is in my 'identification', my 'reading' of the data that the categories, and possibly the theory emerge. Additionally the idea that theory 'emerges' challenged my post-modern social constructionist views that meaning is co-constructed. This phenomenon has been further explored by Charmaz and Mitchell (1996) who described the 'myth of silent authorship' (p. 285). They discussed the importance of recognising and respecting the opinions of the respondents, the significance of methodical and logical dialogues, but also acknowledging the value of 'audible authorship' (p. 286).

The process of articulating my methodology in my writing has served to concretise yet also emancipate my position. In contemplating this development the suggestion that one can 'use writing to think' and in so doing 'write oneself into particular spaces that could not have been occupied by analytic induction' (Richardson & St. Pierre, 2008, p. 488), resonates.

The choice of Constructivist Grounded Theory as methodology

The methodology known as grounded theory (GT) was originally described by Barney Glaser and Anselm Strauss (1967) and referred to the process whereby theory emanated from data that had been methodically collected, studied, analysed and constructed. It also referred to the 'product of this construction, a theory that explains or elucidates a particular process or phenomenon' (Charmaz, 2007, p, 461).

Collection, analyses and theory are therefore all strongly interconnected (Strauss & Corbin, 1998).

Born out of a sociological perspective of the creation of theory, Glaser suggested that this process would 'come naturally when facing the data without preconception' (1992, p. 33). Both Glaser and Strauss stressed this point by encouraging researchers to enter into the study without predetermined hypotheses and to allow the theory to 'emerge' from the data using their 'general method of comparative analysis' (1967, p. 1).

In later developments, Glaser and Strauss differed in their belief and explanation of what constituted pure grounded theory. Glaser is recognised as having remained true to the original process with his methodological approach termed Classic Grounded Theory or the Glaserian approach. He re-iterated the importance of creativity in the research process (Glaser, 1992) after Strauss (1987) and, in a later publication with Juliet Corbin (Strauss & Corbin, 1998), developed further analytical procedures for the data analysis process. While the application of what Strauss and Corbin termed 'guidelines' (1998) can be seen as providing more structure, they can also result in restricting the potential within the data to generate meaningful theory (Charmaz, 2007) and have been described as 'mechanical' (Hall & Callery, 2001). It has further been suggested that Strauss and Corbin's methodological amendments in Grounded Theory saw a move away from 'looking *at* data to looking *for* data' (Robrecht, 1995, p.171) and, indeed, this was a major point of difference between the two approaches with Glaser referring to Strauss and Corbin's process of generation as 'forcing' data while he saw himself remaining true to the 'emergence' of data (1992). While Glaser's approach to data analysis has been described as the more perceptive (Hall & Callery, 2001), there are, none the less, characteristics of the analytical procedures in both approaches that could be viewed as favouring analytical rigor and in the process losing opportunities to explore the social construction of data.

Conversely, it has been recognised that a major strong point of the grounded theory approach is that there **are** guidelines for the methods of analysis (Charmaz, as cited in Denzin & Lincoln, 2008a). The benefits of retaining the GT analytical

processes so that 'some degree of conceptual language' with which discourses around study results could be conducted, was also supported by Corbin (Corbin & Strauss, 2008, p. 10). The decision to utilise GT as a component of the methodology was due to these clear steps and processes of collection and analysis. However the Constructivist paradigm was the counter balance, the theory underpinning the process, especially in the design and implementation of the methods.

Constructivism proposes a framework within which one can understand and approach research. Constructivist theory acknowledges that there are many truths; that meaning is subjective and co-created; that the individual has their own perspective but is also collectively determined and influenced; that an individual's viewpoint cannot be objectively generalised nor is it quantifiable (Greig, Taylor & MacKay, 2007).

In recent developments, Judith Corbin, who collaborated with Anselm Strauss to further develop the original (Classic) grounded theory, has recognised how postmodern trends have influenced her thoughts about methodology. In particular she acknowledges the work of Charmaz in applying a constructivist theory to GT methodology and explores how her own methodological approach has moved to one of embracing the position that knowledge is *constructed* by the researcher out of the multiple constructions of the respondents (Corbin & Strauss, 2008). This could be viewed as a paradigmatic shift from the original GT concept of theory *emerging* out of data.

Corbin also acknowledges the necessity for the researcher to engage in reflexive practice so that they may practice from a platform of self awareness (Corbin & Strauss, 2008). From a constructivist methodological perspective, reflexivity can be explained as the researcher acknowledging and reflecting on their own beliefs and suppositions, utilising these to enhance responsiveness in the collaborative relationship between respondents and researcher. Guba and Lincoln (1981, as cited in Guba & Lincoln, 2008) referred to this as 'critical subjectivity; the conscious experiencing of oneself as both inquirer and respondent' (p. 278). This then moves the researcher to a position of 'centrality' (Mills, Bonner & Francis, 2006) looking both *at and for* data.

With the history of methodological approaches in studies focusing on children having predominantly focused on observation and analytical testing to generate knowledge and theory, the postmodern movement towards meaning and knowledge being represented and conveyed through reflexivity, relationality and discourse is captured in this study through the use of a constructivist grounded theory methodology.

CHAPTER FOUR

METHODS

Introduction:

Two questions: “*What do New Zealand children find stressful?*” and “*How do New Zealand children cope with stress?*” underpin this research. While the study has two phases, these two research questions thread through both. **All** participants were asked about their experiences and understanding of stress and the coping mechanisms that they employ. Essentially, the first phase informed the development of the second and therefore the existence of the two groups of schools: Phase 1= Schools 1-11 and Phase 2=Schools 12-29. The purpose of these different phases was two-fold: 1) to explore the information collected from children in the first phase, identifying the stressors and coping strategies and to then use this data with increasing sensitivity, knowledge and understanding during the second phase of data collection, and 2) to inform the development of a data collection tool in the second phase to further enhance the interactions with participants as well as exploring the relative generalisability of aspects of the data. Corbin and Strauss describe qualitative research as having no short route, emphasising the importance of going through the process to achieve ‘thick rich description or develop a dense well-integrated theory’ (2008, p. 322).

This chapter describes the methods employed in gathering the data for this study. This includes descriptions of the purpose, design and development of the Information, Consent and Assent forms; the demographics of the schools and participants, the data collection tool, procedures and methods, and the data analysis processes.

Research design:

Information, Consent and Assent forms:

Considering that children spend much of their time in school, it is an accepted and common setting for conducting research with them (Hill, 2006). In this study, interactions with all the participants were conducted in schools. This necessitated approaching principals and members of Boards of Trustees for permission to conduct the research in each school and for them to approach children to gauge their interest and assent to participation and their parents and caregivers in seeking their consent. Dedicated information sheets and consent/assent forms were developed for each of these stakeholders.

Information Sheets:

The five information sheets were designed specifically for Principals and Boards of Trustees (Appendix 1); Parents and Caregivers of children participating in a focus group (Appendix 2); Parents and Caregivers of children participating in an individual interview (Appendix 3); Children participating in a focus group (Appendix 4); and Children participating in an individual interview (Appendix 5). The fact that children were either asked to take part in a focus group or to speak individually with the researcher, necessitated two similar, but different designs for parents and caregivers as well as for the children. The information sheets covered purpose, participation, anonymity, confidentiality, feedback, ethics and various contact details. Those designed for the adult stakeholders also specifically addressed the rights of children with regard to their choice to participate or to withdraw from the study within a certain time frame, while acknowledging that consent would also be required from the relevant adults in their lives.

Specifically, in designing the Children's Information sheets, language and content that was relevant for their age (8 to 12 years) and that gave them the maximum opportunity to understand the nature of the study and to assent to taking part from a position of comprehension, was utilised. Presuming that most children would not have had the opportunity to take part in research and considering the potentially stressful nature of the topic under discussion, a photograph of the researcher was included in the children's information sheet (Appendices 4 and 5) so

that a connection could begin to be established from a distance, prior to actually meeting face-to-face. In addition, children were informed that support could be put into place for them if participation resulted in them requiring assistance.

Consent and Assent forms:

The two consent forms were designed for the principals and the members of the schools Board of Trustees (Appendix 6) and for the parents and caregivers (Appendix 7). In New Zealand, the question of whether children 'assent' or 'consent' to taking part in research is not clearly articulated in ethical guidelines (Powell & Smith, 2006). However, it has been suggested that children's agreement to participate in research can be more precisely described as 'assenting' rather than 'consenting' (Morgan, Gibbs, Maxwell & Britten, 2002) and can be seen as their 'affirmative agreement to participate' (English, cited in Balen et al., 2006, p. 34). Consequently, the form for children indicating their agreement to participate in the study was called an Assent form (Appendix 8).

Once these information, consent and assent forms had been developed, the process of ethics approval was undertaken and this was accomplished through the Multi-region National Ethics Committee (<http://www.ethicscommittees.health.govt.nz>) which reviews National and Multi-region studies (Ethics identification code for this study: MEC/05/04/050).

The information sheets, consent and assent forms for parents or caregivers and children, were packed into envelopes (four for interviews in Phase 1 and two in Phase 2, and four for focus groups in both phases) and along with the information sheet and consent form for the principal and Board of Trustees, these were then couriered to the schools. One of the challenges for the researcher was the importance of connecting in as many ways as possible with the participants prior to meeting them, in order that they would feel comfortable talking about the potentially challenging subject of stress and coping in their lives. With this in mind, and in order to personalise and enhance the design of the packages containing the information sheets, consent and assent form, a sticker was designed which was placed on the front of each envelope (Appendix 9). In addition, a further purpose of this sticker was

to clearly announce the title of the project, indicating the inclusive, collaborative nature of the study: 'A study **with** children about stress' rather than 'on' or 'about'. The sticker also contained information and contact details about the researcher, while the colours and logo were designed to catch the attention of the children. The importance of introducing a researcher and communicating a topic under research in a way that is clearly understood by child participants has previously been highlighted (Mauthner, 1997).

Throughout the study, the researcher ensured that there were drawing and writing tools available for the children to make use of if they so chose. Paper, felts, pencils, erasers, pens and coloured pencils were set out on the table around which the children and researcher sat so that those who felt more comfortable doing something with their hands while talking or who wanted to demonstrate, illustrate or share information without talking, could do so. Children are used to utilising creative media to communicate in their environments (Hill, 2006) and to make their internalised understanding of their experiences more tangible (Morrow, as cited in Hill, 2006, p. 79). While it is acknowledged that children's drawings can provide further understanding of their experiences and beliefs (Veale, 2005) and perhaps reveal aspects of their lives that have not previously been explored or considered, this particular creative methodology was not included in this study. The materials were provided as an option for children to use while they spoke and the drawings were undirected.

Participation selection processes common to both phases of the study:

Schools:

The intention with the participation selection was to have a diverse representation of children from a wide range of environments, both urban and rural, seeking to cover the various designated regions of New Zealand. A further aim of the study was to speak to children from the full range of decile (Glossary) rankings, as well as a range of school types (Composite/Area school, Contributing, Full Primary Glossary), as calculated and defined by the New Zealand Ministry of Education (http://www.educationcounts.govt.nz/technical_info/glossary). While

signalling that this study is not limited to children's experiences of stress as a result of being in any particular school structure, nevertheless schools are recognised social settings for children and are therefore a natural place to seek access to their voices and experiences. The focus of this project was not to hypothesise and theorise around, for example, the impact of the decile ranking or the influence of an urban or rural locale of a school. Rather it was to give children from all of those different environments a voice and if any of the educational demographics emerged from the information as factors contributing to children's stress, they would be further explored as part of the data. Schools were sourced as follows:

- From electronic information available about all schools throughout New Zealand on The New Zealand Ministry of Education *Te Kete Ipurangi: The online learning centre* website (<http://www.tki.org.nz/e/tki/>)
- Information available from school websites
- Suggestions and referrals from staff at the various regional Education Review Office (ERO) of the New Zealand Ministry of Education

An important selection criteria for this study was ensuring that every school that was approached created an environment where students/ physical and emotional safety is supported. This was to ensure that as far as possible children were not in a known stressful school environment and that, should taking part in a discussion on stress trigger the need for emotional support, there were structures in place to provide the necessary assistance. In terms of the review process of the New Zealand Ministry of Education, a physically and emotionally safe environment is known as a *Compliance Area* in which '*...the Board of Trustees and principal (of all schools) have to attest that they are taking reasonable steps to meet their legislative obligations...*' (Education Review Office). Consequently this is an aspect of school life that is evaluated in every school review by the Education Review Office (ERO). Prior to selecting a school for approach, the latest report available on the school was accessed on the ERO website (<http://www.ero.govt.nz>). Review comments such as: '*trustees maintain a safe physical and emotional environment for students*' and '*a strong pastoral network and a caring and secure environment to support students...*' provided positive markers. While the majority of high schools in New Zealand have

school counsellors, they are not available on site in most primary schools so that ensuring that school Boards of Trustees had met these basic requirements was one positive mental health support indicator in any school considered for inclusion.

Figure 1

MAP OF NEW ZEALAND – LOCALITIES OF SCHOOLS IN STUDY



With the aim to speak to children living around New Zealand, schools were randomly selected in the first instance, based on their locality. The 2 phases of the study focused generally, but not entirely, on different areas in New Zealand in that the majority of Phase 2 was conducted in the South Island. This was primarily for ease of travel but also recognised that while working in a particular area in New Zealand, the researcher could remain aware and alert to any issues unique to children in specific regions.

In the last New Zealand population census, 86% of the population were identified as living in urban areas (<http://www.stats.govt.nz/>). Participants in this study were chosen from both urban and rural environments and once a general area had been identified, the schools in that vicinity were identified using the New Zealand Government Ministry of Education *Te Kete Ipurangi* website (<http://www.tki.org.nz/e/tki/>). All schools in New Zealand are listed on this site, providing contact details, links to school websites and other demographic information. The other criterion in selecting the schools was to ensure that there was a representative sample as far as decile rankings were concerned. This was to in some way attempt to speak to children from the full range of socio-economic backgrounds in NZ. Three schools were selected in each of the two biggest cities in New Zealand, Auckland and Wellington, two in Dunedin and one in each of the other localities. The spread of schools can be seen in the map of New Zealand at Figure 1.

The selection process of schools can be described as purposive in that the criteria described above, demonstrate the sampling was based on 'wanting to interview people who are relevant to the research question' (Bryman, 2004, p. 334), namely '**children**' '**around**' New Zealand. There are also elements of theoretical sampling as described by Glaser and Strauss (1967), who described that from a Grounded Theory perspective, the researcher 'decides what data to collect next and where to find them' and 'the process of data collection is controlled by the emerging theory' (p. 45). In this study the researcher chose where and what data to explore and gather in Phase 1 based on people and places relevant to the research question and after analysis made further decisions about sampling in Phase 2 based on the

emerging information. Strauss and Corbin, described the process of theoretical sampling as:

‘...data gathering driven by concepts derived from the evolving theory and based on the concept of “making comparisons”, whose purpose is to go to places and people that will maximise opportunities to discover variations among concepts and to densify categories in terms of their properties and dimensions’ (as cited in Bryman, p.305).

Another question that could be raised is whether there is an aspect of convenience sampling in accessing participants in schools, where they are conveniently located. Bryman (2004) has suggested that there are situations where ‘the chance presents itself to gather data from a convenience sample and it represents too good an opportunity to miss’, providing a ‘springboard for further research’ (p. 100). It could be argued that there are three levels, or aspects, of sampling in this study in that the schools selection can be seen as both purposive and theoretical, while the sampling of children within schools can be seen as convenience. However, the explanation by Corbin and Strauss (2008) supports the position that the primary form of sampling in this constructivist grounded theory study is theoretical:

Analysis begins after the first day of data gathering. Data collection leads to analysis. Analysis leads to concepts. Concepts generate questions. Questions lead to more data collection so that the researcher might learn more about those concepts. Theoretical sampling is concept driven. It enables researchers to discover the concepts that are relevant to this problem and population, and allows researchers to explore the concepts in depth. (p. 144-145)

Principals and Boards of Trustees:

Initial contact was made through email and always directly to the principals. If the principals details were not evident on the NZ Government Ministry of Education *Te Kete Ipurangi* website, an email or phone call to the administrator of the school provided that information. An explanatory email detailing the study and a request to conduct the research in the school (Appendix 10) was then sent out. Attached to this were copies of the: a) Information sheet for the principal and Board of Trustees (Appendix 1); b) Consent form for the principal and Board of Trustees (Appendix 6); and c) Copies of all the information, consent and assent forms for the parents/caregivers and the children (Appendices 2, 3, 4, 5, 7 and 8). This was to ensure that the principals and members of the Board of Trustees could make a decision based on information available in all the paperwork. The email also alerted the principals that the researcher would make telephone contact with them to discuss the matter further once they had responded to my initial approach and indicated that they were open to my request. This was not always necessary as some principals conducted all correspondence by email. If there was no response from the initial email, a follow-up email was sent reminding the principals of the earlier correspondence.

Table 4.1

RESPONSE TO REQUEST TO CONDUCT RESEARCH IN SCHOOLS

Total no of schools approached in study	Responded and agreed	Responded and declined	No response
49	29	4	16

Table 4.1 illustrates the number of schools approached in total; those that responded and agreed to participate; those that acknowledged the contact but

declined to participate; and the number of principals that ignored all correspondence. Just over half (59.1%) of the principals approached responded positively to either the initial or the follow-up correspondence; some principals (32.6%) did not respond to either the initial or follow-up email at all and only a small number (8.1%) responded and refused but provided reasons. If there was no response after the follow-up email, no contact was made by telephone.

The four principals (or acting principals) who did acknowledge the researchers' request but declined to participate gave the following reasons:

- *“The principal is on leave and the senior team are worried about what they will have to do.”*
- *“The principal has left and there is uncertainty with staffing. There is a new acting principal every term.”*
- *“The school has a number of other outside involvements.”*
- *“We don't have any stressed children here.”*

Once they had agreed to participate, principals tended to pass the organisation of the participants and the documentation to another key person in the school, either the deputy principal or one of the senior teachers and, in one school, a class teacher and another, an office administrator. Initially, apart from answering any questions concerning the study, one of the most important points of discussion was establishing the level of student support structures within each school. This was in addition to the earlier check of the latest ERO review for each school, in particular that they were meeting the Compliance Area of providing a 'physically and emotionally safe environment'. Ideally, support for students should include both internal (Ministry of Education Specialist Education Services and staff informal pastoral care) and external (community agencies and other professionals in the community who accepted referrals) structures. This scrutiny was to ensure that, in the event of a participant being 'triggered' by discussing a potentially sensitive topic such as *'what children consider to be stressful in their lives and how they cope'*, there was both internal and external support to which they could be referred.

Once the principal and members of the Board of Trustees had granted consent, a date on which the researcher would visit the school to conduct the research with the children was agreed on. The researcher also indicated at this point that she would require a suitably furnished room in which to conduct the research and, ideally, where there would be no disturbances while the discussions with children took place.

Following on these discussions and the arrangement of a suitable date, the documentation (information sheets, consent and assent forms) was couriered out to the school for distribution to the children and parents/caregivers. All the documentation was sorted into envelopes and the sticker (Appendix 9) affixed to each envelope. The key staff members were also provided with an example of a covering explanatory letter (Appendix 11) that they could send out with the documentation to parents/caregivers. Most personalised the example provided by signing and sending it out on their school letter head.

The key person in the school was asked to select between six and eight children (four for a focus group and four for individual interviews in the first phase and four for a focus group and two for individual interviews in the second phase) who would be interested in taking part in the project and whose parents/caregivers were likely to give their consent. The co-ordinators were advised that this project was not focusing on children who were in known stressful situations such as a challenging divorce or separation in the home, a family member with an illness or a disability, or families interacting with Child, Youth, Family services, etc. Rather, the aim was to speak to the average child not, to the knowledge of the school personnel, experiencing abnormal stress. It was however, understood and expected that there would be stressors that would be unknown to staff members.

Some staff co-ordinators identified and directly approached children who they knew would more than likely be interested in taking part and whose parents would probably view their participation as a positive experience while others gathered all the age appropriate children together, gave a brief description of the study and then selected six children from the interested group. Knowing what the inclusion/exclusion

criteria were, they then handed out the documentation to children who met the conditions.

The inclusion criteria for the participants were that:

- they were a student aged between 8 to 12 attending a school in New Zealand
- they could understand and communicate in English
- they were not in known stressful situations
- their parents/caregivers had agreed that they could participate and had signed and returned the form; and
- they themselves had agreed to take part, had communicated that they understood the information about the research, and had signed and returned the assent form

The exclusion criteria were:

- Children younger than eight were not included as their stage of development meant that their language and abstract thinking was generally not as advanced as their older primary school peers and the means of collecting data in this study was focused on talk methods as well as asking children to comment on their observations of others. This is not to say that children of this age do not contribute valuable information in research, but in this particular case, based on what is understood about their development, they were not included.
- Children who could not communicate in English were not included. The researchers' primary language is English so in order that participants could understand the project and the research process clearly, it was necessary that they were conversant in the same language. This also ensured that their contribution was as clearly understood and interpreted by the researcher as possible. Children who did not have English as a first language but who nonetheless could understand and communicate effectively, were included.
- Children whose parents/caregivers had refused or forgotten to sign the consent forms were excluded. The ethical requirements of this study

demanded that the legal guardians of each child give permission for the child's participation. This exclusion criterion did result in children being excluded even although they had indicated that they wanted to take part.

Children were asked to take the documentation home and read and discuss the contents with their parents/caregivers. They were then asked to return the signed consent and assent forms to the key staff member. In cases where children decided not to participate or their parents/caregivers refused permission, or both, they were asked to return the documentation to school so that the opportunity to participate could be offered to another student. Because the researcher was interested in talking to children not in known stressful situations, other than the inclusion and exclusion criteria listed above and, if possible, a request for a range of ages and cultures and as equal a mix of male and female participants as feasible, schools were not given any other direction about selection. This included no direction as to which children should be asked for an individual interview and which ones for a focus group. This selection was left entirely to the key staff member.

Data collection processes common to both phases of the study:

The two primary processes that were used to connect with children and to gather data throughout the study were focus groups and face-to-face individual 'interviews'. It is becoming increasingly popular to employ a multi-modal means of data collection and both focus group and individual interviews are methods that are well recognised as appropriate and effective means of conducting studies with children (Gill, Stewart, Treasure & Chadwick, 2008; Hill, as cited in Greig, Taylor & MacKay, 2007).

In particular, many researchers have commented on the value of focus groups for children when the intention is to acquire understanding about their world-views, self-mediated experiences and their perceptions, attitudes and views on identified issues (Connolly, 2001; Horner, 2000, Horowitz, McKay & Marshall, 2005; Krueger & Casey, 2009; Large & Beheshti, 2001; Ronen, Rosenbaum, Law & Streiner, 2001). Group discussion is a common experience for students and can therefore be viewed as an appropriate process when conducting research in schools

with children (Darbyshire, MacDougall & Schiller, 2005). Focus groups can also provide children with the support of their peers (Armstrong, Hill & Secker, 2000; Morgan, Gibbs, Maxwell & Britten, 2002) in circumstances in which they can feel socially and emotionally safe; not obliged to answer every question (Lewis, 1992; Vaughn et al, 1996); and potentially less individually exposed and vulnerable (Mauthner, 1997; Sim, 1998). The format of focus groups can be viewed as generating discourse (Large & Beheshti, 2001); allowing for productive peer interaction (Gibbs, 1997; Kitzinger, 1994); and giving children the management of the narrative process (Garbarino & Stott, 1992). The method may balance or reduce an imbalance in 'power relations' between adult investigators and children (Heary & Hennessy, 2002; Hill, 2006; Horner, 2000) and can be perceived as acknowledging the child participants as the experts (Levine & Zimmerman, 1996). In a group format, children can introduce issues that they wish to talk about by integrating them into conversations about their everyday lives and social environment (Mauthner, 1997). It has been suggested that the information that is exchanged in the course of a focus group has the potential to provide valuable insight to, not only the researcher, but the young participants as well, as they share and clarify their perspectives with each other (Sim, 1998). Participation in a focus group gives children the opportunity to 'set part of the agenda' (Greig, Taylor & MacKay, 2007, p. 166) and for researchers to develop suitable questions with which to further explore delicate issues (Scott, 2003). The overall experience of participating in a focus group discussion can contribute to positive self esteem and give children a sense of self-control which in turn can promote physical and mental well-being (Horner, 2000; Kirby, 1999).

In contrast, individual interviews can be seen as more personal and confidential (Greig, Taylor & MacKay, 2007; Punch, 2002). Fontana and Frey (2008) have described interviewing as recognising that 'each individual has his or her own social history and an individual perspective on the world' (p. 152).

All the interviews and focus groups were audio-taped and this has been shown to be a commonly used method of collecting data (Krueger, as cited in Hennessy & Heary, 2005, p. 244) which provides opportunities for identifying emotions inherent in participants accounts (Dunn, 2005a).

On the assigned day, the researcher usually arrived some time after the start of the school day so that she was not caught up with children arriving and dispersing to classrooms. She then spent some time connecting with and talking to the principal or the key person assigned to facilitate the research process in the school. This person then showed the researcher which space had been allocated and the facilities were checked for suitability (size, seating, tables, a plug for the tape recorder and relative privacy). At this point, the documentation, including consent forms from the principal and Board of Trustees and the parents/caregivers as well as the assent forms from the children, was collected and checked and the key staff person provided information concerning timetables and intervals and discussed any problems regarding the recruitment process. The key staff member then collected the first child for an interview or the children for the focus group, introduced them to the researcher and instructed the child/children that they would be responsible for collecting the next participant/s.

To ensure consistency in the project, all focus groups and interviews were facilitated and conducted by the primary researcher. The researcher first spent time going through the consent forms with each child, ensuring they understood the information and then both parties (child and researcher) signed the forms. Confidentiality was also discussed and those in the focus groups were advised that this could not be guaranteed in a group, but none the less asking the children to respect each other's information as private and confidential.

The audio-tapes from the focus groups and individual interviews were transcribed by a person highly experienced in this process who signed a confidentiality agreement. The children were informed that the tapes would be transcribed by this person and that both the tapes and paper copies of transcripts would be stored in a locked filing cabinet for six years and then destroyed. Transcribed data was also stored electronically. No child was identified by name on any transcript. In recognition of children's rights (UNCROC, Article 12 and 13), it was important that the children were informed about how their data would remain confidential and their identity anonymous. At the outset of each interview or focus group, children were told that, if at any point they wanted to make comments 'off the record', they could either ask the researcher to turn off the recorder or do so

themselves. True to the social constructivist philosophy underpinning the methodology, this empowered the participants to keep control over what they did or did not want recorded.

Data collection tools common to both phases of the study:

Dialogue in both the focus groups and the individual interviews was initiated using discussion guidelines (Appendix 12 and 13). These questions were developed as a general guide and were by no means a definitive process. They were designed as conversation starters and were broad questions about stress and coping such as '*What does the word stress mean to you?*'; '*What other words might children use instead of the word stress?*' and '*What do you think that children find stressful?*' '*How do children cope with stress?*' These questions provided the means to initiate conversations as well as centralising the foci, ensuring that there were common threads running through each session with children in both Phase 1 and Phase 2. Topics explored in both the focus groups and the individual interviews were:

- Participants experiences and understanding of personal stress
- Their observations of other children's stress
- Stress descriptor language
- Coping and help seeking
- Awareness and impact of global stress
- Children's needs when they are under stress

What emerged in each conference was unique, yet, through these questions and topics the opportunity to identify the range of common stressors and coping strategies, themes and categories, was presented.

Phase 1

The purpose of Phase 1 (Schools 1-11) was to explore the range of issues that children name as stressful in their lives as well as the scope of coping strategies they employ. The intention was to identify the common stressors and the range of

coping strategies for further exploration and clarification with a wider group of children in the next phase (Schools 12-29).

Research settings:

Table 4.2

PHASE 1 RESEARCH SETTING DEMOGRAPHICS

Date	School	School Region/District	Type/Profile	Decile	Gender	School Roll	Urban/Rural
17/03/06	1	Auckland; City	Contributing	2	Co-Ed	322	Urban
06/04/06	2	Auckland; Rodney	Contributing	7	Co-Ed	367	Rural
28/04/06	3	Waikato; Taupo	Contributing	9	Co-Ed	432	Urban
08/05/06	4	Auckland; City	Contributing	4	Co-Ed	338	Urban
29/05/06	5	Auckland; City	Contributing	3	Co-Ed	394	Urban
15/06/06	6	Northland; Far North	Contributing	3	Co-Ed	130	Rural
16/06/06	7	Northland; Far North	Full Primary	2	Co-Ed	80	Rural
19/06/06	8	Northland; Far North	Contributing	6	Co-Ed	575	Urban
22/06/06	9	Northland; Whangarei	Contributing	6	Co-Ed	572	Urban
23/06/06	10	Northland; Far North	Full Primary	3	Co-Ed	109	Rural
12/05/06	11	Manawatu; Wanganui	Full Primary	9	Co-Ed	295	Urban

In this first phase of data collection, 11 school principals and Boards of Trustees agreed to participate. Four of the schools were from the Auckland region, three urban schools specifically in the City district and one rural school from the Rodney district; one large urban school was located in Taupo in the Waikato region; five schools were from the Northland region, four of these in the Far North (three classified as rural and one as urban) and one urban school from the district of Whangarei; and one school from Wanganui in the Manawatu region.

The decile rankings represented were two (2 schools), three (3 schools), four (1 school), six (2 schools), seven (1 school), and nine (2 schools). All the schools were co-educational. School rolls ranged from 80 through to 575. Seven schools were from urban areas and four schools from rural areas. Three of the schools had a Full Primary profile and eight were Contributing schools.

The first four schools in the study were in the Auckland region which is where the researcher resides. This made for convenience at the start of the project when the researcher began the process of data collection and meant that schools could be visited within a day and that no extended travel was required. At the outset this also meant that any adjustments to paperwork or equipment were easily made, working from a home base. Once the schools in the other regions were visited, they required extended overnight travel.

Participant demographics:

Table 4.3

PHASE 1 PARTICIPANT DEMOGRAPHICS

School	Individual Interview	Focus Group	Total Participants	Female	Male	Ages				
						8	9	10	11	12
1	3	1(4)	7	3	4	1	2	4		
2	5	1(4)	9	4	5			8	1	
3	4	1(4)	8	5	3		4	4		
4	4	1(3)	7	3	4		4	3		
5	4	1(4)	8	3	5		2	6		
6	3	1(4)	7	3	4		1	6		
7	2	1(3)	5	3	2		2	3		
8	2	1(4)	6	3	3		1	5		
9	4	1(4)	8	4	4		1	5	2	
10	2	1(4)	6	3	3		6			
11	4	1(4)	8	4	4		2	6		
TOTAL	37	11(42)	79	38	41	1	25	50	3	0

A total of 79 children, 38 females (48.1%) and 41 males (51.9%), participated in Phase 1. Thirty-seven children took part in individual interviews and there were 11 focus groups with a total of 42 participants. Their ages ranged from 8 (n=1); 9 (n=25); 10 (n=50); to 11 years (n=3), with no participants aged 12 years old. As can be seen from the age group totals in Table 4.3, most of the children who took part were aged either 9 (31.6%) or 10 (63.2%) years old. The almost equal mix of male and female participants reflects the researchers request for the participants to, as far as possible, reflect an equal gender mix, while the preponderance of children aged 9 and 10, does not reveal the range of ages suggested to school personnel.

As can be seen from the participant demographics (in this phase as well as in Phase 2) some schools provided more or less participants than requested. The reasons included:

- An additional child to the numbers required was given the documentation to take home, to cover the possibility that another child or their parents might decline the offer to participate. In two schools all the children returned their consent and assent forms, so the extra child was also included in the study, one in a focus group and one in an interview
- Parental consent forms left at home, therefore no participation
- In the case of one school, the co-ordination was handed over to one of the Administration staff and, even after a number of explanatory phone calls the organisation was extremely poor and the researcher arrived on the day to find only two children ready to participate
- Absenteeism on the day of participation
- Declined (either child or parents, or both) to participate but no replacement
- Very small student role in some rural areas

Participant cultural demographics:

Table 4.4

PHASE 1 PARTICIPANT CULTURAL DEMOGRAPHICS

School	NZ and other European	Maori	Pacific Island	Asian
1	2	0	3	2
2	8	0	0	0
3	6	2	0	0
4	1	1	3	2
5	1	5	1	1
6	1	5	1	0
7	3	2	0	0
8	4	2	0	0

School	NZ and other European	Maori	Pacific Island	Asian
9	5	3	0	0
10	4	1	1	0
11	9	0	0	0
TOTAL	44	21	9	5

Although ethnicity was not a factor in the selection of participants, schools were asked, if possible, to provide a mixture of ethnic cultures. While not obligatory, the request was an attempt to ensure that participants represented a cross section of New Zealand cultures. These are illustrated in Table 4.4. The demographics show that 55.7% of the participants were New Zealand or other European (n=44), followed by 26.6% Maori (n=21), 11.4% Pacific Island (n=9), and 6.3% Asian (n=5). Considering that 15% of people in New Zealand identify as Maori, (2006 census, Statistics New Zealand, 2009) the culture was well-represented in the first Phase. Similarly, the Pacific population in the 2006 census was calculated at 6.9% and the Asian at 9.2% of the total population. Typically, children were not really interested in talking about their ethnicity and some of them seemed genuinely confused when asked to identify their culture. This has been described in a study with young participants about their ethnicity as ‘children insisting on being a human being before anything else’ and the need for adults to understand children’s perspectives as possibly being different to adult views (Moinian, 2009, p. 46). In some cases, this uncertainty resulted in the researcher asking for the cultural demographics from the staff member who had organised the participants or from one of the school administrators.

Data collection processes and tools:

In addition to the data collection processes described earlier that were common to both phases, at the outset of each focus group in Phase 1, all the children were given a piece of paper and a pencil and asked to write down their answer to the question: ‘*What is stress?*’ The reason for including this strategy was two-fold. Firstly, it immediately drew the children into the topic and asked them to

consider their personal definition of the subject under discussion, and secondly, it provided the researcher with data that was not influenced by any discussion, and gave an indication about the direction that children were thinking before they were asked any questions by the researcher or heard any other participants views. Other than this process, there were no formal data collection tools in Phase 1. The focus was on communicating with the children in the interviews and the focus groups in an informal manner, using the discussion guidelines (Appendix 12 and 13).

Data Analysis:

Throughout Phase 1 (Schools 1-11), which used focus groups and individual interviews to explore children's experiences of stress and coping as well as the focus group paper definitions, the data (transcribed audio tapes and focus group paper definitions) were analysed using a Constructivist Grounded Theory methodological approach. This entails gathering data and analysing throughout the study. From the commencement of the study the researcher made observational notes during the data collection, post-data collection field notes after interviews and focus groups, and memo's during analysis. Data that appeared to develop significance were further explored, through the researchers questioning, with participants in the next school. This enabled concepts, themes and categories to emerge in the analysis, thereby letting the 'analysis guide the research'. Theoretical sampling entails 'the researcher following the analytic trail' and this has been described as 'looking to the best source of data to find answers' (Corbin & Strauss, 2008, p. 146). As themes and concepts surfaced or became more obvious, transcripts from earlier interviews and focus groups were frequently re-visited and further coded so that the process and progress of analysis can be seen as circular rather than linear. While the content of the data itself influences the path the research follows, the researcher's analysis of that data connects the two in the method (Corbin & Strauss). Thirty-three stressors, emerging as common to many of the participants, were identified and coded as well as four categories into which these stressors could be grouped. Twenty coping strategies were identified and these could be organised into 4 categories.

At the completion of Phase 1 the twenty coping strategies identified were ordered into a checklist, 'When I am stressed I can...' (Appendix 14) for further

exploration with participants in Phase 2 (Schools 12-29). Over and above the interview and focus group data collection the purpose of this tool was to further explore the significance and common experience of these coping strategies for participants in the next phase. Additionally, the checklist will be used to assist in the analysis of data collected in Phase 2 and will contribute to grounding the emerging concepts and categories.

Phase 2

Research settings:

Table 4.5

PHASE 2 RESEARCH SETTING DEMOGRAPHICS

Date	School	School Region/District	Type/Profile	Decile	Gender	School Roll	Urban/Rural
09/11/07	12	Gisborne; Gisborne District	Contributing	6	Co-Ed	74	Urban
16/11/07	13	Canterbury	Contributing	5	Co-Ed	92	Rural
19/11/07	14	Canterbury; Christchurch City	Contributing	10	Co-Ed	511	Urban
23/11/07	15	Hawkes Bay, Hastings	Full Primary	1	Co-Ed	484	Urban
04/12/07	16	Wellington: City	Full Primary	10	Co-Ed	425	Urban
05/12/07	17	Wellington: City	Composite	10	Girls	654	Urban
12/12/07	18	Bay of Plenty; Western	Full Primary	5	Co-Ed	317	Rural
07/04/08	19	Taranaki, New Plymouth	Full Primary	5	Co-Ed	296	Urban
09/06/08	20	West Coast; Buller	Composite	3	Co-Ed	206	Rural
10/06/08	21	West Coast; Westland	Full Primary	8	Co-Ed	20	Rural
11/06/08	22	West Coast, Westland	Full Primary	9	Co-Ed	14	Rural
12/06/08	23	Otago; Queenstown-Lakes	Contributing	10	Co-Ed	395	Rural
13/06/08	24	Otago; Queenstown-Lakes	Full Primary	9	Co-Ed	29	Rural
16/06/08	25	Southland; Invercargill City	Contributing	5	Co-Ed	252	Urban
17/06/08	26	Otago; Dunedin City	Contributing	9	Co-Ed	300	Urban
17/06/08	27	Otago; Dunedin City	Contributing	3	Co-Ed	179	Urban
11/08/08	28	Wellington; City	Full Primary	5	Co-Ed	236	Urban
10/11/08	29	Tasman	Full Primary	9	Co-Ed	192	Urban

In the second phase of data collection, 18 school principals and Boards of Trustees agreed to participate. One school in each of the following school regions was included in the study: Gisborne (Gisborne district), Hawkes Bay (Hastings district), Bay of Plenty (Western Bay of Plenty district), Taranaki (New Plymouth district), Southland (Invercargill district), and Tasman (Tasman district). Two schools from the Canterbury region (one from Christchurch City district and one from the

Kaikoura district); three schools from the Wellington region, all from the Wellington City district; three schools from the West Coast region (one from the Buller district and two from the Westland district); and four schools from the Otago region (two from Dunedin City district and two from Queenstown Lakes district). There were 11 urban schools and seven rural.

The decile rankings represented were one (1 school), three (2 schools), five (5 schools), six (1 school), eight (1 school), nine (4 schools), and ten (4 schools). There were 17 co-educational schools and one all-girls school. School rolls ranged from 14 through to 654. Nine of the schools were Full Primary, seven were Contributing schools and two had a Composite profile.

Participant demographics:

Table 4.6

PHASE 2 PARTICIPANT DEMOGRAPHICS

School	Individual Interview	Focus Group	Total Participants	Female	Male	Ages				
						8	9	10	11	12
12	1	1(4)	5	3	2		3	2		
13	2	1(5)	7	5	2			2	5	
14	1	1(4)	5	3	2			5		
15	1	1(3)	4	1	3				4	
16	0	1(2)	2	1	1		1	1		
17	2	1(4)	6	6	0			3	3	
18	2	1(4)	6	3	3		3	3		
19	2	1(4)	6	4	2		2	4		
20	2	1(4)	6	3	3	1	1	3	1	
21	0	1(4)	4	2	2			1	2	1
22	0	1(3)	3	1	2	1		2		
23	2	1(4)	6	3	3		1	5		
24	3	1(3)	6	3	3	1	1	1	2	1
25	2	1(4)	6	3	3	2	1	3		
26	1	1(4)	5	3	2			2	3	
27	1	1(3)	4	3	1			4		
28	2	1(4)	6	3	3			4	2	
29	1	1(4)	5	4	1					5
TOTAL	25	18(67)	92	54	38	5	13	45	22	7

Table 4.6 illustrates that a total of 92 children, 54 females (58.7%) and 38 males (41.3%), participated in Phase 2. Twenty-five children took part in individual

interviews and there were 18 focus groups with a total of 67 participants. Their ages ranged from 8 (n=5); 9 (n=13); 10 (n=45); 11 (n=22), to 12 (n=7) years old. As can be seen from the age group totals in Table 4.6 most of the children who took part were aged either 10 (49%) or 11 (24%) years old. The higher number of girls (n=54) versus boys (n=38) can be attributed in part to School No 17 which was an all-girls school, however other co-educational schools obviously did not heed the request for, if possible, an equal balance of genders. Equally the larger numbers of 10 and 11 year old children reveals that there was not a balance of ages as suggested to school personnel who were organising the participants.

Participant cultural demographics:

Table 4.7

PHASE 2 PARTICIPANT CULTURAL DEMOGRAPHICS

School	NZ and other European	Maori	Pacific Island	Asian
12	4	1	0	0
13	5	2	0	0
14	5	0	0	0
15	0	4	0	0
16	2	0	0	0
17	6	0	0	0
18	3	2	1	0
19	4	2	0	0
20	5	1	0	0
21	4	0	0	0
22	3	0	0	0
23	6	0	0	0
24	5	1	0	0
25	5	1	0	0
26	5	0	0	0
27	2	2	0	0
28	3	1	1	1

School	NZ and other European	Maori	Pacific Island	Asian
29	5	0	0	0
TOTAL	72	17	2	1

Participant cultural demographics illustrated in Table 4.7 demonstrate that in Phase 2 schools 78.2% of the participants were New Zealand or other European (n=72), followed by 18.5% Maori (n=17), 2.2% Pacific Island (n=2), and 1.1% Asian (n=1).

Data collection processes and tools:

In Phase 2, the request was still for four children for the focus groups but only two for individual interviews. The decision to only interview two children instead of the four requested in Phase 1 was based on the following observations:

- During Phase 1 children in focus groups were more likely to engage and participate than those in an individual interview
- The data collection tool for Phase 2 resulted in additional time required to conduct interviews and focus groups as well as completing the checklist. This decision to cut the individual interviews down to only two per school was further supported by the discovery that the participants were talking far more using the new data collection tool.

In addition to the data collection processes described earlier that were common to both phases (audio taping of individual interviews and focus groups using discussion guidelines Appendix 12 and 13), the checklist 'When I am stressed I can...' (Appendix 14) was provided for children to complete. Focus group participants pencil and paper definitions of '*What is stress*' utilised as a data collection tool in Phase 1 was discontinued in this second phase due to the application of the new data collection tool and time constraints within the school day. However, the children were only asked to complete the checklist after the interviews

and the focus group discussions had taken place. The primary focus was still an open forum. In the first two schools in Phase 1 the researcher turned off the tape after the interview and focus group discussions appeared to have come to a natural end and explained the checklist prior to the children completing it. However, it was noticeable in the first two schools that the tools generated more deep discussion about the topics of stress and coping and for the remaining schools the tape was left on, with the children’s permission, while they completed the checklist.

Data Analysis:

As with the description in Phase 1, the data were analysed using a Constructivist Grounded Theory approach. Specifically, in Phase 2, the use of the checklist that was developed out of Phase 1 analysis (Appendix 14), provided data that enriched the audio-taped transcribed information and, unexpectedly, encouraged the participants to explore the issues of stress and coping at a deeper level. The checklist was analysed and information about the use of each coping strategy was extrapolated.

To account for trustworthiness of findings 10% of the total data (from Phase 1 and 2) were co-coded by two professionals experienced in working with children, both educationally and therapeutically. These specialists were asked to read through the transcripts and identify stressors, coping strategies and possible categories. These were then compared with the findings of the researcher.

Overall school and participant demographics:

Table 4.8

OVERALL SCHOOL AND PARTICIPANT DEMOGRAPHICS

Schools	Individual Interview	Focus Group	Total Participants	Female	Male	8	9	10	11	12
29	62	29(109)	171	92	79	6	38	95	25	7

Table 4.8 shows that overall there were 171 participants with 92 girls and 79 boys participating. The researcher requested to speak to children aged between 8 and 12 years old however the preponderance of children were 10 years old (n=95), with children aged 9 (n=38) and 11 (n=25) also being fairly well represented. Only six 8-year olds and seven 12-year olds participated. In the 29 schools represented throughout the country, 62 children were interviewed individually and 109 children participated in a focus group.

Overall participant cultural demographics:

Table 4.9

OVERALL PARTICIPANT CULTURAL DEMOGRAPHICS

NZ and other European	Maori	Pacific Island	Asian
116	38	11	6

The demographics also show that 67.8% of the participants were New Zealand or other European (n=116), followed by 22.2% Maori (n=38), 6.4% Pacific Island (n=11), and 3.5% Asian (n=6). According to official Government statistics from the 2006 census, New Zealand and other European peoples account for 67.6% of the total population and Pacific Island peoples for 6.9% (Statistics New Zealand: Tatauranga Aotearoa, 2009) therefore the ethnic cultural representation of the European and Pacific Island participants are almost identical to the national ethnic cultural statistics. Maori account for 15% of the national population and were well represented in this study at 22.2%. However, compared to the national figure of 9.2% of the total population, Asian children were under-represented at 3.5% of the total participants.

Summary:

This chapter has described the methods utilised in recruiting the participants for this study, the processes and the development of the tools employed in collecting

the data and the data analysis methods. Participant and school demographics are discussed, including participants ethnic identity. In order to clearly describe the core results of children's experiences of stress and coping from both phases as well as the additional data collected in Phase 2 using the checklist, the results are subsequently divided into two separate chapters, namely Chapter 5: *What children find stressful* and Chapter 6: *How do children cope with stress?*

CHAPTER 5

RESULTS

WHAT CHILDREN FIND STRESSFUL

Introduction:

One of the two research questions, “*What do New Zealand children find stressful?*” is the focal point of this chapter and the presentation of the findings will be orientated towards addressing this issue. In addition, on presentation of each stressor, some analysis and commentary will be provided to ensure that the rich and descriptive data is presented as a cohesive and synthesised presentation. The discussion chapter will further extend this commentary.

At the outset, the written definitions of ‘what is stress’, provided by the participants in Phase 1 (Schools 1-11) focus groups, will be explored. Following this, the results of the twenty-nine stressors that were identified and explored in both phases will be described clustered around the four broad categories of stress that were recognised.

Children’s initial definitions of stress:

The opening request to the participants of the focus groups in Schools 1 to 11, asking them to provide a personal written definition in answer to the query: “***What is stress?***”, is a complicated question, even for adults. It is well acknowledged that stress is a difficult concept to define (Rosch, cited in Humphrey, 2005) and that there has been no scientific consensus on an accepted definition (Pacak & Palkovits, 2001).

Notwithstanding adult perceptions that ‘stress’ is a complicated phenomenon to define, most of the children unhesitatingly provided their definitions. There was no

collaboration or discussion and their contributions were submitted to the researcher before the focus groups began. The children who participated in the individual interviews were not asked to provide a written definition as it was possible to ask them the same question verbally, without there being any influence from other group members, and to capture their responses on tape.

These definitions provided early insight into some of the issues the children considered when thinking of the topic 'stress'. They were likely informed by the children's experiences, their worldviews and beliefs which, in turn would be developmentally, individually, as well as contextually influenced.

i. Emotions connected to stress:

Some children's definitions were composed of a range of emotions that they associated with stress or recognised as meaning that if these feelings or reactions occurred, they were stressed: *"I think stress means nerfise (nervous), scared, shy"* (boy, 10) and *"It's annoyance, flustered, depression, sadness, nervous, anger"* (boy, 10).

ii. Causes of stress and the emotional effects:

Other children used their definition to comment on what, in their opinion, the causes (stressors) of stress are. These included (1) Internalised / Intrapersonal stressors: *"Stress is when you are worried about something and you get scared or lonely. You think that no one can help you"* (girl, 10); (2) Familial stressors: *"My parents are getting divorced and it's stressful but if I say something it will make my parents more stressed"* (girl, 10) and *"Children have stress when their mom and dad get divorces and they leave"* (girl, 9); (3) Interpersonal stressors *"Stress is something that your friend can put you in"* (girl, 8) and *"When people are putting pressure on you, you are likely to get stressed"* (girl, 10); and (4), a Combination (e.g. Intrapersonal/Familial) *"I think stress means worries, or it might be like your parents don't understand you"* (boy, 10).

Even in these short definitions, there are indicators of deeper meaning captured in the naming of stressors. The ten-year old girl who defined stress in terms of her parents' divorce and her realisation that if she verbalised this, she would cause further stress for her parents suggests a child who has a view of her position and her role in the family. Underlying her comments on her parents' divorce are the beliefs that her own needs are less important than the adults in the family and that it is her role to keep her parents from being further stressed. The child who described being scared and lonely when she was 'worried about something' and thinking that no-one could help her, suggests that she believes her problem is so difficult, so unique that there isn't anyone who can assist or, perhaps, that the people who could help her, are part of the problem.

These early definitions gave the researcher indicators of the influence of cognitive, social and emotional development as well as the layers of meaning to be explored with the children.

iii. Outcomes of stress:

Even at this early stage of the research it was clear that children had a sense that too much stress in their lives could compromise their mental health as in the following two definitions: *"Sometimes stress can even turn into depression"* (girl, 10) and *"I think stress is when you are angry and when you have too many bad things happen and you just think you just want to kill yourself and some people do"* (boy, 11). Another participant wrote eloquently about the causes and emotional and physical effects of stress:

Sometimes you get stressed when you're in fights and work too hard and when you're going through bad things with your family or friends. It's when you're tired and worn out and sometimes when you're sad. It's just when you can't be bothered doing things you can't do and trying out new things (girl,10).

Another child described her views on the consequences of stress and the tendency that children have to take responsibility for adult stress:

I think stress isn't a very good thing to have going on in your family because it can cause divorce or stress attacks. Parents can take it out on you and its super hard on children because they blame themselves and I don't think that children should blame themselves for parent's mistakes. (girl, 9)

iv. Physical locations and manifestations of stress:

Other children defined stress in terms of where in the body the stress was located and physical reactions they experienced: "*Stress is your nervous system. And you get nervous*" (girl, 10) and "*Stress is when you feel tired and sick and when you're angry*" (girl, 8)

v. Coping with stress:

Many children included comments on how they coped with their experiences of stress, including sharing their concerns with their family pets – a theme that was to grow throughout this study – as well as what was to prove a common coping mechanism, a 'withdrawal to bedroom' strategy in an effort to cope with the previously mentioned tendency to blame themselves when there is parental stress:

I talk to my pets about the worries I have. When my parents have a fight it feels like you're in the middle of it all. When something goes wrong you blame yourself. I go and sit in my room when I get mad and confused. I know that my parents relax when we go camping, because they are there with friends. When my parents are stressed I get very sad (girl, 9)

vi. Metaphors for stress:

A number of children used metaphor to describe their experiences and understanding of stress: “*Stress is like a big thunderstorm crashing to the town*” (girl, 10) and “*Stress is like when you’re running and another person is with you and you want to stop and they tell you to keep running*” (boy, 9), this example suggesting that the writer experienced stress as being physically taxing and resulting in a loss of personal control.

These written definitions by the focus group participants in Schools 1 to 11 provided a view of the terrain to be explored even before the tapes of the first individual interviews and focus groups were transcribed and the coding and thematic categorising began. They confirm the complexity of the word ‘stress’ – as the earlier definition suggested – a phenomenon, the experience of which can lead to its own outcomes. The focus of the individual interviews and focus groups was to more intimately explore exactly what is it that these children in New Zealand find stressful and whether these stressors could be grouped into broad categories. In addition the coping strategies that children employed were also investigated.

Common stressors:

In the data analysis of all transcribed interviews and focus groups, the coding identified twenty-nine common stressors clustered around four categories, namely:

1. School
2. Interpersonal
3. Family
4. Intrapersonal

These broad categories provide foundations for exploration and description. Although it may be argued there were stressors that could fit into more than one category, the content of the illustrative quotes supported the grouping.

The identified stressors will be discussed, linked under the four categories and illustrated by children’s quotes that have been extracted from the transcripts.

The supporting quotes from the children are all accompanied by three identifying codes; one for their school (S=School, e.g. S5), another for their participation in either an individual interview, numbered within their school (In=Interview, e.g. In3) or a focus group (FG), and the third identifying the page number of the transcript (e.g. P5). There is no number attached to the Focus Group as there was only one group held in each school and the group is therefore identified by the school number (e.g.S10FG).

1. School stressors

Children in the study identified five stressors linked to their experiences of school:

- Bullying
- Anxiety around school work
- When teachers are stressed and unavailable
- Homework
- Giving speeches at school

Bullying

The number of participants in this study who named bullying as a stressor suggests that it is a common experience within NZ primary schools. Contrary to the beliefs stated by some of the principals of schools in this study that due to their 'zero tolerance' approach to bullying, it was not present in their schools, bullying was identified as a stressor by children in all schools.

Children displayed a strong awareness of the nature and effects of bullying and recounted their personal experiences of being bullied as well as providing eloquent accounts of their observations of what it was like for other children to be bullied:

You can see why people – their body language – if they are stressed or what. And if you ask them what's wrong they usually don't want to talk about it and they just want to be alone. And if you ask, do you want to play, they just say no. Like some people get teased, so they go to the library, they bring some books to school and they just read all through lunchtime. [S3FG:P4]

Particularly in the focus groups their commentary on their observations of bullying encompassed many aspects of this stressor including the vulnerability of children who bullied and were without peer relationships, the emotional and physical impact and reactions that they witnessed, how other children respond out of their own fear, and the appropriateness of adults' reactions:

...there's a boy, he's really lonely, he goes on his own now. He didn't really have any friends so he got really angry and stuff. He started being really mean and stuff and pushing and kicking people. Sometimes people started being friends with him because they found him a threat, like if they wouldn't play with him they would get hurt...they tried to make friends with him but...not long though. Well I think adults, they could talk to him like he ended up going to the staffroom for help, he was crying. He didn't really, he didn't really make friends, he would like try and make friends though. Maybe he thought people would try and make friends with him. [S16FG:P5]

Considering all the levels that bullying is experienced by those not directly involved, children who are onlookers also make decisions about how to respond, including being watchful and wary: "*Sometimes when this bully gets angry at the person who told on him, you feel unsafe around him*" [S28FG:P10] and making decisions, based on their fear of retaliation, not to get directly involved directly: "*I don't like kids being bullied at school, I try to stop it, but I worked out that I end up being bullied too, so when I see someone being bullied I just walk off and tell the*

teacher that a kid's being bullied" [S18In2]. This latter comment illustrating the subtle level at which those who are not directly being bullied may feel personally disempowered and unable to support victims, preferring instead to turn to adult support.

Noticeably, these observations had also led to children formulating their own hypothetical responses, should the need ever arise. The level at which bullying can create fear in terms of being able to ask for support is also evident: *"Well I've never been bullied because I just hate the thought of being bullied and I wouldn't want to talk about it because the bully might make it worse, I probably would eventually – like maybe after I'd left school"* [S14In1:P1]. Generally, children's commentaries on bullying from an onlooker position revealed levels of what could be termed secondary bullying, or perhaps vicarious bullying, in the watchful approach that they adopt, scanning their environment and gauging their own vulnerability.

Because there was very little evidence of children feeling able to intervene personally when they directly witnessed or were aware of bullying, the issue of adult support within schools was also a common topic. As far as parental support was concerned, many children described bullying as something they would not talk to their parents about, balancing support against possible retribution: *"You don't really want to be known as the tittle-tattle. You can be helped by your Mom in that situation but it could also get worse. So you don't know what to do"* [S3In2:P4]; and articulating how the situation could escalate for the victim:

Some kids might be embarrassed that your parents came down and tell the principal, and the person who you told your parents about, when they find out they are going to be really, really angry at you and it will get worse, so if it was verbal bullying before, now it would be physical. [S8FG:P4]

While not talking to parents about school bullying was a frequently named stressor, another common theme was the lack of support from teachers, with children suggesting that teachers underestimated the seriousness of this

phenomenon: “*Because sometimes teachers, sometimes they don’t listen, they say that it’s not a big deal...*” [S12In1:P1] or, in the eyes of a child who observes the power of a group and the victimisation and pain of a classmate, their inappropriate responses in not understanding or not taking the time to understand, the dynamics of the relationships within the class:

There is a boy in our class and he gets left out and he gets really upset, really easily and everybody tries to get him mad because they think it’s funny when he gets mad, cause he goes really crazy and then the teacher tells this person that went psycho off, not the person that made them psycho. After school he’s like crying at the wall. And you say see you tomorrow and he just starts saying swear words and throwing his bag at you. [S3FG:P2]

If children are unable to personally intervene when they observe bullying behaviours, they rely on adult intervention. When teachers don’t respond appropriately, participants articulated how that put the power into the hands of those who were bullying and resulted in increased vulnerability for other children: “*You tell them that someone hit you or something then they just walk away I think they should go and talk to both people, cause when they walk away another person is going to get bullied.*” [S27In1:P5]

For children, usually those in individual interviews, who had experienced bullying themselves, their personal accounts highlighted experiences of frustration, distress and isolation and how this, at times, led to behavioural outbursts. Their sense that nobody was noticing or doing anything about their stress was palpable, as was their vulnerability. Without the appropriate response from adults, their experiences can be viewed as multi-level abuse:

Most of the times I end up crying at school and have breakdowns, I just feel like nothing is happening and you want to hurt someone and punch someone in the face and you can get really out of control. I’m really frustrated. I always

get bullied and picked on. I'm the centre of the bullies. Sometimes I can't ignore it, I can't allow myself to handle it and I end up saying something mean and then I get in trouble. [S7FG:P4]

The importance of teachers being aware of when children might be more vulnerable to bullying due to challenging personal family stressors was also highlighted:

For me I haven't really got a good life cause heaps of people are being mean and bullying me and call me names. And it's kind of hard cause my dad's in jail. It happens mainly after school, I just go away, I just ignore them, but then the next day they'll come back to bullying me again, like they call me ugly and stuff. [S24In3:P1]

Talk of bullying at school also led to children voicing their concerns about bullying in the world. They appeared to be making a connection between what they observed at school and what they were witnessing in an adult world:

R: So it sounds like fights in the playground are really stressful...

Ch: Yeah

R: ...and it seems to be a common thing around the school?

Ch: ...and around the world...

R: ...around the world? Where do you see signs of that?

Ch: In America...like it comes on the news...

R: You see it on the news? What's that like, seeing it on the news?

Ch: It just makes me down that some people just start fighting for no reason and sometimes they just kill other people for no reason too and like kidnapping other kids and that. That's sad. [S1FG;P2]

In essence, conversations in the group about bullying at school led to observations of bullying in the global arena:

Ch: ...and why doesn't everyone just not do bad things. Why can't the world just be happy? Cause that's just stupid.

Ch: And why do people plant bombs?

Ch: And why do people have war. It's just stupid, they don't need to.

Ch: Why don't people just have their own country, have their own parliament and not have to worry about everything. They just want land. They've already got land.

Ch: I get quite confused when people do that. Cause I don't understand why they would want to do that. [S3FG:P6/7]

Children in this study identified bullying as a common stressor, from both the witness and victim perspective. At another level those children who were onlookers were also aware of their own vulnerability and the tension that exists in the triangle of bully/victim/ witness. They named the lack of appropriate teacher support and their decisions not to confide in parents about bullying as additional stressors and they made links between children's experiences of bullying and their views of bullying behaviours and actions by adults in the world.

Anxiety about school work

Experiencing anxiety about school work is not an uncommon stressor for children and many participants in this study spoke about their stress around schoolwork as well as their observations of other children's struggles. There were different underlying issues leading to children naming schoolwork as a stressor including the standard of work: "*When people get work that they feel that it is harder that what they should be getting*" [S23In2:P2]; concerns about the teachers' reactions: "*When you don't understand your work, it's like too scary to go up and say*

how I don't get this because they tell you off" [S14FG:P11] and, underlying this, their own self-belief.

Concerns about how the teacher may react to children not understanding their instruction led to some participants choosing either to confide in their friends: *"Sometimes if it's too hard for them they don't tell the teacher, they just sit there. They tell us but they don't tell the teacher. They are just scared that she might be angry that they don't know what to do"* [S4In3:P1] or to pretend to understand the work: *"...like if it's maths and they say it a different way and you don't really understand but you have to lie, so they don't get angry and that"* [S19In:P2].

Although some children might feel unable to ask for help, there were those who could make suggestions about what they needed from teachers when they were struggling. Underlying this was a sense of viewing teachers as 'too busy', 'unavailable' or 'unaware' of their academic challenges:

So I really need the teacher to go into the cloak bay and talk with me just alone, but she is too busy. She hasn't got the time. I would like for her to have the time, that would help me then I would be more confident to say normally if she could talk to me and then I would have more confidence to tell her. It would be good for her to say, what's your problem and then you could tell her. [S5In1:P2]

Struggling with schoolwork and not wanting to ask for help from the teacher for fear of how peers might view this was named as stressful by some children in particular, not wanting to appear 'stupid' in front of their friends:

Sometimes my school work, if it is tricky, I can't cheat cause that's not good, it is just really frustrating when it is like a hard problem. Sometimes people

laugh at me cause I don't know. They might think I'm stupid and laugh at me and I don't want that to happen. [S5In1:P2]

Generally children were able to discuss with empathy their observations of other children in their class who were experiencing stress around schoolwork. They could identify a gap between what peers were experiencing and the teacher's awareness and response:

Ch: There's only one person [in my class], there was this language book that we had to do and he couldn't do it so he had to do it in his break time. He cried. A couple of the girls started helping him

R: What do children need when they are stressed like that?

Ch: Comfort them. If you don't do it (the work), they shouldn't get told off. They should get to talk about it and have a conversation about it. And decide how they can resolve it. [S11In3:P2]

One of the processes that children could identify was how externalising behaviours by children unable to accomplish tasks could impact on other children in the classroom:

Ch: Sometimes they start distracting people, they can't be bothered doing the work but they start to chat with people that are sitting beside them, or their friends, or they start copying other people's answers.

R: What do you think is difficult about asking the teacher to explain...?

Ch: That maybe the teacher just might snap at you and say, I've told you once I don't need to tell you again.

R: So what do children need when that happens?

Ch: Maybe just some encouragement or just for them to ask what they don't understand. [S23In2:P2]

An aspect of schoolwork as a stressor was children's experiences of teachers presenting as being unavailable. This was identified as a theme throughout the study and was further analysed as a specific stressor.

When teachers are stressed and unavailable

Children can experience their teachers as being unavailable for a number of reasons. Teachers can declare themselves unavailable when they refuse to help their students due to their expectations of children's abilities relative to their age:

When you ask her questions she says you're old enough to do that so just go away. She tells you to go away...when you need her she doesn't really care, it's just that we are going to Intermediate next year and she thinks that we can do everything by ourselves but sometimes we can't. [S18:P5]

Teacher stress was a common theme and children identified this as a barrier to asking for help and therefore a sign of unavailability: "*She just got all stressed out about the amount of work she had to do*" [S18:P5]. The signs that teachers were stressed were described in terms of the behaviours, moods and visible physical signs that they observed: "*...she starts shouting and she kind of goes all red and if you don't do something right she gets really annoyed at us, not trying to say this to be mean, but she gets a bit annoyed*" [S14FG:P7]. Some teachers who were viewed as stressed were described as treating the children in the class as a homogenous group: "*Like sometimes I get stressed cause sometimes when your teacher gets angry from other kids, like she might yell at everybody but you kind of don't like it when you didn't do anything. She doesn't just go up to somebody individually*" [S23FG:P2]. The level at which participants could describe teachers under pressure

indicated that they were very observant, able to comment in depth about the impact of adult stress impacting on children in their environment:

Ch: My teacher she gets quite angry cause we've got people in our class that can get her quite stressed and she has decided that this week, because me and my friend have been talking to her, that when she yells she can actually be quite scary, like she's freaky because she just yells at you and it's just like you are not doing anything. And she said that, like I'm going to try and be calm and we're doing this meditation yoga thing tomorrow in class to help and she is trying to be calm so that if she needs to yell at someone, she doesn't yell at them she just talks to them

R: What do you think of that idea?

Ch: I think that's a really good idea, because a teacher that is stressed could lead to another person getting stressed and she might not know it but she could get people stressed just by her. [S23FG:P3]

Connecting some of the comments about findings teachers unavailable was the sense that some did not understand children or childhood: "*Some other teachers if you just tell them they won't do anything. I'm not sure if they still understand what it means to be a child*" [S4In2:P2], or the level at which they experience stress and seek support: "*She doesn't do anything. She doesn't really take into consideration that you're hurt and that you need, that you want support, teachers just don't do that. They're selfish*" [S13FG:P4]. This extended to others who they observed as not getting the support they needed:

Last year a girl came to our school with a black eye and she was crying in the bathroom because her Mom had hit her. D went to tell the teacher and I don't think the teacher did as much as she should've because she didn't tell the

principal or anything like that. She just kept it to herself. I just felt sad for the girl. [S3In2:P3]

The impact of teacher stress and unavailability is a prominent stressor for many children, and can affect their support seeking and wellbeing in the classroom and playground.

Giving speeches at school

A small number of students identified having to give a speech at school as being stressful. This appeared to be connected primarily to performance anxiety: *I do get a bit stressed out when we have speeches at school, I don't really like doing a massive big speech and talking tons in front of people, I get stressed out then* [S11In1:P3]. In one or two examples, the content itself seemed to add to the stress:

There was a boy in our class last year with speeches, and he did a speech on his dog that died and it must have been really stressful, he couldn't even do the first quarter of his speech and he started crying cause it must've been really stressful talking about something he loved and it's died, and he was just really, really sad. [S3FG:P8]

Homework

A significant number of children answered 'homework' in answer to a first enquiry about what might be stressful in their lives: *Everyone in my class starts to make a funny noise whenever they are talking about homework because nobody really likes it* [S23In2:P1]. Particular issues about homework that they found stressful included the time it took and their problems with managing that as well as their other commitments: *Sometimes you get really big homework and you don't really have time and you have other things on and you still have to do it* [S24In2:P1]

and the fact that it took them away from other occupations they would have preferred to do after school:

I don't like homework, it stuffs up your day, you can't go to your friends house, six hours at school and then homework and you can't go round to your best friend's cause you've got to go back and do all your homework and then in winter it gets dark early. [S22FG:P6]

Juggling homework with other commitments after school was a common experience for children and many appeared overwhelmed by their busy lives: *"I get too much homework; I also have to go to extra school on Saturday. Playing is probably on Sundays. It will stress me out if I can't finish the homework on time. I imagine things sometimes what could happen* [S4ln2:P3].

I think about getting piles of it and then having to do sport and stuff after school and you won't get it finished in time. You've only got four days to do your homework and if you've got stuff to do after school every day you're most likely not to get it finished. [S25FG:P1]

Too many demands on their time means that sometimes children experience anxiety, worrying about their homework: *"Cause like if I don't do my homework I feel like I can't do anything else, then when I go to sleep I'm always thinking about it and it haunts me. It's always on my mind and I can't sleep without thinking about it.* [S28FG:P2]. Children were able to describe the process of worrying about and rushing your homework, anxiety when the teacher checks your work and describing how stress affects their performance and manifests itself in body reactions:

Ch: I have to do everything in a certain amount of time and it's quite, I've got quite a lot to do and if you haven't done any of your homework or something then you've got to do it in one day. I find that quite stressful

cause I sometimes do that. I kind of get really nervous and start to shake and I kind of go faster but when my teacher checks my homework, I get most of it wrong. So normally when I'm stressed I don't get most things right.

R: You notice that your body goes all nervous?

Ch: Yeah, I kind of get sweaty. [S6ln2: P3]

One child voiced an issue that many children seemed to question: "*Why do you have to do homework when you do work all day and you have to come home and do more?*" [S25FG:P1]

The five most common school stressors identified and described by children in this study give us insight into the issues that cause them stress in and around their school environment. Their in-depth explanations of their personal experiences of stress and their observations and descriptions of what they see in others, draws attention to the on-going problems we have with bullying in schools and the fact that children are aware that bullying is endemic at many levels in society; the challenges children experience with schoolwork, in particular the dilemma's and barriers some children face in seeking help from teachers; their observations and experiences of poor listening skills from some teachers; for some, the challenge of delivering speeches at school; and their thoughts on homework and how it can affect their leisure-time and their mental wellbeing.

2. Interpersonal stressors

Under the second category of Interpersonal Stress, there were five identified stressors. The focus in this category was on stressors that arise out of relationships with and between others:

1. Feeling like you can't trust your friends
2. Being left out
3. Fear of punishment

4. Being confused by adults
5. When your opinion isn't important

The first two stressors are connected in the sense that children who felt that they could not trust their friends, often, at some level, felt left out

Feeling like you can't trust your friends

In exploring the dynamics in comments made by children identifying aspects of friendship as being stressful, what emerges is the inherent simplicity yet intricacy of these relationships. Articulating what it would be like without trusted friends, children describe a vulnerable existence and highlight the importance of having friends to confide in:

Like you want to actually have friends that you can talk to and instead of just walking around the school and no one wants to be your friend, you just want to have like a couple of friends that you can talk to, and if you've got anything wrong or you're having troubles with maths or reading you can ask that person to help you out with it, but if you've got no friends then you kind of have to go to teachers and sometimes teachers can make it a little bit complicated. [S12In1: P6]

Trust is central to children's friendships and being able to rely on your friends discretion is key: "*And sometimes there's a rumour that goes around and you can get really embarrassed about things cause a lot of the things are actually true but you wouldn't want it to be told*" [S16FG:P6]. Children talked about the stress and the confusion resulting from friends 'telling', and how, consequently, their sense of trust becomes compromised or entirely absent: "*It is stressful if you think you could trust your friends and then they go and tell people and you don't know who to trust*" [S7FG:P5]. Another child's comment seems to suggest that her experience of friendships meant that she refrains from sharing any confidences with her friends: "*I*

don't talk to my friends, otherwise they tell everyone" [S15FG:P4]. The challenge of finding out what the truth is when trust has been compromised appears to affect children's sense of wellbeing:

The person who has a friend and you are best friends and then you find out from another friend that they don't like you anymore. And that just makes you feel down, and then you go and ask them what happened. And then sometimes they say I didn't say that. And you don't know who to believe.

[S9FG:P4]

Another aspect that was mentioned was the issue of popularity and 'fitting in'; who children choose to align themselves with and whether they still had enough like-minded peers to form a safe group: "*Sometimes some of the kids in your class, there's popular kids and they bully you, and your friends think they are cool and don't help you*" [S7FG:P4]. Key to children's wellbeing appears to be a trusted, supportive friend in whom you can confide and who is aware of your needs: "*If you didn't have friends you would be lonely. You need friends to encourage you, to say, you can do it, and keep going, and believe in yourself and not to give up*" [S5FG:P3].

Being left out

Closely aligned to 'feeling like you can't trust your friends', yet fundamentally different, is the theme of children experiencing 'being left out': "*...and everybody will start leaving you out for things and if you go out for sport you'll be the last one picked*" [S3FG:P1]. This stressor focuses on the actual experience of being excluded. In most of these illustrative quotes it is clear that 'being left out' impacts on the mental wellbeing of children as they describe the feelings attached to the stressor and sometimes the physical manifestations: "*...and sometimes they say that you're not cool. You feel kind of depressed cause you might not have any friends anymore*" [S9FG:P4] and "*When people leave you out of games and stuff. I feel pretty sad. I feel it from my chest up to my head*" [S7In1:P1].

Another participant articulated her observations of how children who are left out appear to have no friends and are never observed in casual conversation with other children: *“They are always sitting somewhere by themselves, nobody seems to sit with them and have a chat or anything”* [S20In2:P2/3]. This can result in children facing the challenge of peer pressure in their efforts to avoid being left out:

I don't like it when you get peer-pressured and your friends tell you to do something that you don't want to do, but then they'll make you think like you're not cool and they'll leave you out if you don't do things that they want you to do. When all your friends are doing something that you don't think it is a very good idea but you don't want to be a loner and people that aren't doing it aren't your friends. [S3FG:P1]

Children also experience deliberate social exclusion when, for un-named reasons, their peers ignore and shun them: *“Well sometimes like they are playing a game and sometimes they don't want you to play but they don't listen to you and they don't include you. And they don't want to tell you that they don't want you to play, they just don't look at you and that”* [S19In1:P1]. They also discussed the challenges of those who were perceived by their peers as not fitting in with the mainstream culture: *“When you kind of aren't popular and you aren't having a style or you've got a disability of some kind”* [S12In1:P6], while in this middle childhood stage there were signs of peer pressure more common in adolescence: *“People always say that if you're big then sometimes you're not popular because some people are quite skinny and they can fit into size 8 jeans when they are 10. And people kind of tease you about it if you're large”* [S12In1:P5/6].

Fear of punishment

Fear of punishment is a stressor connected to anticipation of an event rather than stress as a result of an actual experience. In most instances however, the fear was based on previous personal experience of punishment:

If you're playing rough games and your parent has told you to be careful and you bump and knock something over and smash it, then you won't tell her and you hide it away. It's scary and stressful cause when they find out they nut out, they go angry at you. The growliness. That's frustrating. I feel it in my head, cause I try to keep it back but I can't. [S6FG:P2]

In talking about punishment, it was apparent that children could identify that the primary emotion displayed by the punisher was usually anger: "*One time my dad, my brother was being really naughty, he didn't smack him, he lifted him up and chucked him on his bed. I was just sad to see that happen*" [S6FG:P4]. Worryingly, some comments were about angry teachers punishing:

Angry teacher are stressful. The teacher catches you and then she's really angry. She tells us to go to her, she gets her big as thick as ruler and she starts slapping us with it, she says get your hand out, stick your hand out like that. She slaps it. It hurts. [S15FG:P5]

The observations of adult's anger leading to punishment and the associated sense of vulnerability and lack of control, was a common theme:

...my Dad goes mad, he yells, and you feel like they're going to hit you or something. Like when you are blindfolded you feel like you are going to hit something, when you are getting held you feel like you are going to get hit or something. You don't know what's going to happen next. [S27In1:P5]

Parental punishment appeared at times to be associated with a lack of control and of children having no voice: "*One time my **sister** actually did something and mum smacked me and I got really stressed then my brother told her it was my younger sister and then she got hit too and then mum just walked out*" [S6FG:P3]

and, perhaps as a result of feeling disempowered, children may themselves experience anger: *“Parents punish you by smacking you and you go off crying because you are so angry with them”* [S11FG:P10].

In terms of size differential, the experience of being punished by someone much bigger than yourself was described: *“He dragged me off my chair and he smacked me and he pushed me into my room and it really hurt”* [S11FG:P10] while another child in the same focus group recounted his experience of punishment from a visual and emotional perspective:

My dad can make his face look so evil, you will just cry your head off looking at him that way, he is scary and he goes up to you, and he is real tall, he goes over and blocks off the light, it looks like the end of the world kind of thing and if you won't turn around so he can hit you on the bottom, he will hit you somewhere else. [S11FG:P10]

The confusion that children may experience, not only from the perspective of what they have done wrong to deserve the punishment, but the incongruity of seeing an angry adult punishing them for externalising their feelings, can lead to feelings of bewilderment and hurt:

...my grandpa he got really angry at me and he said to my gran, get the wooden spoon out and whack this child and she got the wooden spoon out and I had to bend over. Then I ran outside and waited for my brothers to come out cause they were getting smacked too and they came out crying cause she went harder for them cause they're older and they should know that if you're angry you'll get smacked and if you're not angry you won't get smacked. And I was really annoyed with them cause I didn't know what I'd done wrong. You get kind of a pain inside you like, why did I do that wrong, like if I hadn't done

that I wouldn't have got smacked. You want to be able to wind back time, since you know what happened. [S11FG:P10]

In a study with children, it is hardly surprising that 'punishment' has been named as a stressor, however it is in the sub-themes of disempowerment and the imbalance of adults punishing children in anger, that the deeper stressors are to be found.

Being confused by what adults say and what they do

When children talk about, or demonstrate bewilderment at the behaviours that adults model, at the very least they may experience confusion but they may also have their sense of trust that adults will behave in a way that they experience as caring, challenged:

There's this little girl at school who came up to me crying and she said mum hit me this morning and she was just crying and I wondered why, and she said, I don't know why she just hit me. Cause she was in tears and that, and her mum had said sorry to her and that she didn't mean it, and that her mum was stressed. She was really upset and then her mum came in to her and she got a little bit scared. [S13In2:P4]

Children are adept at studying their world and the behaviours of people in it. They have a strong sense of what is right and what is wrong as well as how we should treat each other:

Like my Dad comes from a family where children should be seen not heard, but he doesn't let his mum, my Nana, talk anymore, he's just telling to keep in charge and stuff, and he doesn't treat her very nicely, he yells at her all the time and stuff. Dad doesn't want to respect her that much. [S16FG:P13, 14]

Even when children are able to process the contributing factors to adult incongruity they may still find it difficult to understand any consequences they may experience:

So like my mum comes home and she's had a really bad day at school, she gets a bit angry, she has an angry voice, and she knows it isn't our fault she's just had a really hard day at school, so it's pretty hard to actually understand the way that mum gets angry not by us, but by the kids at school. [S3FG:P3]

At times, confusion about what adults say and what they do extended to children comparing the personal behaviour management that was expected of them by adults with their observations of adults' behaviours in their management of the wider world and the examples they were providing for children:

Ch: Instead of sorting it out with violence, why can't they sort it out with just talking and sitting down and discussing it.

Ch: Some people, adults tell us just say, stop it, I don't like it. But people don't listen to that, they'll just be like why should I.

Ch: And then you can get like....so adults are allowed to do it, so I might do it.

Ch: Sometimes the only way to sort it out is to do it physically...

Ch: Violence...

Ch: Yeah, hurt them or fight them.

Ch: Some adults they have fights.

Ch: Yeah like parents.

Ch: If they fight, how come I'm not allowed to fight? [S3FG:P7]

For children who have a parent incarcerated, trying to understand why, as an adult, they are choosing to behave anti-socially, can be both bewildering and

frightening: “*Well it’s kind of hard because he’s got out now but he gets out and then he goes back in. I don’t really know why he keeps going in*” [S24In3:P3].

In the face of continued experience of parents renegeing on what they say and what they do, confusion, often brought about by inconsistency, can give way to resignation and children seeking their support elsewhere:

When my parents argue, my mum always tells me she won’t go and fight with my dad and that she will go and get a drink instead and she does and then she ends up fighting anyway, and they don’t listen. I get myself a drink of water and I go out the back where my dogs are buried...and talk to them.

[S6In3:P2]

Finding adult behaviour contradictory and unpredictable can be confusing and stressful for children, especially when those adults are their primary caregivers. They are often left having to rely on their own mental and emotional resources, at a stage in development when sophisticated cognitive processes, such as the ability to think laterally, are still developing.

When your opinion isn’t important

Feeling that their opinions were not required, unimportant or ignored was a common experience amongst the participants. Some of their responses centered on having to do things that they did not want to do:

You don’t like people making you do things that you don’t want to do. It’s quite annoying. Cause if you get annoyed, it is kind of like the start of being stressed, first you get annoyed, then you get really, really annoyed and after that you’ll end up being stressed. [S3In2:P1]

Many of the comments seemed underpinned by experiences of disempowerment and lack of control:

I had a dog but my parents gave it away cause he used to knock us over. When I was little he was probably up to there, but it was fun too because we always used to sit on him and he used to run us around. We used to lie on him and we used to like it, it was cool having him. We felt sad when they gave him away. [S15FG:P16]

For many children the frustration of experiencing their opinions as being unimportant was attached to their own sense of advancing maturity and their innate personal responsibility:

Adults think you'll learn when you're older and they don't feel that I know it but I actually do. When mum says that you don't, but I do know it. They think that you're not brainy and you don't know it. Kind of I'm just little, that talk is grown up talk and all that stuff, but I do know. [S18In1:P7, 9]

A number of children spoke about trying to give their opinions to adults around issues that concerned them, but having no success, suggesting a sense of disempowerment.

R: Is dad aware of your problems with her?

Ch: Yeah but he kind of doesn't seem to do anything about that, he just says either that or after school care. I told him about 12 times that I would much prefer to go to after school care. But I know dad doesn't like that so I kind of just have to put up with that. [S17In1:P4]

A subtle difference in this particular stressor of one's opinions not being important is children having a different perspective on an issue and the adults in their lives not grasping or making no effort to understand their interpretation:

I wish that mum could see what I see so she...you know so she didn't have to growl me because sometimes we are talking about a different subject and she is growling me about something else on the subject and I'm always thinking about something else on the subject. [S18In1:P7]

Children were hopeful that adults would be able to get in touch with their own childhood experiences of what it felt like not being listened to: "*Think when you were a child and your parents weren't listening to you and if you are ignoring your child, then that is what it was like*" [S6FG:P8].

3. Family stressors

Under the third category, there were thirteen stressors identified as being experienced by children in families, to a greater or lesser degree:

1. When parents are stressed
2. Adults fighting / arguing
3. Worrying about separation / divorce
4. Parents separating / divorced
5. Not being able to talk to parents
6. Not enough time with parents
7. Not being listened to by parents/caregivers
8. When parents expect too much from you
9. Parents treating children differently / unfairness
10. Problems with siblings
11. Death of family members
12. Death of a pet
13. Moving

Understandably nine of these were connected to parents, and of those, four were concerned with parental stress and conflict. These four can be seen as linking into each other in terms of the process of parental stress potentially leading to conflict; conflict leading to children worrying about the possibility of separation and divorce; and then the experience of parents actually separating. While the stressors do not necessarily follow this path, they are none the less connected and children may find one or more stressful. These four will be presented first as they constitute one of the major themes that emerged in this study.

When parents are stressed

One of the most commonly identified stressors for children in this study was the strain of living with parents who are themselves stressed: “*Watching your parents be stressed is quite awful; it makes your heart go down*” [S10FG:P2]. This can be seen as a form of vicarious stress in that when parents are overwhelmed, their children can often be indirectly affected, enduring the consequences of the adults’ struggles with daily as well as unexpected stressors: “*Usually she is a happy cheery lady, and she’s all just down now, I don’t know, she’s just different and it stresses me out. I just go up to her and hug her. I just try and talk about things to distract her*” [S29In2:P3]. When parents are stressed they may put their own needs ahead of their children’s: “*Normally when I’m talking to my mum about my dad she asks me to stop crying cause it will make her start crying. It’s sad, it’s almost like my mum has the same problem as I do*” [S10FG:P6].

There are different aspects of parental stress that, in turn, cause stress for children, including, not getting their own needs met when their parents are stressed: “*Well normally when my parents are stressed at times I sort of get a bit anxious and it makes me a bit worried. I sort of get a bit worried about their stress. I sort of have to put my needs back*” [S2In4:P2]. Children can also take on the role of caregiver when their parents are exhibiting signs of stress, this particular illustrative quote showing how, when adults are in a high state of stress children can be in a constant state of alert:

Sometimes mum is under a lot of stress and she has breakdowns and starts crying all day. What I do is whatever I can do, I help out mum as much as I can when she is crying all day and can't go to work or has to come back. I feel pretty awful and sad and feel sorry for her. And sometimes mum drives fast and we get scared. I'm always scared that something is going to happen.

[S7FG:P3]

This leads to another stressor in which children's state of alertness in watching for signs that parents are stressed, can be intrusive:

I can tell when mum is stressed; she yells a lot, she yells at everyone, she gets really angry sometimes. She gets angry at my dad. Well I get a bit upset and I don't like it because usually if she comes home stressed mum and dad will have a fight, so I don't really like it. I worry that sometimes my mum will get so stressed and then she would just leave, so I worry that she wouldn't come back, but she does. [S13In1:P5]

Watching escalating levels of parental stress can lead to children becoming increasingly concerned about, and responsible for, their parents' state of mind and the possible consequences:

When dad is late getting home mum starts to worry and she gets pretty stressed and I say mum he is fine, he is not going to be hurt or anything, he'll be fine. And she is sitting there helplessly and I'll be sitting there with her, because people can die over stress attacks and I don't want to leave her.

[S10FG:P3]

In the latter part of the study, as the economic recession started to emerge, money became more frequently identified as a parental stressor and the impact on children, more evident: *“I know when they are stressed because they are always yelling and their tones of voice not to always do this and do that. They’re worried about how we’re going to get our house separated from the farm”* [S19In2:P1, 2].

Parental work stress was a frequently named stressor and children’s sense of responsibility to support parents, sometimes at the expense of their own needs and desires, seemed innate. Their emotional wellbeing seemed directly linked to their parents’ happiness:

Well my mum’s a teacher and she goes though training like late nights one or two in the morning just to get her work and essays done. Like me helping her so much, I don’t get amazingly much time to myself but I’m cool with that. I’m happy if she’s happy a lot of the time. [S25In2:P3]

A prominent theme threading through children’s experiences of parental stress is the impact it has on their own mental and emotional well-being and their natural tendency to put aside their own needs in support of their parents: *“You can see it in her eyes, she is tired and she doesn’t look as happy as she used to look. It makes me sad because mum is so tired, she doesn’t concentrate. Sometimes I just want to grab her and take the stress away”* [S10FG:P2].

In terms of the number and depth of children’s views on parental stress in this study, it stands out as a major stressor for children. As can be seen from the comments, children are acutely aware of what their parents find stressful, the signs that they are stressed and the impact this has on the relationships in the family. Importantly, the observer, protector and caregiver roles that children adopt are palpable.

Adults fighting and arguing

While most children have an understanding that arguments are common place in any relationship configuration, living with adults, primarily parents, who fight and argue at a level that children find challenging, was one of the most commonly identified stressors in this study. Children can become very confused about adult conflict: *"I don't get why parents have these major fights. I don't get why"* [S17FG:P7] while at the same time they may have very clear views within their families as to how fights and arguments escalate:

Ch: It usually just starts off with little things but then it gets to bigger things cause like they start debating about things and that sort of thing.

Ch: They start going on about something little and then they get worse and worse.

Ch: And then they start raising their voices and sometimes they start breaking stuff when they get angry.

Ch: And they are yelling and swearing and stuff.

Ch: And everyone gets imposed.

R: Can you hear it getting bigger? At what point does it sound like it's getting bigger?

Ch: When a new subject comes into it.

Ch: Like a different sound comes in like something broken.

Ch: Sometimes things get thrown, very rarely, but sometimes they get really angry and they start kicking things.

Ch: If I go away and I can still hear it then I come back and start getting sad and angry at the same time. Cause you don't know what's going to happen.

R: Is it about not knowing what is going to happen?

Ch: Yeah cause dad could throw something and it could accidently hit mum.

Ch: Or start punching each other

R: Have you experienced that before?

Ch: Sometimes like not physically to each other, just kind of things, like smashing things, putting holes in the wall, that kind of thing. [S12FG:P7, 8]

Once children have had one experience of frightening conflict in their homes they quickly learn to be alert as to the state of relations between their primary caregivers. One child commented: *“I don’t know what’s going to happen, there could be violence”* [S26FG:P2] while another articulated her fears about being caught in a car while parents are in conflict and the potential for further trauma: *“Sometimes when they are arguing they are in the car so it might even cause a crash or something”* [S26FG:P3] and for those for whom it is a common experience there is little hope that parents can communicate without it escalating: *“Dad doesn’t talk to mum anymore, cause they always fight like even if they are talking it always turns into a fight.”* [S27In1:P1]

Many children talked about their parents arguing and fighting at night time, presumably when they were supposed to be asleep. One child commented on his ability to hear the conflict: *“Because the wall to the lounge that goes into my bedroom, the wall is like that thin so I can hear straight through”* [S17FG:P8] and another explained: *“Usually I’m in bed and they usually have a fight, if it’s a very bad fight I just lie in bed and try to go to sleep”* [S17FG:P7].

In families where parents are not separated, but are not talking to each other, children can find themselves the conduit between the adults, yet feel like no-one is taking them into consideration:

Well there’ve been a few incidents lately when mum is getting angry with dad and they haven’t talked to each other for a couple of days. That’s kind of distressing because mum says go and tell your father that dinner’s ready. It confuses me because they are angry with each other and it feels like they are not listening to me. [S17FG:P2]

Parental arguing and fighting can result in debilitating emotional and physical stress reactions in children:

Sometimes I can't do anything cause I get little panic attacks. It scares me cause my dad is bigger than my mum and when they are both in the room arguing I get all hot and I can't breathe properly. I worry that my dad might hurt my mum. Sometimes I feel dizzy [S6In3:P2]

For children who have younger family members, making decisions and protecting others in times of conflict can be an added stressor: "*Sometimes my little sister cries when they get angry at each other and then we are lucky cause our cousins live near us and I can go to their house till they stop fighting or I can tell my aunty to come and sort out their problem*" [S28FG:P5]. For those who cannot seek help from other family members, other decisions have to be made: "*I tell my sister to be quiet and if we are in the car then we just stay quiet or we try to. If we are in the house we just go and watch TV*" [S17FG:P3].

Withdrawing to their bedroom in an effort to lessen the stress is a common technique employed by children: "*Sometimes my mum and dad argue most of the time. I find that really hard. I normally go to my room and cry cause I don't like shouting and arguing and fighting and other things bad. I go to my room and feel like being somewhere else*" [S9In1:P1]. Others try and deal with their concerns by distracting themselves:

I just wish I could go to someone else's place when they are arguing. My aunty asks if I'm alright. I just say yes cause I'm too scared to say anything else. I get shivering when they shout when it is over night. I just get asked to go to my bedroom. I'm scared. I'm just too scared to say anything. [S9In1:P2]

The children in this study have spoken openly and, often, poignantly about their experiences of parental fighting and arguing. This, coupled with their earlier observations of parental stress, highlights some of the major issues that are contributing to children's' experiences of stress within families.

The following two stressors, 'worrying about separation and divorce' and 'parents separating and divorced' present at first glance as being very similar. However, the subtle difference is in the former being an anxiety about the potential for parents separating and the latter about the stress of actually living between separated parents.

Worrying about separation and divorce

Compared to previous generations today's children have an awareness of separation and divorce probably brought about by the more common experience of failed relationships as well as exposure through the media. Armed with this knowledge, they are also aware of the signs that there are problems in their parents' relationships. While many of these relationship challenges may be temporary, resulting from daily stressors, others may be more endemic and signal chronic or terminal dysfunction in a couple's relationship. Not all children seem able to tell the difference between minor problems and major dysfunction, resulting in them becoming concerned that, whenever conflict arises, separation is imminent.

At the heart of this stressor, is children's anxiety about the possibility of parental break up: *"It's what might happen, that's what usually gets me stressed with what might happen"* [S13In1:P6], even when there is very little evidence:

Like I just think about this sometimes, they don't really fight, like I just worry that they might, they only have little fights, just little silly sorts of arguments, it's just a normal thing. But like I know that nothing's going to happen, but then again it might. [S14In1:P3]

Children can also feel caught in the middle of conflict, not knowing whom to support:

Well it's when mum says that's it, I'm going to leave you and she gets her car keys, and my sister starts crying and she goes with my mum and I want to go with mum but then I want to support dad and I don't know, I thought, where am I going to stay then. [S17FG:P3]

One of the most common concerns contributing to this stressor is children's anxiety that they may be put into a position of having to choose between their parents: "*It would be hard for me to choose to stay with my mum or my dad*" [S15In1:P3] and, perhaps as a way of self soothing, they may hide their anxiety from significant adults in their lives:

Sometimes I would just try to show that I am not worried and try to be calm. I just hide myself inside myself...the worries I mean. Later I think, my parents...they haven't divorced, they are still together, but it is just a worry. I'm just worrying that they may get divorced and then I have to choose which parent I have to go with. [S4In2:P3]

Never the less, the impact on their sense of safety and trust can be challenged and they may be left feeling responsible and fearful:

Sometimes they have really long tough and hard fights and they say really bad things and then I get sad and go to my room and I'm sitting there thinking about what I've done and what I would do if I couldn't see my dad. I don't know what I'd do if dad ever moved away. I just love my parents so much I could never handle it if they divorced. [S10FG:P4]

Knowing about the challenges of living in two homes, children may also try to intervene in the conflict in an effort to influence what they may view as an inevitable outcome if their parents keep arguing and fighting: *“I try sometimes to just change the subject of the fight cause if people get divorced you might have to go to different places all the time and you don’t have enough time for your friends and stuff”* [S26FG:P2].

Worrying that their parents might separate or divorce can disable children’s sense of wellbeing. While adults may be unaware that their conflict leaves children anticipating the worst, many participants in this study have spoken about the impact of this stressor.

Parents separating/divorced

Knowledge about separation and divorce, as mentioned in the previous stressor, does not make the experience any easier for a child and, if not handled sensitively by adults, can be an extremely stressful for children: *“The closest thing to you passing away- your parents separating. That’s pretty hard and frustrating”*. [S7FG:P5]

As with many stressful situations in their lives children in the middle childhood stage of development may believe that they somehow influenced the outcome in the breakdown of their parents’ relationship and, that given an opportunity they could change the status quo: *“I actually, I still think of it today, sometimes I wish that we could go back and see actually what happened and how it progressed and what happened, so then like I could stop it or do something”* [S12In1:P4]. For children who were very young when their parents separated and who have little recollection of that time there appears to be another dimension to their sense of loss, that of having no memory of their parents as a couple together: *“I always say to my mum why did you have to break up with him because when I was born my dad was with me, I was only a little baby and I never got to see them two together, that sort of thing. He wasn’t in the house when I could talk and walk and could actually see and remember things”* [S18In1:P3].

Children are often caught in the middle of their parents' dysfunction, struggling to make a personal choice about how to stay connected to both parents when there is little or no communication between the adults: *"My mum and dad don't really talk that much, but I don't want to go to my dad because he talks too much about all the stuff what's gone on"* [S20In2:P1].

Another common experience for children who come from divorced or separated families is feeling different to their peers, sensing that their friends won't understand what they are going through:

Yeah it's hard, cause they don't get me sometimes, they just don't get it cause their parents are together. I find it stressful cause lots of people ask me and it's just hard. Sometimes it makes me sad cause they've got their mother and father together and then here I am with mother and a father split up, with step mum and step dad...and everywhere. I only get to see my sister a little while and I see my brother every second weekend and it's hard. [S3In4:P2]

One of the biggest stressors for children whose families separate or divorce is having to live without one, or sometimes both parents: *"My parents broke up, I didn't see my dad for about a year and I thought I didn't have a dad, and I didn't know if my dad was my dad, he came to school one day and I didn't know he was my dad"* [S7FG:P5]. This can be especially stressful if one parent decides to move away from the family environment: *"I don't live with my mum, she is down in Wellington. Sometimes it's sad. Sometimes I write a letter to her and that's it. I send it when I go down town"* [S6FG:P1].

The belief, typical of this stage of development, that they in some way influenced the divorce or separation can be particularly stressful for children:

When I was 3 my mum and dad had a fight and they left each other. I found it stressful not seeing my dad every day or every second weekend. I go to my

room and wish that my dad was there. I normally ring him up when I am stressed. It's more helpful than sitting in my room doing nothing and punishing myself. I think it's like feeling like it is your fault that your dad doesn't live with you for some reason. [S10FG:P2, 4]

As mentioned earlier, children's knowledge about separation and divorce is often gleaned from the media, specifically TV shows or films. For children, one of the most stressful aspects of parents splitting up appears to be the 'not knowing' what is happening and the fear around not being able to see each parent as much as they are accustomed to. The influence of media is inherent in this child's quote: "*I was about 6. I didn't want them to split up, I thought it would be really hard, cause in most movies you usually just live the rest of your life with one parent. I didn't really understand much of what was happening*" [S8In2:P1].

For many reasons alluded to in these quotes, separation and divorce can leave children vulnerable. They may turn to their peers for support and they may also internalise their stress, wondering what part they played in the break-up or if they could in some way have changed the outcome. This sense of loss and personal responsibility can weigh heavily on children. Unless parents keep children informed, they may misinterpret the situation.

The previous four stressors all have elements of children not being able to talk to their parents for various reasons. As a theme, it threaded through other stressors in this study, for example, the issue of choosing not to talk to adults about bullying has previously been discussed under the school category. For this reason, it was analysed and recognised as a separate stressor in itself.

Not being able to talk to parents

Sometimes kids, if they don't want their parents to know that they are stressed they would be able to hide it and the parents won't notice and won't know that

anything has happened. So there are no clues, unless the parent has super mind vision. [S2FG:P3]

A number of reasons emerged for making the choice not to talk to adults, from having concerns about how they would react: *“I worry about their reaction. Like they could get angry or something”* [S3In1:P2]; believing that adults won't understand: *“I don't think they have really a clue. They do have a few clues. They don't know much about the stress things that go on at school”* [S2In4:P3]; or, it might not be the type of issue you can talk to adults about:

Sometimes, you can't talk to your parents all the time because it's not the right situation and it's your friends you have to go to or just your teachers. Your kids can't always tell you what they're feeling, cause sometimes it either hurts or it's emotional kind of. [S3In3:P3]

Sometimes the reason that children choose not to talk to their parents is because they have observed them as being too busy and not having the time: *“My mum is quite busy, if I wanted to talk to her I probably would but I would do it when she has got time. If she is doing everything slowly then I can talk”* [S5In1:P3] or not being in the right mood: *“If your parents are really happy, then you'd probably say, but if they look mad than you might wait to tell them till the morning”* [S2FG:P3, 4]. If children view parents as being stressed, they may hold back from talking to them in an effort not to put any more pressure on them: *“I've experienced quite a lot of death. It's not that nice. I just go and talk to my pet. I can't tell my mum and dad, just that then they'll have more things in their life and stuff”* [S10FG:P5].

Some children identified one parent as a confidante, and the other as someone they would not talk to:

It's kind of hard to tell someone who is not in your family that will listen to you and 'get you' like my mum does. And I wouldn't really just go and talk about

things to my dad, cause my dad he's not really that close to me as my mum.

It's just kind of hard sometimes. [S3In4:P1]

Living in a blended family may also mean that children have not built up the same kind of trust with a step parent that they might have with a biological parent. This may lead to them choosing not to talk to adults in a parental role:

I can talk to my mum and tell her that I miss dad but I can't say to my stepdad.

I'm not scared of him but I don't even know him, he is just somebody that lives with us, like a flatmate. I trust him, but he is not like in my family fully.

[S10FG:P5]

There are issues, occasions and situations which lead to children making a choice not to talk to parents. Whether this is a time factor, a relationship challenge, a decision based on their observation of an adult or the actual topic, the issue can be challenging for some children and contributes to other stressors in this study.

Not enough time with parents

Considering their acknowledgement of parental stress, it is not surprising that children identified not having enough time with their parents as a stressful aspect of their lives. They are aware that their parents' lives are often awash with commitments and responsibilities: *"They probably are really busy cause they've got to do work and look after animals. If they are the father they don't spend much time and know their children"* [S6In2:P3], and that the pressure and expectations of work: *"I don't really get to spend time with my parents, cause they're usually always busy"* [S15FG:P13] can impact on adults' energy levels meaning that by the time they get home they may have very little in reserve for their children: *"She always just works from 8 o'clock till 5 o'clock and then makes dinner, watches TV and goes to bed. She doesn't have time for me most of the time"* [S9In1:P1].

Children's comments reveal their awareness of parental work demands but at the same time expose frustration and sadness at their perception of the minimal time available to spend with parents:

I would like mum to work closer cause we hardly ever get to see mum cause she has to work, she has to go to X every day. She works six days a week and we always have someone here to look after us, and it is so annoying and frustrating. It is just everywhere, it's annoying. You have a pain that never goes away. I hardly ever get to spend time with her. [S7FG:P2]

Children living in separated or divorced families had the added stress of not living with both parents and were probably more likely to talk about not enough time spent with parents. In one of the focus groups, one child commented: *"Well you don't really get to see one of your parents that much, that's sad"*, while another referred to the stressor of not having your parent there when you most needed them: *"And sometimes you want to see them at the moment when you're like stressed and in a really bad situation"*. Another child in the group, whose parents had recently separated, observed: *"Usually if my parents were living together they would do more stuff with me. But now they don't do much...anything with me"* [S12FG:P2], while having a parent who lives far away can mean even less time with a parent:

He lives overseas and he comes over for holidays. He gives us email so that's better but what I find is that if my dad comes then we see him off to the airport and then he goes, it's really stressful for me, sometimes I just wish that he would come and stay or we would go over to him, then it would be a lot less stressful. My throat gets sort of clogged up and I feel that I am about to cry. [S28In2:P2]

Other participants articulated their awareness of how their parents work could impact on time available: *“I don’t really get to spend time with my dad, he left to go to X this morning and usually he’s got work. Neither on Saturdays. He doesn’t go to work on Saturday but he’s always asleep from work. And I always have to go to softball”* [S15FG:P13].

Children’s experiences of stress relating to not having enough time with their parents can be viewed as primarily driven by parental relationships and work commitments. These are issues over which children have little control and influence. Notwithstanding our adult understanding as to what leads to a paucity of time spent with children, for them it seems to boil down to a simple statement: *“What children really want, is to have parents spend more time with them”* [S8In1:P3].

Not being listened to

This stressor overlaps with, and contributes in some instances to, other stressors. However, it was a strong enough theme in the study to warrant recognition as a ‘stand alone’ stressor: *“I don’t really tell people that I’m stressed because my parents don’t usually listen to me cause they’ve got better things to do”* [S19FG:P1].

There were various aspects of ‘not being listened to’ that participants found challenging, including feeling misunderstood by parents: *“Sometimes your parents don’t understand you, you say things and they don’t listen”* [S4In4:p1]; not being noticed and consequently not being listened to: *“My dad ignores me”* [S6FG:P5]; speaking up but nothing changing: *“My dad works till late at night, 9 o’clock, so I don’t see him much, and in the weekends he goes off hunting, he spends more time with my brother than he does with me, I don’t think it’s fair. I’ve told him but it hasn’t changed”* [S6In3:P3]; not getting an opportunity to present their views: *“If parents think you did something that you didn’t do and they won’t listen to what you want to try and say, just the base of the story really, and mum says I don’t want to hear it”* [S21FG:P3] and; parents going through the actions of listening but not responding appropriately:

Most of the time my mum is not actually listening to me. She'll either be standing there and I'm telling her something or she'll just walk off. It is really hard for her to concentrate on talking. Sometimes it might not be that important but I get a bit annoyed. Sometimes I march away and go and do something else. [S9In3:P2]

Most children accredited this stressor to parents' personalities, moods and parenting styles: *"My dad...he's the guy that gets annoyed very easily, so he gets annoyed, discussion is over, we're out of there"* [S11FG:P12] and parental stressors:

Like the adult might be cooking dinner and you might be trying to tell them something and they'd be more like focusing on cooking than on you. That has happened to me sometimes and you feel really, really bad, extra bad, cause you feel like no-one wants to listen to you. [S3In4:P2];

Realising that their parents are stressed, children will sometimes plan what they want to say and try and find an opportune time to speak:

When my mum is under a lot of pressure, she goes, I don't have time and you end up hesitating. When she comes home from work I say, mum I need to talk to you and I've done it all over in my head, and I am talking to mum face to face and it's like um, um, yeah, yeah, and you say something wrong and she doesn't understand what you mean, and then she has to go cause she is really frustrated and she has to make dinner. [S7FG:P4]

Children may also make connections between their emotional attachment to parents and whether they feel heard: *"Because even though she says she loves us and stuff, she sometimes doesn't listen to us and it's hard to believe that"* [S9In3:P3];

one child making the following suggestion: *“If parents speak first and have their say, and then the children get their say with no interruptions. I think that should happen then you feel relieved that you get to speak.”* [S11FG:P2]

‘Not being listened to’ can have many implications for children and may well be connected to the position that they occupy in society. In addition children’s experiences of this stressor appears strongly connected to the daily stress that their parents face.

When parents expect too much

All children experience their parents as having expectations of them, primarily expected and perhaps only mildly irritating. Responsibilities such as chores: *“When my mum asks me to do too many jobs”* [S3ln1:P2] are expected, but for some children, the responsibility can feel overwhelming: *“Sometimes that means help with dinner, help with the gardening, help feed the animals, get the fruit and even help read to the boys at night and sometimes I even help the boys by comforting them. It’s like I’ve got a thousand things to do in my family.”* [S19ln2:P7]

Some stress around parental expectations appears to be connected to adults’ own experiences:

My dad wanted me to be popular like he was when he was a child, he said, you have to play with the right people. And all these people wouldn’t play with me and I’d try and play with the right people. [S11FG:P8]

...and perhaps unfulfilled parental frustrations: *“Sometimes parents have really high expectations for you to score points in rugby. Sometimes I get really frustrated”* [S28FG:P3].

Expectations also had a sub-theme of challenges to ‘time’: *“When dad pushes me on with jobs or mum pushes me on, I try to say to mum, look I have to do this for dad and mum goes, if you don’t have it done in 10 minutes you’ll suffer the consequences and then I think oh...”* [S18ln2:P4]. One participant described feeling

“depressed” and: “I just feel kind of heavy and I’ve got to much stuff on me that I need to do” [S12FG:P1].

Although not many children specifically named parental expectations as a stressor there were those who talked about the expectations linked to birth position: *“You have to look after your brothers and sisters all the time and do all the jobs and you get told off the most cause they always blame it on you” [S19In1:P2].*

Parents treating children differently / unfairness

Linked to the previous stressors discussed, ‘when parents expect too much’, participants drew attention to their experiences of parents treating children differently and their perceptions of unfairness. They volunteered their opinions about the reasons for these behaviours by adults, one child viewing it as a response to the overt emotions of siblings as well as their parents’ beliefs about older and younger children: *“They believe the one that’s crying. It’s usually the younger one that gets made innocent by the parents. It’s the older one that gets punished. The little one is always right and the big one not always right” [S11FG:P1],* while there were others who viewed it as an age and responsibility issue: *“They believe the younger one. The older one is supposed to have more responsibility than the younger one” [S11FG:P1].* Another participant believed the difference in treatment by his parents was due to their views on both age and gender: *“I think it’s because I’m 4 years older than her and she’s a girl and I’m a boy and I think that’s why” [S16FG:P2],* while for another child, she felt her loss of standing with her parents was due to her having lost their trust: *“I used to tell tales when I was younger so they don’t trust me. My sister gets all the attention” [S17FG:P1].*

Some children articulated their views on the personal impact of this stressor, their hopes and the impression that they were powerless:

I’ve got two sisters and it quite annoying cause you have to look after them all the time and do all the jobs and you get told off the most cause they always

blame it on you. I don't talk to my parents about it because they don't really listen. [S19In1:P2]

What emerges around this stressor is a sense of children viewing the parenting skills of their parents and, at times finding them wanting:

My older sister she usually gets all the attention because whenever I'm talking to my mum and dad, she always butts in and they never listen to me. They are not giving the same amount of attention to each child. I feel left out. They could listen to their children and take in their opinion instead of just leaving them out of things. [S19FG:P1]

Children's observations that they do not always experience significant adults in their lives as behaving fairly, is a not uncommon occurrence: "*My mother kind of, she just, I don't really know how to explain it, she really seems to like my sister a lot more than me. And she's just, she treats me really unfairly*" [S17In1:P2]. Surprise sometimes seems to be a factor, as does bewilderment: "*Normally if we (siblings) fight, even if she does it, my mum and dad seem to trust her a bit more, I don't know why. I had a try to tell them once and they got all angry and walked away*" [S19FG:P2].

Being treated fairly presents as an important factor in children's experiences of equality within their families. Various themes of age, gender and birth position contribute to this stressor. Having a voice to discuss and advocate for change when they experience relationships as being unbalanced, emerges as a significant aspect of their wellbeing and their sense of belonging.

This segues into the experiences that participants have with their brothers and sisters that they find challenging.

Problems with siblings

Many children have named siblings, especially those who are older, as supportive and protective, especially during challenging times within families. However, having brothers and sisters can also be stressful: *“Your little brothers and sisters sometimes they’re on their good side and sometimes they’re on their bad side”* [S11FG:P11]. The related issues included siblings who are annoying: *“My older sister downloads music onto my iPod and my younger brother steals my pocket money”* [S2FG:P1]; having no control over them: *“Your little brother or sister that’s annoying you and you can’t do anything about it. No choice. I try and tell mum and dad about it, but they don’t really do anything”* [S28FG:P2]; and siblings who sometimes say hurtful things: *“One time at breakfast my brother said, I hate you, to me. It was a bit saddening. I just stayed quiet”* [S9FG:P3].

Some children whose siblings were babies described how they can change the balance in a family: *“If they are your age it is alright but if you have a little baby one it is more stressful. I thought I was lonely before my little brother was born but now it is just annoying”* [S5FG:P2] and how much of the parents time they can take: *“My mum and dad split up and I’ve got a step mum and a step dad and I’ve got a step baby brother on my dad’s side and he’s always ongoing so I hardly get to spend any time with my dad”* [S12In1: P4], the added stressor for this child being a lack of time with his father due to divorce.

Underlying many of the comments about siblings as stressors were the expectations that parents have of children, based on birth position in the family: *“If I’m older, I’m supposed to be more responsible”* [S16FG:P2] and expectations about treatment of younger siblings: *“Sometimes my little sisters get me into trouble. They say that I pushed them around and stuff and they are actually lying. My mum and dad say...they’re younger than you, you shouldn’t push them around”* [S8In1:P1]. Being in the middle had its own problems: *“Mom doesn’t know how frustrating it is. I’m always stuck in the middle. It’s really hard. It is stuck in the middle”* [S7FG:P2]. One child described her understanding of her parents expectations of her as the older sibling as: *“Maybe because I’m the first born I might be the mature one out of them”* [S29In2:P1].

One of the participants realised that her position as the eldest child meant that she herself was missing the very experience that she provided for her young siblings:

I find it stressful sometimes my brothers and sisters like they annoy me a lot. They're all younger, I'm the oldest. In ways it's good because you get some advantages but a lot of the ways sometimes you get disadvantages. Yeah, I don't know, sometimes I'm just a little bit sad sometimes that I don't have somebody to look up to and ask them questions. [S29In2:P1]

For the handful of children who lived with a sibling with a disability, this could present unique challenges: *"My brother has Down's Syndrome, it's even worse than just a little brother cause he runs off more often and I have to go and find him. He is 5. I would like him not to have Down's Syndrome. It's hard work"* [S7FG:P2].

A number of children named their frustration around parents not taking the time to fully understand the nuances of sibling interactions:

...and say my sister is being naughty, I get told off. My parents, I can't explain, they don't listen to me, they say it's tell tales. I'd like them to listen to two sides of the story instead of they've given their judgement but they haven't listened to my part. [S17FG:P1]

While siblings can be extremely supportive during times of stress, they can also be a stressor in some children's lives, especially around issues of birth position and the beliefs that parents attach to those positions. Children eloquently describe how they view their parent's management of their children, many of them expressing a desire to be heard and have their opinions taken into consideration and for each child to be treated as the individual they are.

The following two stressors describe children's experiences of death. In the normal course of life, their first experience is usually the passing of a grandparent or a pet, however there were many children who had experienced more unexpected and untimely deaths. Pets have emerged from this study as being extremely important in children's lives, the depth of which is sometimes not recognised by adults. For that reason death has been separated into two stressors.

Death of family members

In the normal process of life and death, children's first experience of death in their family is often the passing of a grandparent: *"My grandpa died in June last year. You just feel miserable"* [S1FG:P7]. Given that many children have close emotional ties with their grandparents, the loss has the potential to be a stressful experience: *"Like when your nana dies that can be stressful cause you can't really get over it cause you're really close to her"* [S25In1:P3]. Perhaps for the first time there is a realisation that life is not predictable: *"My grandpa died. It's not going to be like a normal life without him"* [S28FG:P4].

Many adults might not understand the level at which children can grieve: *"It's painful. I feel it in my heart, like when I take a breath, my heart aches and its like shredded to bits, like he's gone from my life. And it's still aching"* [S28FG:P4], and this can mean that they are left unsupported during times of grief: *"I don't know. I sort of support myself. I'm sort of on my own cause like I'm the oldest and don't have anybody that helps me"* [S29In2:P4].

The death of a grandparent and the subsequent observation of parents grieving can lead to children realising that life is finite and they will, in turn, lose their parents too. Children tend to put their own grief on hold and offer support to other grieving family members:

My granddad has just passed away and my grandma is really sad. And for my mum it's horrible because it was her dad. And that's going to have to happen to me. Sometimes I just stay with her, cause it looks sometimes like she is

going to cry. We were at somewhere and I just saw my mum thinking and it looked like she was about to cry so I just held her hand. [S29In2:P3]

Children often grieve in private, generally because they are watchful of the adults around them and don't want to upset them any more than they already are:

When my nan died, they buried her up in the North Island cause that's where she came from. I don't like my family seeing me crying when someone dies and I just said I'm going to the toilet but I was actually in the toilet crying because I was so sad. Mum doesn't actually see that I am crying and that I am feeling sad about it. [S18In1:P10].

Children described how they are able to seek support by continuing their connections to their deceased grandparent: *"I just go to his grave and talk to him. He told me that when he dies that I can go to his grave all the time"* [S1FG:P7] and *"I used to miss her when she passed away. I stayed at the cemetery for the rest of the day. I got a chair"* [S15FG:P5].

Children who lose a parent through an accident or an illness are particularly vulnerable if not adequately supported. One of the stressors that children face in losing a parent is the temporary loss of the surviving parent in their role as a fully functioning parent:

...he didn't come back. He just didn't come back and there were heaps of boats out there looking for him. We sat on dad's old rocking chair waiting and every time we heard a knock we rushed to the door and it wasn't him. And then we knew that he wouldn't be coming back and we just carried on. We had to really look after mum as well because mum was so down. [S13In2:P3]

In the following quote a child describes her experience of supporting her mother at the time of the accidental death of her mothers' partner. She articulates how her emotional wellbeing is connected to her mothers' and as her mother begins to be more like the mother she recognises, she can get in touch with her own feelings:

My mum didn't really want to talk about it because she was pretty sad about him dying. It made me feel a wee bit sad because she couldn't cope. I went down to sit with her. I'm feeling a bit better about it now because my mum's come right. [S20In2:P5]

The fact that children do not grieve in the same manner as adults and that they may not have the cognitive maturity and the language development to communicate their stress, may lead to adults misinterpreting their grieving and failing to provide them with the support that they need. As can be seen from some of the responses from children in this study, unless their grief processes are understood and appropriately responded to, they are more likely to internalise their own stress in their efforts to support others.

Death of a pet

Animals have emerged from this study as a major source of support for children who are experiencing stress. Considering the support that pets provide to children, even contemplating their death provides insight into the levels of stress that can be associated with this loss: "*If my pet was killed I'd be devastated because he's such a...he's like so stupid and he's funny and he's been with me for a year and I'd never get a dog like it again*" [S24FG: P5].

Parents may not understand the level of emotional connection that children have with their pets and how important they are to children as a source of comfort. Consequently when pets die, parents may not attach the same importance to the death of animals as children do: "*When we were at school dad took my goat Sandy*

and buried her up the back somewhere. I wasn't happy I can tell you that much, I was really sad" [S20In1:P8]. Even the death of the smallest of pets has significance for children: *"My animal died. It was a fish called Goldy and it was dead and my parents flushed it down the toilet and I didn't even see it and I was angry cause I never got to look at it before they got rid of it. I thought my brother killed it"* [S6FG:P5].

If their primary caregivers are unable to give them the support they need in times of stress children may maintain their bonds with animals as a support system even after those animals have died:

Ch: Usually when mum and dad fight, usually I'm in bed. If it's a very bad fight I just lie in bed and try to go to sleep

R: Who can you talk to about that?

Ch: I'm not Christian, but God, if I'm too worried about it, I just like pray to God and see that everything is okay and for some reason I ask him if I can go to Jake and then I just start talking to Jake

R: Who is Jake?

Ch: He's my dog that died

R: ...and talking to Jake, how helpful is that for you?

Ch: Well I know he's kind of a dead dog but it's always helpful cause my dad said whenever they told Jake something Jake would kind of react to it, so I just find that he's kind of barking at me or something.[S17FG:P7]

One child emphasised the role of the pet as being a substitute in the event that there was nobody else to turn to and that, no matter what level of connection a child might have with an animal, the death is a loss:

If a pet means a lot to you it's very sad when they die, but even if it's just if you feed them once or twice a day. Sometimes if you've got no one to talk to, you can go and talk to your pet animal. Even though they don't reply you can kind of like get rid of your worries. [S25In2:P4]

When pets die children may grieve as if they have lost a close family member. In terms of children's close relationships with animals, especially in times of stress, their reactions should not be unexpected or ignored.

Moving

Moving is well known as a stressor and has been included in the Family category because re-location involves losses and changes connected with family and the experience itself is undertaken within the family. In the study, only a small number of children named it as a stressor. These included moving away and starting a new school: *"When you first start it is stressful, new people are shy and don't really talk at all"* [S6In2:P1], and when your friends move away: *"My best friend moved down to Christchurch, we met when I was 3 but now she is never here, so I miss her a lot"* [S7FG:P3]. One child summed up a lot of the aspects of moving that are stressful:

I didn't know anybody up here. I felt pretty confused and sometimes a bit angry. I didn't even know how to get to where we were moving, I didn't even know how to get there. Then I had to learn heaps of other new things and I might get them confused with the old things. [S2FG:P5/6]

Like any other experience of moving, immigration can have the added complications of leaving behind family, friends and known contexts: *"It was very hard at the start, like starting a new school here. They're all really nice people but it's still hard because I haven't had the time to be with them as long since I was 5 years old"* [S29In2:P4]:

You didn't know what to expect and I get upset because I miss my dad and my grandparents. My grandparents have been over once but it isn't really that much, just coming over for a couple of weeks and then going straight back.

[S3FG:P5/6]

Language can be another challenge for immigrant children, even those who speak English: *"My mum says you'll have no trouble fitting in, everyone speaks English, but then I hear these words..."* [S17FG:P10] and those who don't: *"I didn't know the language so we had no friends really"* [S24In2:P2].

There are many aspects of moving that children find stressful including the loss of attachment to family, friends and place when moving to another school, town or city or immigrating to another country.

Challenges children experience in their family comprised the largest category of stressors in this study, many directly related to parental stress.

4. Intrapersonal stressors

The fourth category corrals stressors concerned with intrapersonal stress. These focus on the internalising aspects of children as features of stress that are concerned with their emotions in response to how they view the world and how they view themselves in the world. Six stressors were identified:

1. Having no-one to talk to
2. Fear of being alone
3. When nobody tells you what's happening
4. Worrying about what's going on in the world
5. Worrying about my future
6. Feeling stressed and not knowing the reason

The significant aspect of all these stressors is how they are subtly connected to children's sense of mental wellbeing and their ability to self soothe and cope in the world, now as children, and as indicators for their trajectory through the lifespan.

Having no-one to talk to

Being able to identify someone they can talk to about life is crucial for everyone. Explored in the light of their reasoning, children in this study who named having no-one to talk to as a stressor revealed an aspect of themselves that was potentially vulnerable. Participants in a focus group talked about how important it is for children to have a person, or people, they can share things with: *"Cause sometimes they can be lonely"; "You can't cope"; "You get all mad inside"; "You can't communicate";* and *"You don't feel in the mood to talk anymore"*. One of the children described not having someone to talk to as feeling *"Like you're in a jail and you're trying to escape it"* [S1FG:P9]. Having no-one to talk to can be due to children receiving a clear message from parents **not** to talk to anyone: *"Well sometimes my dad tells me not to tell anyone, so I don't really tell my friends"* [S16FG:P12] or they make a decision themselves that family matters should not be spoken about: *"If you're stressed out and you're having problems with your family and that. And you've got it on your shoulders and you've got no-one to talk to"* [S20In2:P1].

Having no-one to talk to can also relate to choosing not to talk to anyone about something for some reason: *"...cause you don't want to tell them but you do want to tell them. You just have to hope that you forget about it sometimes. You always try to think about something else till you forget about it"* [S2FG:P4]. Choosing not to talk to someone included the researcher in this study:

There's other things in my family but I don't wish to tell you cause there's things I'd like to keep to myself. If I told mum my problems she wouldn't care about it really. I just would like her to care about it. So I don't tell mum my problems now. [S18In1:P6]

Descriptions of what it was like not being able to talk included: *“I can’t really tell anyone, my tongue seems to be stuck and I can’t move it. I just can’t say it”* [S2In1:P2]; and *“I try and keep it inside me cause I don’t want to let it all out. I don’t want it to go worse so I just keep it inside”* [S2In3:P1].

One of the children talked about a boy at a local intermediate school whom she had heard was suicidal: *“Well I found that a bit kind of sad for him because maybe his parents could like sit down and talk to him, see what’s going on in school, if he’s got any problems, like have quality time together and just go through if there’s anything there or that kind of stuff. I kind of felt sorry because maybe his parents didn’t listen to him”* [S12In1:P1/3].

Some children seem to make their decisions not to talk to someone based on whether they might be bothering adults in their lives: *“Not really cause I don’t want to hassle them”* [S18FG:P4] or whether they think it is worth it or not:

Asking parents for help for things it is a bit hard cause you are not sure how they would react. I know this, but some people don’t, that the adults were once children too, so they do know kind of what you are going through, but you know that they never know exactly what’s happening and you are just afraid that they’ll tell you something that is not useful, so you don’t say anything at all. [S8In2:P3]

Fear of being alone

A small number of children identified ‘fear of being alone’ as being stressful and these ranged from feeling frightened in your own home: *“In my house I don’t like to go anywhere without somebody because I feel really scared”* [S18In1:P8]; not wanting to be on your own because of your thoughts: *“It’s just like I don’t like being alone cause what if someone...because I worry about stuff, I just don’t like being alone by myself”* [S14In1:P4] and being vulnerable as a result of watching frightening

television programmes: *“I always get scared cause I watch this programme of these psychics, cause I walk home alone and I’m scared someone might take me away. I’m scared the chainsaw massacre might come and kill me when I’m home alone”* [S1In1:P2].

One child described the fear of losing a parent in a crowd:

When I go somewhere, like with a crowd and my mum is right with me and then I’m playing with something else but then she walks away because she doesn’t notice me, and I feel stressful if I can’t find her because there is so many people around and I can’t find her. I feel like I’m going to cry because I can’t find anyone, I’m sort of crying inside. [S25FG:P3]

If children in this study identified a fear of being alone as stressful it may be as a result of either having quite literally experienced being left alone or feeling abandoned or, worrying that they may be left alone. These fears could also be stimulated by media images and stories.

When nobody tells you what’s happening

Not knowing what’s happening can be a stressful experience for children. Children appear to be uninformed for many reasons, including parental protection, parental stress, lack of consideration and their position as children in the family and society. When adults don’t keep children informed, especially about issues that affect them, unexpected change can leave them feeling stressed:

At one stage, because dad was under a lot of stress, we were going on holiday and normally we would get quite a bit of warning from our parents. We got, pack your bags, we’re leaving tomorrow and we were just like, huh? We

didn't know anything. We got so badly stressed then. That's why I used to ask, what's happening, what's happening. [S17In1:P6/7]

Children indicated that they would feel more secure if they have the details of what's going on around them and where they can locate, even in their minds, the significant adults in their lives: *"If mum actually helped us all out and she always communicated with us and told us what she'd be doing, what's going on, then I think we'd stop stressing a lot"* [S18In1:P2]

One of the participants struggled with the state of uncertainty that accompanied 'not knowing' and said he would prefer it *"...if he would just give me a little hint. I get stressed out waiting about what was happening"* [S20In1:P7] while another suggested that *"...it would be fair if they explain what they are doing"* [S8FG:P1].

When children feel as if nobody is telling them what's happening it may be that the adults in their lives choose not to tell them as a way to protect them, as with the 8-year old girl whose father was in and out of jail and who had no understanding of why that was happening: *"Well I don't really know why he is going in. Sometimes adults, sometimes they just ignore you"* [S24In3:P3]. A number of children spoke about the sense of being left out of very important information loops during periods of parental strife and separation: *"We used to live in X and we moved to somewhere else and my mum said we were going on a holiday up here and she packed all our bags and everything and then when we were up here she said that we were going to live here. It was very stressful cause she didn't tell us"* [S6FG:P6].

Not knowing what's happening around them can be very stressful for children and the participants experiences have highlighted a number of areas where this may happen in children's lives. What has emerged is that most of the examples given are connected to parental stress.

Worrying about what's going on in the world

This stressor highlights children's internalising concerns about their views of the state of the world. Much of what children know about global stress seems to be gleaned from watching the news on television. The following quote illustrates the potentially vicarious nature of this type of stressor: *"When I watch the news I can feel what other people are feeling, like if they've just lost their children"* [S20In2:P3].

Some participants articulated feeling overwhelmed by the information and the images communicated during bulletins: *"When I watch the news, I don't like what I'm seeing half the time. I don't like the bombings in Iraq and Iran"* [S13FG:P8]. The stories and the images they see can lead to children feeling unprotected and vulnerable and wondering how they can take action, perhaps in an attempt to gain some control of a situation that may be causing them anxiety:

Wars, riots, people from Africa, they lit the church where people were, they were homeless and someone climbed out with their children and a baby, outside someone took the baby and threw it back into the burning church. I feel like just calling the cops to tell them what's happened so that they watch the news too. [S19In2:P5]

One of the challenges here is that, developmentally, children still view themselves and their environment as the centre of the universe: *"All the doom and gloom on television. I start thinking about myself and what happens to me about the doom and gloom stuff"* [S13FG:P7] and are therefore likely to worry about how the news will impact directly on them: *"If you talk to your mom and dad you need to know that your town is a safe place, some people see how undefended their town might be"* [S8FG:P5]. Images of war and conflict around the world, in particular, were challenging for children: *"Recently I've been worrying about some of the wars that are happening on the other side of the world, why are we just killing people, why can't we just kind of stop it. I kind of just think, I hope it doesn't get any worse"* [S17In1:P7]. Another child mentioned his sense of powerlessness: *"Wars. They're all on the news and in the paper. It is just a bit sad and why do people do it? It's cruel and you just want it to stop and you can't really do anything about it. I don't think*

many children like it and I think they just feel a bit sad like me" [S11In2:P2].

Children's confusion about how and why global conflict persists and the personal impact this may have, was evident:

You'd think that humans would've learnt from those two wars and all the people dying. It's sort of unexplainable. I get these feelings inside that when I feel really sad I'm just speechless cause I don't know the words to say cause I find it so horrid sometimes [S28In2:P5]

Children also had concerns about the world environment and the future sustainability of the earth: *"I'm worried about the environment and the global warming, the ice and how it's going. I write it down in my little notebook...all the stuff that I'm stressed about for global warming. Cause when I look at it, I'm thinking, people should actually stop the global warming before it's too late for their children"* [S19In2:P2]. The impact of natural disasters was also a common topic particularly earthquakes which, in New Zealand, are a relatively common occurrence: *"I have something to say, I get quite stressed and I think people get quite stressed around the world, it's like accidents like earthquakes. I don't feel safe cause Mom is sort of down the hallway"* [S23FG:P8]. Children's concerns about the dangers of natural disasters that they saw on the news translated to dangers in their own environment:

I'm stressed that a tsunami might hit us. I was worried that it would hit Auckland and then everyone would die. And maybe that meteorites might hit the earth. Like the greenhouse gas and the ice is melting and the water pressure will go up. And I was worried about the chicken flu, the bird flu. And the earthquake outside Tonga. I was really worried and I kept on telling my parents that we should move away for a while. [S4In2:P4]

Towards the latter part of the study, as the international and national recession took hold, children referred increasingly to the economy:

“It’s actually quite depressing. Just like in the last two months, the economy. I don’t even really know what it means, everything is going up. It kind of makes you feel guilty because you know they have to support you, you can’t support yourself...and it’s so expensive and it’s kind of like...you feel guilty.

[S29FG:P4]

Neighbourhood and environmental challenges meant that some participants worried about what was going on in their own community: *“So it means we can’t go outside at night, because there’s all gang people come out, and people get beaten up for no reason. I’m scared to go outside”* [S15FG:P8], as well as their observations of environmental challenges for some of their peers: *“Kids in this school are already drinking and smoking because of their parents, they see what their parents are doing, so they think, oh yeah, that’s mean so let’s do it. They drink it and they go all nuts”* [S15FG:P9].

Parents are usually a primary gauge by which children judge their safety. They also rely on parents to reassure them. For some children, their level of concern about the state of the world had such an impact on their sense of safety: *“You feel insecure. You don’t feel safe”* [S8FG:P5], that even when parents advised and comforted them, their levels of stress did not abate: *“They said it won’t come. I’m hoping that they are right; I just try to believe the good things”* [S4In2:P4]; suggesting that reassurance was sometimes not enough: *“I mentioned that I was worried that someone would break in but they said, no, no-one will break in. Probably you still don’t think that. You still would think about it, that it could happen”* [S4In3:P3].

Some children remained alert and watchful, reporting that they watched the news so that they could keep an eye on what was happening in the world: *“I’ve got a TV up in my room and I always watch the news, to see what’s going on around the world. I worry that it might be some of my whanau¹”* [S15FG:P15]. The underlying message appeared to be about having to ‘see for yourself’ and not trusting anyone else: *“So you know what is happening in the world. It is pretty important; it could*

¹ *Whanau* - Maori word for ‘family’

depend on your life” [S2FG:P7. Another child saw herself in the role of ‘lookout’ for her family, viewing her parents as occupied with other demands: “I’m not sure about my parents they usually don’t talk about it and tell me not to worry. Probably just me. My parents just worry about the money matters and I worry about the things that could harm us” [S4In2:P5].

Concerns about the state of the world, local and international, leads to the identification of another stressor:

Worrying about my future

When children experience stress as a result of worrying about their own future, it can be related to issues that affect them directly and in the short-term, or a more pervasive worry about their hopes of a future. These concerns can be triggered by practical issues such as availability of transport, such as in one of the rural areas, where children travelled to a school from outlying farms, a number of children expressed their fears that the school bus might not run anymore, leaving them stranded and unable to attend school: *“We might lose the school bus” [S24In1:P1] and “Our school bus is going to be stopped and I don’t know where I’m going to school” [S24In2:P1].*

Worrying about the future can also be fuelled by a child’s anxiety about their competence: *“I worry that I won’t be good at something” [S4In3:P3];* their fears about the change from Primary to Intermediate school: *“I just want to get the work done without having to worry too long, cause if I go to Intermediate without knowing it I might get more homework or something or go down to a lower class and have to learn stuff again” [S5In4:P1]* and their understanding of what is expected as you mature: *“It’s stressful getting older, you’ve got to do a lot more and push yourself a lot harder and get a better standard of work and make sure you advance” [S8In2:P4].*

One child commented on her view of what it was like for children worrying about the state of the world:

I'd say that we are all scared and you guys just tell us not to worry about it, like we'll be more anxious. And maybe sometimes they should worry a bit more about what the possibilities are. It's like hard to be a child. Sometimes I worry that I may not pass university. My future. [S4ln2:P5]

Some children thought about their future without their parents and found it hard to imagine having to fend for themselves: *"I worry about like when my parents are going...how long my parents are going to be around for and if like what am I going to do for a living"* [S18ln2:P1]. Another participant spoke about her fear of dying in an earthquake: *"I get stressed out when I hear something that I don't really like because New Zealand is on one of the fault lines, it makes it even bigger. And I think that maybe the house is going to fall down and I would die, and I don't want to die"* [S23ln1:P1/2].

As previously illustrated, when there are other stressors outside their control, children may feel anxious about the future in general: *"The future, if we have children, would there be a future for them"* [S19ln2:P5]. A wide range of issues can lead to children being anxious about their future and, contrary to a general belief that children live in and for the moment, some of their comments suggest otherwise.

Feeling stressed and not knowing the reason

While children have been extremely capable of identifying what they find stressful in their lives, there were a handful of children who talked about feeling stressed and not knowing the reason why: *"Sometimes I just get stressed out of nothing. It just comes out of nowhere"* [S11FG:P2]. One child could also describe the feeling that went with the 'not knowing why': *"That can be quite annoying like not knowing why you are stressed"* [S24FG:P6].

Some of the examples under this particular stressor had overtones of mental health stress: *"Big rooms that are all white, that's scary too. I just feel more little, feels like I'm in a box, cause it's all one colour and boxes are all one colour. I avoid it"* [S1ln1"P2]. Children may not understand the reactions they get when they are tired or stressed: *"I have this really strange reaction if I'm stressed or tired, I'll think*

something over, I like to think it over in my head, but if I'm tired or stressed quite often it ends up shouting, it's really strange. When I'm reading a book it ends up just yelling at me and it's really weird" [S17In1:P5]. Children who spoke about their communications with, or awareness of spirits, identified stress that appeared to be a combination of not feeling able to confide in their parents and feeling overwhelmed by their experiences:

I don't want to go in my bedroom or my mum's bedroom when I have to go to bed. I'm just too scared to go up there, I'm scared these spirits are going to be there, you know and my spirit might get really scared. I talk to my Nan that's just passed away, because I knew that she was the same like me. [S18In:P7]

Some children might have an understanding about some of the things that they find stressful but the intensity of their reactions may be foreign: *"There's a whole lot of things that I do stress about. One time I was just so crying and upset because I didn't want to go and do racing, I was really nervous and I was just crying to her and just talking to her about it and honestly I just vomit because I was so stressing"* [S18In1:P2].

This particular stressor has included children's experiences that are hard to classify, yet are as real for children as any of the more clearly definable previously explored stressors. Perhaps one child, who had thought about her levels of worrying and stress, best summed up the situation for many children who had shared their experiences of stress through this study:

"I think I should worry less and just get on with my life." [S4In2:P5]

Summary statement:

In this chapter the issues that children experience as stressful have been explored, supported by illustrative quotes drawn from individual interviews or focus groups. Four categories, around which the stressors were clustered, were identified,

namely: Interpersonal, School, Family, and Intrapersonal. In total 29 stressors were identified; five each in the Interpersonal and School categories, six in the Intrapersonal, and 13 stressors in the Family category. Having presented the results of what children find stressful in their lives, Chapter 6 presents the results of how they cope with that stress.

CHAPTER 6

RESULTS

HOW DO CHILDREN COPE WITH STRESS?

You could write stories about what it's like to be a kid, cause some kids bottle it up, some kids are open-minded and some kids only talk to particular people but you could get little kids to write stories about how they feel and give it to the principal and the principal could secretly send them out to the parents so then the parents would know how it is to be that person, what's going on and all that. [S12In1:P9, girl, 10 years]

Introduction:

This chapter considers how children cope with their identified stress and how effective they find these measures. The strategies that they employ are explored in the four different categories that can be identified namely, external/internal coping strategies, external coping strategies, internal self-directed strategies, and being without strategies. The fourth strategy stands alone, while each of the first three categories can be divided into the following sub sections:

1. External/Internal coping strategies:

- Support from animals
- Support from toys; support from animals and people who have died; religious/spiritual beliefs

2. External coping strategies:

- Family
- Support from people, other than family

3. Internal self-directed strategies:

- Cognitive
- Behavioural

4. Without any strategies

Identifying coping strategies:

During Phase 1 (Schools 1-11) of the study, participants were asked about their experiences of stress and coping. The taped interviews and focus groups were then transcribed and coded for emerging categories of stress and coping, which were then further explored in Phase 2 (Schools 12 -29). The strategies of coping that were identified after the first phase, were grouped into a checklist (Appendix 14) for children (n=92) in Schools 12 to 29 to complete.

Table 6.1

PARTICIPANT COPING STRATEGIES

COPING STRATEGY	NUMBER OF CHILDREN TOTAL=92	% of children who chose stressor
I can talk to mum	80	86.9
I think about what I can do about it	73	79.3
I find something to do	68	73.9
I talk to myself about it	65	70.6
I talk to my friends about it	63	68.4
I find a private place to get away and spend time on my own	61	66.3
I can talk to dad	57	61.9
I talk to one of my pets	56	60.8
I spend time on the computer; watch TV	54	58.6
I listen to music	53	57.6
I read	48	52.1
There are other family members I talk to	42	45.6
I often don't know what to do	40	43.4
I have a conversation with a family member who has died	30	32.6

COPING STRATEGY	NUMBER OF CHILDREN TOTAL=92	% of children who chose stressor
I can talk to my brother or sister	27	29.3
I can speak to a grandparent	27	29.3
I keep it to myself	27	29.3
I find a teacher to talk to	25	27.1
I talk to a pet who has died	22	23.9
I phone a helpline	3	3.1

Table 6.1 shows the collated results, in order from most to least frequently employed, of the participants coping strategies.

Exploring the coping strategies:

The following section will describe children's coping tactics using quotes to illustrate the different aspects of the categories. The coping strategies can be grouped according to four categories: External/Internal; External; Internal; and Without Strategies.

External/internal coping strategies refer to support tactics that participants utilise that involve reaching out beyond themselves, either to a living being unable to converse with them verbally, such as a pet; or with a person or animal that they have previously had a relationship with, that is now deceased; so that the communication involves their imagination, their spirituality, or their religion as well as internal processing on their part. External coping strategies refer to participants seeking active support from others. Internal coping strategies refer to those approaches that involve the child relying on their own knowledge, cognitions, emotions, behaviours, strengths and abilities. Being without coping strategies, whether permanently or occasionally, refers to children who feel or think that they have no strategies whatsoever.

Talking is a major feature of many of the coping strategies that will be discussed and this phenomenon will be considered from a general perspective first.

Talking as a coping strategy

'Support is one of the biggest things. Help, listen' [boy, 10]

Children identified talking as a means of coping, whether that be internal conversation: *"Sometimes I just talk to myself and that's basically all I do"* [S11In4:P2]; a conversation with someone who has died: *"Sometimes I talk to my nana. She's dead but I still talk to her"* [S14FG:P13]; a conversation with a pet who has died: *"I get myself a drink of water and I go out the back where my dogs are buried...and talk to them"* [S6In3:P2]; a friend: *"Friends. They listen. It gets stuff off your chest and makes you feel better about it"* [S6In3:P2]; parents: *"I normally talk to my parents about things so they don't have to guess. I just tell them. They just talk to me about it and it is really helpful cause it helps you over it"* [S8FG:P3]; other family members: *"I can talk to my Aunt S because she is my father's sister, and I can do it through her"* [S12In1:P10]; and, occasionally, teachers:

Once I came to school crying cause my mum and dad were having a fight in the morning. My teacher saw me cause she was walking to the office and she said she would come to class and help me sort out things. She said are you alright and stuff like that. I told her what was on my mind. [S9In1:P2]

The positive benefits of talking are connected to 'getting it off your chest' or 'getting it out', so the opportunity to get what is inside the head, out and aurally witnessed by another. This could be described in terms of the idiom 'a problem shared is a problem halved', with children feeling a sense of relief after finding someone to talk to about their stress. Part of this is also the response that children receive back from the person they have chosen to share their concerns with, whether that be support: *"I've learnt to talk to people and I just can't keep it bottled up inside. It's just like getting it off my chest because I know they're going to do something about it and they're going to help me"* [S3In3:P1-2]; advice: *"I usually come and talk to T the counsellor. It's good because he kind of tells you what to do about it if it's happening and just to talk it though. I've got some weight lifted off my*

shoulders about it and I have someone to talk to” [S20In2: P3]; or taking their minds off the stressor: “I usually like go and ring up a friend and ask if they want to go down to the park and play like to get it off my back, or like play around home” [S14FG:P12].

The qualities that attract children to talking to someone appear to be based on trust: *“Someone I trust, doesn’t have to be an adult, someone I really trust, they wouldn’t lie to you and stuff. You’d have to know them for a little bit. You can’t go to a stranger” [S5FG:P2]; relatedness: “In our family we have talks over dinner about if we have problems, my mum and dad talk about what they did at work today, and we talk about what we did at school. It is helpful cause you get it off your chest” [S8FG:P3];*

Well I used to be scared of dying but my dad told me as long as you’ve had heaps and heaps of good days and you’ve probably got years left of happiness and joy and stuff like that, so you don’t really have to worry if you die cause you’ve had a good life. [S21FG:P6]

...and the length of relationship: *“They’re your friend so you can talk to them and they’ll listen to you. Cause you’ve known them like since you’ve come to the school or you’ve known them since you’ve grown up, and you trust them” [S3In3:P1]; and experience:*

If children are going to do something that is dangerous, get an adult. To not just go outside and get angry and start hurting yourself, sometimes from the outside and sometimes from the inside, cause you are really annoyed. You don’t do that. They should get someone who knows, that can actually help them and has experience of things like this in their lifetime. [S10FG:P7]

Acknowledging the benefits of having a conversation with someone about stress does bring into question the advantages of talking to someone or something

who cannot reciprocate in conversation, as we understand it, for example talking to yourself, talking to a pet and talking to someone who has died. With regard to conversations with the deceased, this has been explained by some children in terms of the relationship they have had with the dead person or animal so that they continue to feel connected in times of need: *"I talk to my nan that's just passed away because I knew that she was the same like me"* [S18In1:P7]. This can also apply to relationships with animals that have died: *"I talk to D. He's my dog that died"* [S17FG:P7]. Similarly, talking to themselves seems to give children the opportunity to give vent to their stress: *"You could go to get something out of your system; you could go to a private place and then talk to yourself about it"* [S2FG:P5]; and is sometimes about options or the lack of: *"The only one I can talk to is myself"* [S8In1:P2].

A combination of external and internal coping strategies

One of the most popular coping tactics identified by participants in this study straddles both an external and internal strategy. It is external in nature in that it involves seeking support from another with whom the child has a relationship while it is internal in that it requires 'internal conversation' and personal processing.

Talking to a pet as a means of coping was one of the most commonly named stress management strategies in this study. In exploring the reasons for and benefits of turning to pets during challenging times, the words 'for comfort' were used frequently: *"I'm glad I've got pets. They just comfort you and you can play with them. They just come and sit next to you and you can pat them"* [S20In1:P9]. During the study, one of the participants defined the word 'comfort' as: *"When someone helps you get through something or they make you feel better inside, so you feel better than before when you were stressed"* [S9FG:P2]. Where pets were concerned, other factors that contributed to children accessing them as support, included the intuition that animals seem to have, as well as their companionship: *"I'm an animal lover and we've got a little dog and sometimes I just think he knows what is going on and so sometimes when I just lose it cause mum is so stressed I would go and sit by my dog. Sometimes I go for a walk and cool off with my dog"* [S10FG:P3]; and experiencing animals as able to listen, non judgemental and able to keep

confidences: *“I’d go and talk to a pet, like a mouse or a pet, they don’t talk back but they look like they’re taking everything in. They look like they’re listening and understanding everything, they don’t talk back and tell you you’re wrong or anything like that and they won’t go off and tell anyone”* [S11n1:P1]. Talking to a pet also gave children the opportunity to ‘get things off their chests’: *“I usually talk to my pet too, she comes up to me and I just cuddle her and tell her what’s going on and take it out of my mind and talk to her. It’s just like saying it to somebody”* [S14FG:P13]; and to reframe their concerns or unmanageable experiences, and, in so doing re-strategise their options: *“I listen for how bad it is and then I go away and I talk to my cat and think it through”* [S16FG:P12].

Children who named pets as a support were also clear that animals instinctively knew when you needed them: *“I just usually go to my room and play with my dog. They know when you’re sad, they can sense it somehow, and they try to make you feel better. They snuggle up to you”* [S12FG:P2]. Talking to a pet provided children with another option during times of stress, had a calming effect and afforded them with focused, undivided attention. *“Well it’s because it kind of calms me down and knowing that you don’t always have to talk to your parents, it’s kind of like the dog knows what you’re talking about, and it always looks at you like, yeah...yeah...it’s kind of like quite cool to have that relationship with a pet”* [S12In1:P10]. Experiencing someone, or something, as actually looking at you when you are talking appears to be very important for children: *“Her eyes are normally looking at you and she never turns away, she never turns her head away”* [S13FG:P10].

Just as animals were experienced as instinctively knowing when their owners needed support, children, in trying to explain why they turned to their pets, described it as a sense of instinctive feeling that animals had the attributes that they needed: *“...because, well they just, I don’t know, it’s just...I think...I just feel that they listen”* [S13FG:P9].

While dogs were the most commonly named source of pet support: *“It helps now that I’ve got a dog. When I’m yelled at I call her and we go into my room. Pets cheer you up more because they can tell and like she starts rubbing her fur against*

you and starts licking you” [S27In1:P4]; cats were also popular, in particular for the soothing benefits afforded by the tactile experience of stroking:

Well I really like my cats cause they’re very friendly and when I feel sad or stressed I like to stroke my cat or cuddle it and that helps a lot. I think it calms me down, a cat can’t talk back so you might feel worse or something like that.
[S28In2:P1]

...and the advantages of being able to ‘burrow into’ for warmth and comfort: *“My pet M, she has always got her ears up when she’s listening and when I’m sad she comes up and licks me on the face. I’m always with her and snuggling into her”* [S25In1:P8].

Perhaps unexpectedly, other less interactive pets were also named as support: *“I talk to my fish. I talk to it when I feed it. It’s pretty helpful because you just let it out to someone that isn’t going to complain to anyone”* [S15FG:P15]; while in the rural areas horses were more likely to also be named as a means of coping: *“I need to calm myself down so I go over to the paddock and sit on my horse and talk to her. I think she understands me a lot. Her name is B and she is quite old now, she was always there for me and helping me out”* [S7FG:P4].

In terms of talking to pets as a coping strategy for children in this study they appear to offer children the following attributes in times of stress: alertness, accessibility and availability, awareness and intuition, receptivity, attentiveness, confidentiality, unconditional positive regard, kindness, empathy, and comfort. Interestingly enough it seems unimportant to children that they do not receive a verbal response to their communications of stress: *“Sometimes I talk to my dog. Even when you are sad he can make you feel better. They don’t understand and they just sit there and listen and they don’t tell cause they can’t talk, you feel like you have got it out of your system”* [S7FG:P4]. The fact that they receive any or all of the attributes named above appears to not only suffice, but to provide them with aspects of what they are looking for in times of stress.

The other external/internal strategy that children use is to talk to people or pets that have died but with whom they continue to have a relationship: *“I pray to my grandparents and pets who have died, like saying can you please help me”* [S19In2:P8]; and whom they continue to view as someone they can turn to for support: *“I’d put my grandfather as my closest support. He’s passed away”* [S15FG:P3]. For children who use this strategy, the idea of talking to people who have died seems entirely acceptable and helpful: *“Sometimes I talk to my nana, she’s dead but I still talk to her”* [S14FG:P13].

If children have spiritual or religious beliefs, they may seek support in conversations with a religious figure:

When we go to church we can ask God to take out all the stress in our lives and when we wake up the next morning, we feel good about it, you feel better. You ask the Lord, how can I take it away and you start praying and the next minute you feel good about it. You just forget about it [S1FG:P3/9].

In a similar vein, a few children also named talking to their toys as part of their coping strategies: *“I talk to my stuffed monkey when life is stressful”* [S13FG/Coping Sheet] which, while perhaps not as dynamically supportive as talking to animals had the accommodating factor of always being present and available when needed.

External coping strategies:

Family

Mothers, fathers, siblings, grandparents and other family members were all mentioned as part of the participants coping with stress strategies. Compared to fathers (61.9%), a large percentage of the students (86.9%) said they would turn to their mother for support. Their reasons for this included their views of mothers being more available than fathers: *“I talk to my mum because she is around most of the*

time, cause my dad goes to work" [S5ln2:P1]; and for some children this was their experience or perspective even when both parents worked: *"Both my parents work full time, but when my mum gets home she has all the time to talk with me"* [S6ln3:P3].

One of the most important aspects of support appeared to be the ability of many mothers to notice when they were struggling and in need of support: *"Usually I talk a lot in my house and mum notices when I don't talk much. She asks if I am okay or if I have a problem. Talking about it makes you feel okay. You feel better. You get comfort"* [S8FG:P3]. Some children articulated that they could rely on the fact that their mum knew them well enough to pick up when there were signs indicating a problem: *"Whenever I've been feeling sad my mum has always come and asked me what's wrong. It just makes me feel a lot better to know that somebody can know when you are feeling bad"* [S23ln2:P2]. Equally important for children, was having the experience of being listened to while they spoke about what was concerning them: *"Mom is usually quiet when she listens to me and she normally listens to me"* [S10ln2:P2], and feeling like their mother was focusing fully on them: *"When I don't really talk a lot and when I stay in my room for quite a long time doing nothing, mum kind of says, what's up. And I kind of say, this is going on and this is what's interesting and she sits me down on the couch and we just have a face to face"* [S12ln1:P8].

Some mum's were seen as being understanding and fair: *"I'd probably go to my mum. Even if she takes the other person's side she doesn't say it, she just talks about it"* [S3ln2:P2]; while others appreciated that their mother took the time to problem solve with them:

Mum talks to me about it and comforts me, and talks through it with me. If it is a problem that I am getting stressed about, it is helpful that I know that there are more options than what I have in my head. So mum can give me more ideas. Just talking about it is a way to get it out rather than having everything bolted up inside. [S8ln2:P3]

Mothers were also inclined to use various tactics to help their children with their stress, including humour: *"I can talk to my mum. If I'm angry she get's like, she is pretending to be angry and then I get all...oh mum don't do that, and then I get over it. When she's having a laugh, I find myself happier"* [S29In1:P1]; advice: *"Sometimes when I tell mum I'm stressed she says just go into my room and chill out for a while"* [S20FG:P1], and tranquillity: *"I talk to my mum. She is really calming and confidential"* [S7FG:P3]. At times, being comforted did not even necessitate verbal communication and just being in close proximity was reassuring: *"It was just comforting to be with her. Sometimes I just sat there and did nothing, cause you know that the parent is there for you and just reassuring you that they are there"* [S9FG:P3].

Seeking support from fathers during times of stress was far less common. Although 57 out of 92 participants indicated on the coping strategies sheet that they would 'talk to dad' as one of their coping strategies, very few actually spoke about this in the interview and focus groups. One child who had recently lost her mother spoke about her relationship with her father: *"Basically if we ever had any problems we would just go and talk to dad"* [S17In1:P4]; while another spoke about the reasons he is drawn to his fathers' support, including the experience of being listened to at a level that he felt understood and connected: *"Dad's better to talk to. He'll listen to me. He'll pay attention and keep looking at me and you can tell that he is listening, sometimes I'm telling him something that happened at school that was really funny and he'll start laughing"* [S9In3:P2]. Another child turned to his dad because he saw himself as having a stronger bond with his father than with his mother, he felt understood and heard, even though, living apart from his father, some of that 'feeling heard', was experienced through electronic communications :

My biggest support for when I'm upset and stressed or anything, or angry, is my dad because I have a stronger bond with my dad than my mum, that's just the way it's always been. And when I talk to dad, like he really understands

me. He is appropriate about what I say and he seems to be less stressed. I talk to him, like I text him every day. [S13FG:P13]

Table 6.2

SUPPORT FROM PARENTS

PARENTAL SUPPORT	NUMBER OF CHILDREN TOTAL=92	% OF CHILDREN
Neither	5	5.4
Mom only	30	32.6
Dad only	7	7.6
Both parents	50	54.4

When considering the external coping strategies available to children during times of stress, parents would appear to be the most obvious resources available to children. Table 6.2 demonstrates that, of the 92 participants who completed the exercise, 50 children (54.4%) considered the support of both their parents as part of their management strategies in times of stress; 30 (32.6%) would turn only to their mother; seven children (7.6%) named only their father as support; and five (5.4%) of the children considered neither of their parents as part of their coping strategies.

This raises questions such as: 'why do so many children not view their father as a support during stressful times' and 'where do the five children who do not view either of their parents as support access adult support during challenging times in their lives'?

This leads into the support that children might seek from other family members such as siblings and grandparents.

Out of the 92 children who completed the coping checklist, 27 (29.3%) named a grandparent (or both) as part of their coping strategies. One child saw her grandmother as an intermediary between herself and her father: *"I can talk to my Nana, cause sometimes my Dad doesn't listen to me and stuff that I can tell my Nana and my Nana can have like a conversation with Dad and see what's going on without me around"* [S12In1:P9], perhaps recognising that this older generation had the status and wisdom to intervene on her behalf. Grandparents generally were seen as having the experience: *"I talk to Nan and Pop. They can stop stress a lot easier"* [S7In2:P1], the time: *"I talk to my Nana. She lives with us cause my granddad died, she looks after us and my mum and dad work during the day"* [S5FG:P5], and the inclination to support their grandchildren: *"My poppa, he's easy to talk to and he understands. He'll listen and do something about it"* [S6FG:P5].

Equal in number to grandparents, siblings were nominated by 27 (29.3%) children as being part of their coping strategies. The primary reason for their inclusion was a sense of 'knowing' each other, perhaps living in close proximity and understanding what was stressful within a family environment: *"I can talk to my brother. He just looks at me and can tell that I am stressed, my eyebrows go down and I look at him in the eye and he can tell. He sees that I am mad. I don't think mum knows"* [S5In3:P1]. The other factor associated with siblings as a source of support was the smaller developmental age gap between them in terms of understanding what is stressful for children compared to the gap between children and parents: *"I have an older sister and I tell her lots of stuff. She tells me almost everything. She's at high school. I will tell her first if I am being bullied at school and she can tell me what to do"* [S13In1:P3/4]. Children also named themselves as offering support for their siblings during stressful periods: *"Normally my brother doesn't say anything to my mum, so sometimes he actually tells me"* [S2In3:P3].

Almost half the participants (n=42; 45.6%) indicated that there were other family members that they could talk to when they needed support to cope. These ranged from aunts: *"I can talk to my Aunt S because she is my father's sister, and I can do it through her"* [S12In1:P10], a comment that suggests that the child could talk to this family member because she was from the same family and would therefore understand her father and the situation. Another participant named his aunt

as someone he could talk to because he viewed her as having empathic approachable personality traits: *“My aunty. She is kind to us. A kind person does things for you”* [8FG:P4]. Two participants revealed that their cousins were supportive, one communicating electronically: *“I talk to my cousin in Australia on line, on bebo”* [S15FG:P3] and the other taking advantage of trips down to the city to seek support from her cousin: *“Sometimes I talk to my cousin, she is 20 and she helps me sort out things when we go down to Auckland”* [S9In1:P1]. Family intimacy and connection, coupled with individual character qualities draw children to other family members when they are looking for external support.

Friends

As children start moving out of middle childhood and into early adolescence, their friends become increasingly important to them and this was evidenced by the 63 participants (68.4% of the total) who indicated that they counted talking to their friends as part of their coping strategies. Many children attributed this connection to their knowledge that they could trust and depend on their friends: *“I really tell people, cause it is just better if I do, I just feel better, and I tell my friends and stuff and they really help me, normally my best friends, cause I know I can rely on them, they can trust me as well”* [S2In3:P2]. Some friends were seen as a back-up in the absence of parental support: *“I talk to my friends when my parents aren’t there”* [S4FG:P3]; while others were confidantes and informants when children experienced parental stress: *“Sometimes I talk to my friends about it. My friend his mum and dad have split up so I ask him for advice on what to do. He just says if it isn’t really bad let it go, and if it is a pain then to tell somebody”* [S5In3:P2].

Friendships were also useful to distract or physically remove children from stress: *“I ring up my friends and ask if I can go and play and stuff”* [S3FG:P4] and sometimes friends were there as a buffer against potential stress:

Friends. I’ve got 7 friends and we all work together and if there is a bully bothering one of us he’s got to bully all 7 of us. If you tell your friends, they

play with you more and they don't walk off and do something else without you.

Friends are good [S11FG:P7]

...or to prevent stress from escalating: *"My friend is always just there, she'll help me, sometimes if I lose my temper at someone she'll be there and she'll be telling me you can't do that, you can't just freak out, and she helps me a lot"* [S13In1:P4].

Some children also described themselves in the role of support when their friends were stressed: *"Sometimes my friends talk about their stress...maybe when their parents get divorced"* [S4In2:P1]; and, for one child, the support she received from her mother enabled her to offer support towards her friends when they were in need: *"My friends parents are not like my mum who can openly talk about things cause we do that all the time, but at least then when they need help my friends have got me"* [S8In2:P4] .

While most of the communication with friends was on a face to face level, indicative of what will become increasingly common as children develop into adolescence, a few participants spoke about using electronic media to communicate with friends during times of stress: *"Cause I've got the MSN and these sorts of things and usually one of my friends will be on and so I talk to them about it and they tell me what I can do because no one else can see what I'm writing"* [S14FG:P12].

Regardless of how children accessed their friends when they were stressed or how they used these relationships to alleviate stress, the common factors that drew children to particular peers seemed to be defined around the issues of trust: *"My best friend. I've known him all my life. I trust him that he will never tell anybody. And he never has"* [S2In5:P2]; and the comfort of 'feeling known' and being understood.

Teachers

Unexpectedly, teachers were only named by 25 out of 92 children (27.1%) as being part of their coping strategy. When children need support at school they look for teachers that they feel have got to know them more intimately and that appreciate them as an individual: *“They would find a teacher that they trust”* [S2In2:P3]. On the other hand, a major deterrent for children when they consider which teacher they might approach for help, appears to be whether the teacher shouts or not: *“A teacher that knows you; that you’ve had in the past, one that understands; one’s that don’t yell at everyone. If you walk around you can see the teachers that yell at everyone and one’s that don’t”* [S2FG:P4].

Teachers that are proactive when children approach them for help or who notice when children are stressed were also identified as helpful by participants: *“I would chose the teachers to talk to because they are nice to me, and I don’t know why...because they will actually do something about it, cause some teachers don’t do much about it. Those teachers will”* [S2In3:P2]. In fact many children indicated that they observed how teachers behaved towards other children in assessing whom they might approach when they need support: *“If I was in the playground and I saw a teacher help someone, that’s a good person to talk to. Like reliable and loyal, helps other people and they can be able to deal with stuff, they don’t say they’re going to do something and then don’t do it”* [S5In2:P1]. In one school many children from different classes spoke about one particular teacher who had clearly made an impact on them all by the way that she treated them when they approached her for help:

She’s my favourite teacher because she would get the problem and she would deal with it straight away. She got her little notebook and she writes in that what you are saying and she gets you to write down what you think and sometimes she sits down and she just nods at you like that. [S25In1:P8]

In the same school, the Deputy Principal was also mentioned by a number of children as being a good listener and responding effectively when approached for help: *“The teacher and the deputy principal, I think it’s just like, often you talk to them*

and tell them something and they'd know exactly what to do and you find that really encouraging" [S25In2:P7].

Other important attributes mentioned fairly frequently were kindness: *"Once I went to school and I forgot my lunch so Miss S she sent me to the staffroom and she gave me some sausage rolls and stuff. She does that" [S25FG:P2]*, which seems to be something that is also evaluated in the classroom situation: *"Usually in class they are nice" [S4In2:P2]*; and teachers who were available or who had supportive strategies in place around academic and homework stress: *"I email my teacher if I have a problem with my homework" [S14FG:P2].*

One of the reasons schools have teachers on playground duty is to ensure the safety of the students during break times. Children generally did not see the presence of teachers in the playground as being emotionally supportive and any positive comments that were made were more likely to be around physical protection: *"If someone really got on my nerves I'd probably go and talk to my best friend or if no-one was here I'd probably go on duty with the teacher. I probably wouldn't tell them why" [S3In2:P2].*

Many participants seemed to view teachers as being very busy and not having the time to particularly notice when children were stressed: *"My teacher has to include everybody so she doesn't really notice every single person. So sometimes you have to go up to her and tell her" [S3In3:P2]*; making them perhaps unavailable to feature as permanent, acknowledged support for many children when they experience stress. Perhaps one child's view of teacher's sums up what many children have surmised: *"Well I don't rely on my teachers for support. They're teachers, they teach me" [S21FG:P7].*

Other adults

Seeking support from other adults outside the family might include neighbours. An example of this was the child who turned for support to the woman living next door after the death of her mother: *"We've got a very nice next door neighbour and she is very, very friendly and helps us a lot" [S17In1:P4].* However,

there were very few children who referred to support outside of their family and friends. One child in the study named an additional human support, over and above her family, that she could access: *“My mom has a best friend and she is really nice and she said if any of us have any problems and don’t feel right to tell our mum or dad, we can tell her”* [S3In2:P2] however most of the participants did not identify this kind of support as an option they utilised.

The other external adult support available to children are telephone helplines, in particular those dedicated to supporting children and young people. Although many had heard of helplines: *“You can call a helpline if you are getting too stressed and feel that you are under-appreciated and not wanted”* [S8FG:P2], only 3 children (3.1%) named this as part of their coping strategies; There was very little general knowledge about the contact details and children were more likely to mention them as a service that they knew of but had not made use of.

Internal coping strategies:

Children in this study employed many and varied internal self-directed techniques to deal with their own stress. None of these involved other people and their strategies could be divided into those that were cognitively driven and those that were behaviourally focused.

Cognitive

Out of a total of 92 participants, 73 children said that they could think about what they could do about their stress (79.3%). These cognitions were employed for various reasons, including thinking things through and trying to make sense of their experiences and their feelings: *“I just lock the door of the toilet and sit on the toilet. I think about it. I just sit there. I think about what I’m upset about. Most of the time I think why is it so bad, why am I crying”* [S3FG:P4]; thinking about prior comparable experiences in an attempt to measure their level of stress and adjust their reactions accordingly: *“Sometimes when I get stressed about something I try to compare it with the most stressful thing that has happened. It makes me feel better”*

[S11In3:P3], and using their thinking to distract themselves from their stress: *“I just try to think of something happy”* [S15In1:P1].

You just have to hope that you forget about it sometimes, you always try to think about something else till you forget about it. Usually if it is too big you can't just get rid of it, it just jumps back at you and it takes forever until you've completely forgot about what happened. [S2FG:P4]

Thinking about strategies to deal with their stress can include management of thoughts and feelings: *“I do manage the stressed feelings, like I can be thinking some other thing all together but I am still quite tense. I talk to nobody really, I keep it to myself, it's fine, I find it alright, cause it gradually wears away, just small things, like annoyance, just leave it”* [S2In2:P2], and observing and thinking about how older siblings manage familial stress:

If you have an older brother you're able to do it (cope with stress) easier cause you see what they do and you think I'll do that next time, that'll make it easier. But if you're the first child it will take you longer cause you have to learn it yourself. [S2FG:P4]

The most important location for children in dealing with their stress appears to be their bedroom. It was named as a place where many are sent by their parents when they misbehave: *“When I say a cheeky thing I run to my room and while I'm on my way they say 'go to your' room' and I say, I'm already on my way”* [S5FG:P6]; but it has also been revealed as an important retreat for thinking things through: *“If mum is stressed I don't like to be around and I go to my room and think about what I can do”* [S7FG:P3]. For some children it is a refuge when family conflict becomes too difficult for them to manage: *“Basically once they are fighting I just go to my room and shut the door”* [S27In1:P2] while another child described his bedroom as a place where he could wait until the stress in the house abated: *“I just go to my room till they calm down”* [S19FG:P6].

Being in their bedrooms seems to give children the space they need to process what is happening or to use alternative thoughts to distract themselves and also, at times, to withdraw from the world when it is too challenging:

I just go in my room and think for a while. I feel like I am in another world thinking other things, just not thinking of my family, thinking of having fun and not thinking about responsibilities. Like a fun and happy place where nothing is really stressful. [S9In1:P1]

Children also spend time in their bedroom as a place where they can deal with their stress through expressing their emotions privately: *“The divorce is always on my mind. I can’t get it out. Sometimes it is hard to think. If I’m at home, I just go to my room and cry or something”* [S5In3:P1]. Choosing to retreat to their bedroom can also be because they have nowhere else to go: *“I normally go to my room and cry cause I don’t like shouting and arguing and fighting and other things bad. I go to my room and feel like being somewhere else”* [S9In1:P1]. For some children the bedroom was a safe location where they could employ the personal stress management processes that they had developed that not only involved cognitive processes but that they recognised were attached to and impacted on their feelings as well:

I just want to be alone by myself. So I can just go off in my room and just lie there and think what I’ve done if I’ve done something bad. I try and think of another way to prevent it from happening the next time if it happens...try and find a better way to sort it out. And then when I’m settled down and feeling better and not stressed anymore, then I just come out of my room and do my stuff. [S5In2:P1]

For a few participants, the fact that they withdraw to their room when they are stressed is a recognised personal coping strategy within their family: *“I lock myself in*

my room. Just to be away from everyone so I could clear my head. My family leave me alone until I come out cause they know that if they come and talk to me I'll get angry" [S5ln4:P2]; while another participant, her strategy was to send a clear message to her family when she felt stressed and in need of space:

I just put a sign up on my door saying keep out I'm stressed, angry, disturbed and annoyed, I would like no disturbance, please knock before you come in.

I'm listening to music, drawing, I draw animals and I make posters. It's helpful cause I get rid of my stress that way, the peace and quiet [S19ln2:P7/8].

For some of the participants the best cognitive approach is to consciously make a decision about their thinking: "*I just go into my room and don't think about it*" [S18FG:P3], or attempt a strategy, such as sleeping, to empty their heads of stressful thoughts: "*I go into my room and lie down on my bed and sleep or something. It just clears my head and makes it empty so there is not so much going through at one time*" [S8ln2:P1].

Behavioural

Sixty-one children (66.3%) indicated that they deal with their stress by finding a private place to get away and spend some time on their own, engaging in particular behaviours. This may be based around physically withdrawing to places where they are out of earshot of the cause of the stress: "*I just do nothing when they yell at me. I go outside and play by myself*" [S5FG:P6], as a way of distracting themselves: "*I just try to move away from the house somewhere and try to forget about it, try and do something. Like usually if there's a fight then I move away and if I can't hear it then I try and forget about it*" [S12FG:P2]. More than one child spoke about getting into their bedroom cupboard as a means of withdrawing from stress: "*If I'm really stressed I go into my room and sit in my cupboard and I normally wait until someone comes to me and asks what is wrong*" [S10FG:P5]. Once they have withdrawn, children may distract themselves by engaging in activities in which they can immerse themselves:

I have a strategy, I stay out of it cause I don't even want to get myself into it, I walk away and like express it out by doing something, like I feel my life is dancing, like I love to dance. So I just go to a quiet place and just express it out in dancing [S23FG:P9].

Two of the behavioural activities were fairly common amongst participants with 54 (58.6%) children out of 92 indicating that they spend time on the computer or watch TV as a form of distraction when they are feeling stressed: *"Like on the internet or something and I'm having too much fun on the internet and I don't think about it or I'm watching television and I'm too caught up in television"* [S1In1:P5]. More specifically, Playstation was also mentioned as a diversionary technique with some children noting that the activity took away their stress: *"I play playstation and it goes away"* [S6FG:P2] and others more directly acknowledging that the electronic games were a 'tried and tested' method of distraction for them: *"I go to my room and I try to forget about it so I go to my playstation"* [S5FG:P5].

Children also named listening to music (n=53 or 57.6%) and reading (n=48 or 52.1%) as part of their coping with stress strategies. As an example, one of the children in this study described listening to music and reading as activities she engages in to compose herself when her moods are challenging: *"I like to calm myself down before I take it out on something. I like to listen to music or read a book or do something really quietly"* [S3FG:P4]. Music was seen as helping moderate stress:

Sometimes when I'm really stressed and just the little things will set me off, I get quite wound up and quite annoyed and I just go and shut myself in my room and sit there and just get annoyed and I just shut myself away and listen to some music. Then I just come out and pretend that nothing happened.
[S29FG:P3]

Books were considered another distraction: *“I go to my room and read. It takes my mind off everything and just gets me into the book”* [S18ln2:P2]. Clearly reading as a means of reducing stress was a known and effective self directed tactic for some children: *“I’m normally independent and just read a book in my room or something when I’m stressed and that’s practically always what I do”* [S19FG:P5].

Some of the participants found that having some private time in their bedrooms enabled them to work through whatever was leading to their sense of disquiet and then emerge later feeling more of a sense of equilibrium:

I usually go somewhere by myself so I don’t need to get more angry with the person so I won’t be in the same place as them. It helps me calm down and I just stay there and think until I can get over it and go back and talk to them. I think about what happened and I think about good things. It just makes me calm down. [S6ln3:P1]

Sixty-eight children (73.9%) reported that finding something to do and occupying themselves was an effective stress management technique. This involved many different strategies, including using art as a form of personal therapy: *“I’d draw an image of something that’s scary and then draw a happy one”* [S2FG:P7] or anything creative that the child might find suitable: *“Do something creative, do something that is good and you find fun”* [S2ln5:P3]; using the energy generated by the feelings associated with the stress to engage in some boxing: *“We have a boxing bag at home and if I’m stressed I go outside and hit it”* [S5FG:P6]; adjusting breathing: *“I normally just breathe in my nose and out my mouth and try and get rid of my butterflies in my tummy”* [S6ln2:P1]; eating: *“I eat something when I get stressed. I get hungry and go to the fridge”* [S9ln3:P1]; diary writing: *“I go in my room and sometimes I write in my diary about what happens”* [S14FG:P11]; ball games: *“I just try to take my mind off it and play outside or play soccer with someone”* [S15FG:P2]; playing a musical instrument: *“Sometimes I’m usually in my room if I’m grumpy. Sometimes I practice guitar and go and play in my room, it just gets my mind off things. If it doesn’t work I usually go outside and play”* [S8ln1:P1]; playing

with a pet: *“Well usually I just go to my room and play with my dog but if that doesn’t help I go outside and do something”* [S12FG:P2].

One of the children described the benefits of engaging in an activity as being calming, distracting and cognitively beneficial: *“It takes your mind off the things that you do so you can relax and just take your mind off your worries so you’ve sort of gone to some other universe practically...it really sort of rips your mind in two”* [S2In4:P1]. Another child described the advantage of his activity as allowing him to put things into perspective: *“I’d probably write it in my journal. Like tomorrow you write about it, cause usually its quite dumb what you’re worried about, cause it’s probably not going to happen anyway”* [S4In3:P3].

But for some children, finding a private place in their homes, whether for escape or contemplation, was in itself a challenge: *“Our house doesn’t have any locks, so I would probably go outside to hide”* [S7FG:P3] and finding something to do could be compromised by feeling overwhelmed by their immediate situation and feelings: *“I probably just go to my bedroom and cry”* [S20In1:P4]. One child described his coping strategy as:

I walk away. I just walk away. [S19FG:P2]

Without any strategies:

Throughout the study there were a small percentage of children who appeared lacking in both internal coping strategies and external support. While there were only five children (5.4%) who indicated that they would turn to neither their mother nor their father in times of stress, during the interviews and the focus groups there were other children who verbalised their stress management challenges. There were those children who kept their problems to themselves and seemed unable to ask for help: *“I can’t really tell anyone. I just can’t say it”* [S2In1:P2] or who just tried to ignore their concerns: *“I just pretend it’s not happening. Just try and ignore it”* [S14In1:P5], while others tried not to show their stress, perhaps not wanting to upset their parents: *“I just try to hide it. Cause I just don’t want them (parents) to worry about it. Sometimes I would try to show that I am not worried and try to be calm. I*

just hide myself...the worries" [S4In2:P3]. There were also those who, at times, felt they had no-one to turn to: *"But sometimes I have no one to talk to"* [S7FG:P2] and those who managed the challenge as best they could at the time: *"I just wait tense until that insecure moment is over"* [S2In2:P2]. There were also a few who clearly found the stress they were experiencing, overwhelming: *"You don't feel good about yourself and you are not good or anything and you want to go away forever, fade away, like commit suicide. Just to be alone"* [S9FG:P5].

When asked why some children find it difficult to speak to adults when they are stressed, one of the participants had the following explanation:

Maybe children don't want to talk that much cause they feel a bit down or quite tired. Some people keep quiet cause they don't feel like talking to someone about it, they want to keep it to themselves. It might be something bad that happened in their lives [S9FG:P4].

A few children showed levels of anxiety that appeared to affect their sense of daily wellbeing: *"I worry about stuff. I just don't like being alone by myself. Sometimes my worry can cause stress, like you won't know. I don't really know what to do about it"* [S14In1:P4/5]. Another participant spoke about her fear of particular spaces: *"I don't like being in small spaces or big rooms that are all white, that's scary too. I just feel more little, feels like I'm in a box, cause it's all one colour and boxes are all one colour"*. In exploring how this child obtained support she described her method of dealing with her anxiety without alerting her friends to her state of mind: *"I'm more dramatic and sarcastic. Like I keep on talking about the subject I'm scared of, and make jokes of it as well. Cause I usually say it to my friends cause I'm at school, so I try not to get them irritated of me, saying something over and over again"* [S1In1:P4].

Some children were aware of their proclivity for worrying and anxiety and had obviously sought support from parents, as they could discuss various coping strategies:

Sometimes I find I get quite restless in bed as well, sometimes it's really weird and I get a bit panicky and mum has had to teach me some things to calm myself down. She's just taught me to relax my tongue because that relaxes your whole body and just breathe really deeply. It's helpful but then I tense up again and have to go again. I used to be really not worried at all, but now, I don't know maybe I'm going through the stage of that, or thinking something is going to happen really bad. I don't know, it sounds really stupid, but I get worried so much [S29In2:P2].

The sense with these children is that, although their emotional and mental states may be challenging at times, the support and awareness of others can be comforting and protective.

The question of effectiveness:

Although this study did not set out to explore the efficacy of children's coping strategies, during the course of the data collection some children did make observations on the effectiveness of their techniques. In answer to the question, *"How helpful is that?"* comments such as: *"Usually I talk to my mum. That's very useful because she tells me not to worry anymore and I don't have to worry until I'm about 20"* [S18In2:P1]; *"It is helpful that I know that there are more options. So mum can give me more ideas"* [S8In2:P3]; *"Talking to my brothers and sisters helped me but not much, sometimes they're not listening"* [S9FG:P1]; *"Talking to my mum actually works"* [S10In2:p3]; *"Taking a break sort of does refresh your memory half, counting to ten doesn't really help at all it just takes your mind off stuff"* [S2In4:P1]; *"...but then it gets into my head and I start worrying about it, talking to myself. I try it a lot and it doesn't really work"* [S18In2:P5].

Children's views on how effective their coping strategies are were not directly investigated in this study. They do, however, have opinions and insights into the

efficacy of the coping techniques they use in the management of challenging situations in their lives and wider exploration of this may give further valuable insight into their experiences of stress.

Concluding statement:

The majority of children in this study are not passive onlookers in the drama of life and its inevitable stressors. They already have and use multiple coping strategies, many of which appear to involve their own internal self-directed methods. Most can also identify people from whom they can, or would like to, seek support. Mothers have emerged as the most identified external support when children are trying to cope with life's challenges. The challenges for children arise when the stressors they are experiencing involve the very people they would rely on for support, notably parents and teachers. The small percentage of children who identify as having little or no external support or who experience what appear to be additional mental and emotional challenges, are noticeable in their vulnerability. The following chapter will discuss the results of what New Zealand children find stressful and how they cope and will explore the strengths and limitations of the study.

CHAPTER 7

DISCUSSION, STRENGTHS AND LIMITATIONS

“You could help by putting into understanding words for the adults, so that they understand more what children feel like.” [S19ln2:P9, girl, 10 yrs]

Introduction:

The discussion centres on what New Zealand children find stressful and how they cope. Findings are discussed in relation to current theory, practice and research. In conclusion, various criteria will be explored that explain the robustness of, and give credence to, the results of this study, while acknowledging the limitations inherent in the process.

Primarily, the discussion will focus on those stressors that have emerged as being particularly challenging for the participants, either in terms of the frequency with which they were discussed or in terms of the impact they may have on their wellbeing. The results will be discussed under the four contexts outlined in the Results chapter, namely:

- School
- Interpersonal
- Family
- Intrapersonal

School

Children spend a large proportion of their lives in educational settings and one could therefore expect that they would find aspects of school challenging (Sharp & Thompson, 1992). The primary stressors identified as challenging in school are clustered around the relationships that they have with their peers and their teachers.

Many participants in this study highlighted their experiences, whether personal or as a witness, of emotional and social bullying. The issue of '**bullying**' in schools is a common and well researched stressor for children. There is now indisputable evidence that the experience of being a victim of bullying either once or more frequently, can impact on emotional and mental wellbeing as well as the ability to succeed at school while children who bully at a young age are more likely to struggle academically and engage in increasingly violent behaviour as they grow older (Carroll-Lind, 2009; Englander & Muldowney, 2007; Saufler & Gagne, cited in Bullock, 2002).

With the majority of children describing positions as bystanders they could report either a direct view or an indirect knowledge of victims and perpetrators of bullying in their schools. The bystanders' 'culture of silence', in particular around emotional/psychological bullying, has been described in research (Smith & Shu, 2000). This group, the largest in the triangulation of bullying, can be seen as contributing to the culture in their environment through their passive viewing. While this may be true of older children, children in primary schools such as those who participated in this study, still rely on the adults in their surroundings to maintain an awareness of the emotional and behavioural climate, respond appropriately when approached for help and to provide, as far as possible, a safe environment for all in the context of a whole school policy. Children in this study have generally not identified teachers or parents as protective resources around bullying and this may well be a combination of adults not recognising the range and nature of bullying behaviour coupled with children's perceptions of adults as not being able or available to intervene effectively. Noticeably, children then develop a sense of powerlessness around their ability to intervene and seem likely to try to ignore or endure bullying.

In conversation with some of the principals of schools who participated, contrary to their beliefs that due to their 'zero tolerance' approach to and interventions for bullying, it was not present in their schools, bullying was identified as a stressor by children in each school in this study. This is borne out by the results of a recent study undertaken by the New Zealand Office for the Commissioner for Children that found bullying was present in all schools and which purported that until

all schools accept that there is a problem and address the issue from a whole school approach, focusing on the ethos of the school rather than the individuals, nothing will change (Carroll-Lind, 2009).

Another issue that the children in this study found stressful was having to complete homework. This is an issue that has long been controversial and it is interesting to note that there is an abundance of research espousing both the virtues and drawbacks of '**homework**' for primary school children. It has been said that, depending on which perspective one is trying to advance, one will find the literature to support that view (Cooper & Valentine, 2001).

Participants in this study certainly voiced their dissatisfaction about this scholastic requirement, naming it as one of the primary stressors associated with both school and home. They recognised homework as connecting their two main environments noting how the practise could intrude on leisure time, opportunity to interact with family and subsequently, their mental health. The issues discussed by participants in the study have been explored in various studies (Cameron & Bartel, 2009; Cooper, Robinson & Patall, 2006; Cooper & Valentine, 2001; Warton, 2001) and raise the question: 'What are the benefits to young children of continuing their schoolwork at home and whose needs are being met?' Homework has previously been justified in terms of connecting home and school, and parents and teachers (Cooper & Valentine, 2001) and providing opportunities for children to develop learning skills and an internal locus of control (Corno & Xu, 2004; Sallee & Rigler, 2008). While this may be true in theory, in reality every child is going home to a different environment with unique conditions and resources, and expectations that homework will provide all children with opportunities to develop independent learning skills would seem idealistic and difficult to measure. During middle childhood, children need time to develop skills through informal, independent play and interpersonal relationships. This study, has sought the views of the children themselves and from their perspective there seems little understanding of the reasons they are expected to continue with schoolwork at home. They provide clear examples of homework as a stressor and a sense of injustice that work encroaches on their time to learn and develop informally in their leisure time and on interactions with their family and friends. Interestingly enough, while some of the principals

indicated that they had reduced the focus on homework suggesting that it was not compulsory, children were still labelling it as a stressor which raises the question as to whether, in some instances, the insistence on homework is coming from parents themselves.

Children also identified stressors linked to **'anxiety around school work'**, specifically lack of understanding about what is expected of them, fear that they will get the work wrong or not complete it in time, fear of the teachers' response if they ask for help, and viewing the teacher as being unavailable. Experiencing stress around school work and not feeling able to approach the teacher for support can also be linked to the other main stressor children have identified in this context, namely, **'when teachers don't listen'**. Both of these stressors appear to be linked to children's observations of their teachers, how they see them responding to other children, the cues they get from body language, their previous attempts at help-seeking, the climate in the school, the classroom, the playground. Many of the young respondents in this study reported their reluctance to ask a teacher for help if he/she is viewed as unapproachable. This included appearing too busy, stressed or likely to be displeased. Early relationships that children form with adults outside of their home environment, in this case their teachers, can influence and predict future psycho-social interactions and academic success or failure (Birch & Ladd, 1998; Hamre & Pianta, 2001). While many children spoke about the positives and pleasures of their peer relationships at school, relationships with adults in this environment were generally less optimistic and pleasurable, with children more likely to reveal incomprehension or resignation in their descriptions. The importance of relationships with teachers and, specifically, particular characteristics they display, namely, caring, respecting and praising (Hallinan, 2008) would appear to be the qualities that children seek and amongst which they would thrive. This was born out by those children who could describe the attributes of teachers that they were able to seek support from, in particular those that did not shout or yell and those who listened and took action when approached for help.

Why then did so many children in this study view their teachers as unapproachable when, in times of stress, they might need their support? This can in part be attributed to children's views of their teachers' as being under stress

themselves, preoccupied and focused on a narrow role as educators of a group. This also relates to children's expressions of stress around being treated as a homogenous group rather than as individuals, particularly pertaining to academic ability, behaviour and punishment. This particular aspect of teacher/student relationships has been described as a 'universal' complaint causing long-lasting resentment with primary school children (Briggs & Nichols, 2001).

When children are able to identify teachers who are stressed, as occurred in this study, they adapt their role of student to include the role of observer, watchful and wary. Evaluating their teacher as being unavailable may mean that they internalise their own stress or, use maladaptive behaviours to attract attention. Teachers, whose stress was overt and clearly evident, either behaviourally or verbally, were seen as more unpredictable.

It was clear from children's views that teachers' play a big role in their lives and they have been described as the most important adult figure outside of the family in a child's life (Kesner, 2000). Attachment characteristics identified by Ainsworth (1989), suggest that if children feel a sense of secure connection to their teachers they would feel safe to actively seek them out during times of stress, confident that they would be comforted and supported. Those teachers who were named in this study as being supportive when children were experiencing stress displayed attributes of awareness, empathy and fairness, had good listening skills and were pro-active in responding to any problems or needs.

When teachers, or indeed adults in general, don't listen to children, it is undesirable on many levels. Children can experience their opinions as not being important – a stressor identified in the Interpersonal context and also underpinning some of the stressors in the Family context. In addition, if they are not heard, their academic needs might not be met, the obvious consequence being the impact on their scholastic ability. Indeed some children in the study spoke about choosing to seek help from their peers rather than a teacher. Experiencing a teacher as 'not listening' was described by many children in this study and associated with emotions such as frustration, anger, confusion and sadness and a sense of 'disconnectedness from significant others' (Elias, 1989, p. 396). While many teachers in this study were

viewed as doing their job, namely, 'teaching', very few children identified those who were caring, listened well and treated each child as an individual.

Much focus has been directed to understanding and adapting the challenge of bullying in schools; school academic and homework has also had enormous attention in the research arena, so perhaps none of these school stressors were surprising. What was disturbing, however, was the number of children who viewed teachers as being unapproachable and unavailable to them as a source of support, of having poor listening skills and of not caring for each child as an individual. This was born out by teachers being named by only 27% of children as a resource that they would turn to when they are stressed. While it is well known that teaching is a stressful occupation, (Johnson et al., 2005; van Dick & Wagner, 2001, this study focused on **children's** experiences of stress and it appears that children in New Zealand may well be challenged by less than caring relationships with adults in schools. Perhaps this is best summed up in the words of Thomas and Montgomery (1998) who talked to 125 six to ten years olds about 'what makes a good teacher' (p.3) and found that while they, as researchers, were asking questions about 'good *teaching* the children were describing good *feelings*, including the need for teachers to be gentle, caring, understanding and fun-loving' (p.3, 5, 7 and 9).

Interpersonal:

The first two interpersonal stressors that were identified concerned relationships with peers, namely, '***feeling like you can't trust your friends***' and '***being left out***'. As children develop there is a gradual move away from home-based family orientated socialisation towards a focus on friends, enhanced by the increasing time they spend with their peers in their other primary context, school (Berger, 2005). Friends can be an important buffer and support in times of stress, exposing children to new behavioural and coping strategies and promoting self-confidence and mental health (Hartup & Stevens, 1999). Children in this study described the depth and the importance of their friendships and how many had developed prior to, or since they had started school. Trust amongst friends was mentioned as primary and friendships were described in terms of knowing and understanding each other. The fact that these two stressors were common amongst

participants draws attention to the fact that conflict amongst friends is not unusual and many children will at some point experience feeling excluded and isolated. While having to cope on their own may give children opportunities to develop the ability to self soothe and to be alone, the middle childhood phase has been described as 'critical' in terms of forming intimate and mutual friendships (Pederson, Vitaro, Barker & Borge, 2007) and, as with any stressors, too much rejection and lack of trust in close relationships can lead to children being vulnerable to isolation and loneliness. What emerged from this study was children's sense of vulnerability when they felt that their close relationships were challenged or they felt that they were being excluded by their peers. While all children should have opportunities to develop the skills to deal with relationship challenges themselves, there will be times when they require the support and assistance of significant adults in their lives to negotiate the stressful and sometimes challenging pathways of close friendships and peer relationships.

Equally stressful for children was the experience of either being punished or **'fear of punishment'**. This stressor may seem out of place in an interpersonal category, but was included because the results revealed that most of the stress was associated with issues of relationship power imbalance and lack of control between children and adults. Common in many of the children's comments about punishment, is 'anger' on the part of the perpetrator and, underlying this emotion, patterns of power and control, or lack thereof, are discernable. It is also important to consider the impact of the participant's comments in terms of size differential between adults and children. Children's views about punishment are not common in the literature and therefore appear to be considered unimportant (Vlasis-Cicvaric, Prpic, Boban & Korotaj, 2007) and perhaps, even though they are one of the main 'parties' in this debate, this can be attributed once again to a power imbalance in interpersonal relationships between adults and children. While adults continue to debate the issue of corporal punishment, there has been very little exploration or attempt to understand what children think about this situation. In line with much of the literature on discipline, children in this study who identified fear of punishment as a stressor, named or revealed emotions and beliefs that have the potential to result in negative developmental pathways, decreased internal locus of control and challenges to their wellbeing.

Children can have expectations that the adults in their lives will behave in a particular way and while this behaviour may change due to particular stressors that adult's experience, it may also just be different to what is expected of children because of the power imbalance between the two. As it is, for the children in this study who identified the stress of '**being confused by what adults say and what they do**', the old saying, 'do what I say and not what I do' may be considered descriptive of what they can find incongruous and, at times, frightening. This stress can be experienced as a basic confusion about the expectations that adults have that children should listen to them, while not modelling the same behaviour in return. At the other end of the continuum children can feel bewilderment about the expectations that adults have regarding conflict amongst children, yet be exposed to constant images of fighting and bullying that is modelled by adults on the global stage. It has been suggested that it is the quality of the relationship between children and the primary adults in their lives that is the most significant and effective protective buffer for children (Sparrow, 2007). One could argue that observation of adults as being flawed and unpredictable can act as a mediating mechanism enabling the development of personal social and moral behaviours and internal coping mechanisms in children. In support, there is evidence that experiencing daily stressors may enable children in negotiating major life stressors (Dubow, Tisak, Causey, Hryshko & Reid, 1991). On the other hand, intermittent reinforcement, in this case where adults' contradictory behaviour and conflicting messages lead to children's confusion, can create a tension because it is unpredictable and could lead to the development of maladaptive coping mechanisms in children. In a study with children about their experiences of childhood, Cross (2009) described it as the hypocritical '...adult transgression of the rules they profess...' (p.349). Perhaps the caution: 'for those who work with children, including parents and teachers, the challenge is to consider how their own behaviour and decisions impact on children...' is relevant here (Fattore, Mason & Watson, 2009, p.75).

The final stressor to be discussed in this category, '**when your opinion isn't important**', focuses on children experiencing their opinions as being unimportant to adults. It has been suggested that children are accustomed to having their opinions ignored by the adults in their lives, even on issues that directly impact on them

(Christensen & James, 2003) and while there is growing recognition that children are reliable and insightful informants, in their own homes and schools children are often not included in decision-making and infrequently asked their opinions. In this study which has asked children's opinions about stress in their lives and seeks their views on how they cope, the irony of many children naming 'when their opinion isn't important' as a stressor is obvious. Not surprisingly, most children who participated in this study were very keen to know what the researcher was going to do with the information they had provided, offering suggestions as to how to disseminate the data to ensure adults actually heard their opinions. Giving your opinion, being part of decision-making, and people paying attention to what you have to say, is key for children (Taylor, Smith & Gollop, 2008).

Family:

The family is an environment in which children can experience multiple stressors (Berger, 2005). Understanding children's stress within the family can be explained in terms of family systems theory which acknowledges the centrality of relationships and explains how equilibrium, shifts or psychological or behavioural dysfunction within families evolve out of the interactions amongst individual family members and secondary systems within the family environment as an entity (Davies & Cicchetti, 2004). In terms of children's stress, the results from this study show that the bulk of the participants' experiences are cited within and around the family. Aside from the school environment, the family environment is the primary context for children in middle childhood and while they are starting to form ever-increasingly important and intimate relationships with their peers as they grow into adolescence, their parents or adult caregivers at home are still key developmental influences and essential mental and emotional support systems. In fact, recent results from a longitudinal study with children and young people have shown that parents, not peers, are the major social influence in decisions to refrain from engaging in antisocial behaviours, particularly as children emerge into early adolescence (Cook, Buehler & Henson, 2009). With this in mind, the availability of parents, the stress levels they experience, their personal ability to cope and the modelling they provide are all central to children's wellbeing.

The 13 family-related stressors that were identified by participants and reported in the results chapter are all significant in terms of informing adults about children's experiences of stress. Six of these, however, stand out in terms of the number of children who talked about them and the intensity with which they were discussed:

- When parents are stressed
- Adults fighting and arguing
- Worrying about divorce and separation
- Parents separating / divorced
- Not enough time with parents
- Death in the family

The remaining seven stressors will be considered in a broader framework:

- Not being able to talk to parents / family
- Not being listened to by parents / caregivers
- When parents expect too much from you
- Parents treating children differently / unfairness
- Problems with siblings
- Death of a pet
- Moving

In his ground breaking work on attachment, Bowlby (1969) maintained that children are dependent on their primary caregivers for assistance in times of stress. More recent commentary on attachment has highlighted the impact of social and economic transformation on family functioning and in the altered experiences of children within families. There is recognition that children and their families are nested within complex and challenging environments and systems (Bronfenbrenner, 1979; Mercer, 2006) and that these environments can be stressful. In particular, children's lives in this modern era have been described as changing specifically in the contexts of 'work-life and family composition' (Jensen & McKee, 2003, p.11). In the light of participants observations of their parents and caregivers personal

experiences of stress, the question arises, who is supporting the children when they, in turn, are vicariously affected by parental stress? This has been described in a recent study with school children as 'contagious' stress (Kostenius & Öhring, 2008) and can also be explained in terms of a systems theory approach which recognises that stress experienced by one family member is likely to impact on other members of the family as well (Sparrow, 2007).

Many children in this study reported their challenges related to '**when parents are stressed**' and their experiences of associated unavailability, reduced caring and awareness and, at times, the existential fears and concerns linked to watching the primary caregivers in their lives struggle with stress. For some children this resulted in them taking on caregiver roles and for many others, resorting to internalised coping strategies and externalising behaviours, in and of themselves, signs of resilience, unless there are no balancing external support resources. What was evident was how children becoming watchful and vigilant in their home environments.

When children perceive adults as being stressed and not coping, the outcome is that they are disadvantaged in terms of compromised parenting, having to put aside their own needs and deal with sometimes overwhelming feelings of guilt, responsibility, fear and worry. Generally children experience adults as being in control; certainly children's lives are run by adults. When there is evidence that parental stress levels are affecting adults' ability to remain in control and to parent effectively, the dynamics in the parent-child structure are shaken and the ensuing uncertainty can lead to psychological stress for children. There is ample evidence of the mediating and moderating effects of parenting on the impact of stress on children (Long, 1996; Magnus, Cowan, Wiseman, Fagen & Work, 1999; Power, 2004; Sparrow, 2007) while at the same time acknowledgment that parenting can be extremely challenging when adults feel overwhelmed by their own stressors, making it difficult for them to be emotionally available for their children (Sparrow, 2007).

The majority of children in this study who named parental stress as a challenge were identifying external causal factors, in other words they were not naming themselves as contributing factors to their parents stress. They were aware

when environmental stressors, for example, the workplace and the economy, impacted on their parents and there were those who had intimate knowledge of internal parental stress e.g. mental health issues. Parents today face unprecedented social and economic stressors making it increasingly difficult for them to protect their children from stress (Long, 1996), particularly the consequences of parental stress. Adults can, depending on circumstances and to a greater or lesser degree, find parenting stressful (Sidebotham et al, 2001) and while it would be naïve to think that parental stress can be avoided, it is the impact on children that requires monitoring. Children remain alert to their parent's state of mental health as evidenced by those who could provide detailed accounts and demonstrations of what their parents find stressful, what they look like when they are stressed and how they behave. Learning about stress and how to cope is a life skill; being vicariously affected by your primary caregivers' stress and feeling emotionally abandoned is undesirable and can be damaging to both the immediate and long term wellbeing of children.

Three other stressors associated with parenting that featured prominently in children's descriptions of what they find stressful, were '**when adults fight and argue**' and their own subsequent '**worrying about divorce and separation**' and then the actual experience of '**parents separating or divorcing**'. These three stressors were not always connected and there were those children who talked about their anxiety about whether their parents (or primary caregivers) relationship might break down, without talking about fighting and arguing but those who did talk about conflict were likely to mention their concern about separation as well. Children in the study could also make the connection between parental stress, both personal and environmental and how this could contribute to parental conflict.

The challenge, certainly from the evidence from this study, is whether significant adults outside of families, such as teachers and other adults in communities are aware of the presence of disabling conflict in families and the effects on children. Considering that this study did not set out to explore the stress experiences of children living in dysfunctional families and that significant adults in schools largely did not view these children as having those challenges, it is a worrying, yet not surprising trend that so many children voiced their concerns about this aspect of their lives. It is 'not surprising' because studies have already identified

that adults are not accurate assessors of stress or levels of stress in children's lives (Bagdi & Pfister, 2006; Muris, Merckelbach, Ollendick, King & Bogie, 2001).

Domestic conflict is generally viewed as a taboo subject not spoken about beyond the family and awareness of this fact was articulated by some participants. Consequently, it may be a stressor that is hidden to those who might otherwise provide assistance, leaving children, who rely on the primary adults in their lives for support, particularly vulnerable. In addition, children that live in family environments viewed by outsiders as being positive may not be seen as 'at risk'.

When parents are in conflict they can lose sight of their parenting roles and this was evident in many children's stories. They revealed many emotions attached to parental conflict including anxiety, fear, confusion and vulnerability whilst also being able to describe the physical reactions associated with these feelings. Violence or fear of violence was another aspect of this stressor identified by a few children and exposure to this level of abuse obviously places children in immediate danger and may seriously compromise their long term development (Jouriles, Norwood, McDonald & Peters, 2001). Understandably, when their main support is also the cause of their stress, children develop their own coping skills. While coping develops life skills and resilience, there are also clear links between parental conflict and children's internalising and externalising problems (Cummings & Davies, 2002).

Understanding children's experiences is essential, especially as children are often aware of and affected by conflict that adults believe is hidden from them (Grych, Seid & Fincham, 1992). Participants revealed many examples of listening to conflict when their parents were oblivious to their awareness.

The overriding effects of the parental conflict experienced by children who participated in this study were strong and potentially disabling emotions, confusion about the behaviour of adults, fear about the impact on their parents' relationship and the loss of emotional support from their primary caregivers. Parental conflict has been linked with negative outcomes on peer relationship competence, self confidence and an internal locus of control (Parke et al., 2001) and the connection

between what children learn from their parents about managing and regulating emotions and their ability to do so themselves, seems obvious.

The breakdown of relationships has become increasingly common and, as previously mentioned, most children who spoke about parental conflict had a personally-identifiable level of stress, ranging from unease to constant worry, about the possibility that their parents' relationship was at risk. The concern here is that, once again, children remain on the alert to situations that may indicate potential danger. Even those participants that could articulate that parental conflict was normal, arguing expected and that they did not view their parents' level of conflict as having a worrying trend still had a sense of uneasiness about the possibility of separation and dissolution. The word 'dread' has been used to describe what children living with family violence experience (Buckley, Holt & Whelan, 2007). A state of 'dread' can lead to what has been described as being 'on the alert in an unpredictable environment' (Golden and Mayseless, p. 2008, p. 155).

For children in this study who named separation and divorce as a major stressor, there was a real sense of what was lost; not only the primary parental relationship but close connections with one or both parents and, for some, with siblings. In particular, time lost with fathers seemed to be a common experience. In a study with young people about their childhood experiences of divorce and subsequent living arrangements and interactions with parents, it is clear that children desire and value relationships with their fathers post-separation, particularly if there is no denigration and intrusion into the child's relationship with the other parent (Fabricius, 2003). But, that in itself is an added stressor as many children named the difficulties they experience either as the conduit between their warring parents or in their attempts to keep their two lives separate when parents are in conflict. Children expressed the hope that adults could manage their relationship challenges in ways that were mature and positively inclusive; that they were kept informed as to how any changes would be managed and that they were still supported as children rather than caught between two camps. In other words, it is not so much the 'structure' of the family that is important, but rather the 'stability' (Pryor, 2005). The voices of children in this study are supported by the findings of another New Zealand study that asked children whose parents had separated what advice they had for adults.

Children are more likely to cope after separation if they have their opinions and needs taken into consideration and are kept informed and involved in the negotiations and decision making (Smart, 2002; Smith & Gollop, 2001).

Not surprisingly, many family stressors are linked and children's experiences of '**not having enough time with parents**' can be found embedded in all four previously discussed family stressors. The association between parental time and young people's wellbeing has been identified as one of the primary factors in children's development and can be understood in terms of gender theory and philosophy, 'social and economic exchange theory and family systems theory' (Monna & Gauthier, 2008, p. 635 & 636). Participants in this study were influenced by their perceptions of gender and role allocation within their families, particularly where work and household obligations were concerned and this in turn impacted on their views of lack of time with their parents.

Driven in some part by challenging international and national economic conditions, many children live in homes where both parents are working, either part of full time. Children in this study reported the stress they experienced as a result of the unavailability of their parents through work commitments and their awareness of the stress their parents endured juggling both employment and family commitments. Not surprisingly then, the comment that when both parents are employed, the primary component of family life that must be negotiated and apportioned, is time (Bianchi, Robinson & Milkie, 2006). Children's lives are both positively and adversely influenced by their parents work commitments and stressors and their management of the family and home environment. This phenomenon can be understood against a background of Bronfenbrenner's ecological theory (1979) which recognises that children are nested within numerous systems that intersect and interact with each other, impacting and influencing the development of each child. In this study, the stressors that children experience are from their direct environments, such as the home and the school but they are also impacted by stressors caused by indirect environments surrounding them, such as their parents' work and governmental policies affecting families.

For participants in this study, parental time restraints were also linked to separated and divorced homes, a situation which places children, at least while they are young, at the mercy of adult goodwill and organisation. One of the positive aspects of children feeling bereft of time with their parents was the personal effort that some children would make to get the connections that they wanted. These efforts were not always successful and underscored the lack of control that children have in negotiating time with their parents. Perhaps too, there might be a distinct difference in children's and parents perceptions of what is meant by 'time' with each other. Whereas the comments by children in this study who talked about 'not enough time with their parents' were underpinned by the need for both physical and emotional closeness and intimate, uninterrupted, exclusive time and interaction, on the other hand, 'time' for adults can refer to 'child care time' (Bianchi, Robinson & Milkie, 2006).

Experiencing stress as a result of '**not being able to talk to parents**' can be linked to another stressor, '**when your opinion isn't important**'. Children's experiences of not being listened to may result in them seeing themselves as not being able to talk to their parents and equally, believing that they cannot talk to their parents will obviously give them the experience of not feeling listened to. While these two stressors can be seen as being interchangeable, there are subtle differences in the participant's comments. Children experiencing stress as a result of not being able to talk to parents may be due to the fact that the issue in question is about the parents themselves, for example in a dysfunctional separation or divorce where children can feel caught between parents. They may also choose not to talk to their parents about issues that they perceive as being too personal or that their parents might not understand or handle appropriately. This issue was raised earlier in the discussion on the stress of being bullied where many children felt unable to talk to their parents, fearing that their responses might worsen the stress for children. On the other hand children experiencing their opinions as being unimportant in the eyes of others may be linked to issues of disempowerment within the family as well as parental stress. Some parents are seen as being available and others not, some parents as observant and tuned into their children's emotions, and others as being oblivious and caught up in their own stressors.

Both of these stressors can also be linked to discussion around an earlier challenge, 'not enough time with parents' where, while they may want to talk to their parents and be listened to, the very real experience of there not being enough time may leave them feeling unheard and under-resourced. For these reasons, these two stressors may be seen as outcomes of parental stress and unavailability. Not surprisingly, when a child decides they cannot talk to their parents or experiences no-one listening to them when they do try, this can leave them vulnerable within their own family context and often left to their own coping devices.

One of the major stressors for children in this study was the '**death of a family member**'. Apart from three children who had each lost a parent or step-parent and one child who had lost two siblings in an accident, in most cases this was a grandparent, not unexpected in the life cycle, but often their first experience of the death of someone they know intimately and were attached to. Indeed, loss is closely linked to, and can be understood through, theories of attachment (Bowlby, 1969); one of the most significant aspects of this being the experience of abandonment. As they move through the middle childhood stage of development children may still have a view of themselves as being pivotal in terms of cause and effect in their families and believing that their behaviours and emotions may influence others. Participants in this study spoke about being watchful and supporting their parents in their grief, putting their own needs on hold, watching adults for cues as to how to behave, adjusting their emotions so as not to cause added stress for adults and trying to pick up information from conversations and events around them. Children may also grieve secretly and feel left out because parents don't include them in the whole process of death either through lack of understanding as to how young children may cope or because they think children's involvement in funerals and other processes around death, is inappropriate. A number of participants identified their need to grieve in private and this intermittent private short grieving process has been identified as typical of the 9 to 11 year age group, who also seem to dislike strong public displays of emotions (Christ, 2000).

What also disadvantages children is that their grieving may not be recognisable to adults as they may be caught up in their own grief and so emotionally unavailable to their children in a parenting or supportive role. There was

evidence from some children who named death of a family member as a stressor, of the secondary loss experienced in the distancing of surviving family members in their own grief. Not surprisingly then, one of the most important factors necessary in order that children may process their grief in a healthy manner, is the measure of support that they receive from adults around them (Christ, 2000).

Children can have very close attachments to their pets. The **'death of a pet'** can be a devastating experience for a child, equal at least to losing a family member. Some children, in reporting the death of a pet seemed surprised at parental insensitivity to the loss and lack of respect around processes after the death. Participant's descriptions of the unavailability of parents during times of stress and conflict and the lack of alternative significant adults to turn to heightened the reliance and connections to either animals or internalising strategies to cope. Whether we view reliance on animals itself as an internalising strategy or not, might be significant in terms of their presence in families and their role during stressful experiences within families. What was important to many participants in this study was the presence of animals in their lives and the stress experienced when they lose them.

Although the experience of **'moving'** has long been recognised as a stressful life event (Bagdi & Pfister, 2006; Dise-Lewis, 1988; Yamamoto, 1979), not many children in this study named it as a stressor. For those that did, moving included the experience of re-locating from one environment to another within New Zealand or, internationally as a migrant. Both of these moving experiences involved the potential loss of attachments to family, friends and place with the added challenges of starting a new school and making new friends. As with many other stressors named in this study, the ability of parents to cope with stress themselves while maintaining their parenting role will either add to or create a buffer for the stressors attached to moving.

The remaining three family stressors are all linked to parental expectations and relationships within the family. Although not many children described experiencing stress as a result of **'parents expecting too much'** from them, those that did were referring to their sense of having too much responsibility around the house and in their caregiving duties with their younger siblings. This issue could be

viewed in the light of children's comments about not having enough time with their parents due, in some part, to living with a single working parent or both parents having work commitments and the added household and family responsibilities that that may incur for children. The other process underlying some participant's observations of parental expectations being stressful seemed to cluster around parents wanting children to conform to their needs and hopes or as has been described, 'remedy their failures by projecting their ego's onto their children' (Raedeke, Lunney & Venables, 2002, p.194) or expect them to follow in their footsteps and achieve similar standards. Whether it is expectations attached to chores in their family or social and academic expectations, the stress appears linked to lack of control on the part of the children.

Whether adults are aware that children find '**parents treating children differently and unfairness**' within families stressful, those participants that discussed their experiences of this appeared to have a strong sense of the need for fairness and equality. It is not unusual for children to compare the treatment that they receive from their parents relative to their siblings (Feinberg, Neiderhisen, Howe, Hetherington, 2001). Recounting their experiences in this study, children referred to gender, age, birth position and their rights, or not, to have an opinion and have that opinion taken into consideration, in their efforts to explain their experiences of differential treatment. Two of the obvious emotions underpinning their experiences of being treated differently were confusion and powerlessness.

Relative, but different to this is the stress that children experience around '**problems with their brothers and sisters**'. It has been suggested that relationships with siblings is one of the most enduring, important and influential lifetime experiences (Cox, Marshall, Mandelco & Olsen, 2003). While many children in this study named their siblings as part of their support structure, there were also those participants who found them challenging and experienced stress in their relationships with brothers and sisters. As with the experience of differential treatment, some of this was connected to birth position, either perceiving stressful responsibility as the oldest sibling, feeling controlled and powerless as the youngest or 'stuck' in the middle. According to Adlerian theory, birth order, to a certain extent, dictates a child's role or psychological birth order within a family (Stewart, Stewart &

Campbell, 2001) and this resonated with the comments that children made about stress associated with siblings and seemed to be further entrenched by messages associated with their birth order, psychological birth roles, gender and age that they received from their parents.

Some children also named the stress of living with a baby in the house and their experience of reduced time with, and attention from, parents. In a similar vein, step-siblings were also named as diluting meaningful connections with parents, especially when divorce or separation was added into the equation. In previous comments about separation and divorce and time with parents, the stressors associated with these reconfigurations have been discussed. In this particular stressor, the challenge of having stepsiblings in the equation has the potential to generate additional tensions when family members are attempting to re-establish themselves (Deater-Deckard, Dunn & Lussier, 2002).

Stress in the family is to be expected and, as one of the two key contexts in which children develop during middle childhood this, primarily, is where they will learn social skills, coping strategies and develop the resilience necessary for ongoing development and successful integration throughout life. What has emerged as challenging for children in this study is when the stressors in the family become overwhelming, in particular, when the stress they are experiencing is as a result of parental stress, rendering adults incapable, unavailable or unwilling to support children when necessary. When the home is the primary site of stress and seeking support outside of the family is not a known and accepted option, children frequently have no one to turn to and this is often when they are left relying too heavily on internal coping strategies. This, in turn, can lead to intrapersonal stressors.

Intrapersonal:

In a group of six stressors in this category, two stressors stood out in particular, namely '**worrying about what's going on in the world**' and '**worrying about my future**'. For many children in this study, watching the news on television or, in some cases, just having the news on in the background meant exposure to content that, unless explained to them, could be overwhelming. As a result children

expressed their fears and anxieties about personal, family and community safety and security as well as their concerns and insecurities about global stability and their hopes for a future. Studies have shown that viewing the news about a major conflict situation positively predicts children's increases in their apprehension around their security (Smith & Moyer-Gusé, 2006). Many children in middle childhood may have problems processing information about trouble around the world and to evaluate the level of threat to their own safety here in New Zealand. It is during this stage that they are only beginning to develop the ability to consider the associations between possible cause and effect and to predict likely negative conclusions (Muris et al, 2001). What was noticeable was that the children who watched the news supported by their parents were more able to keep the information in perspective relative to their own safety in their community. This is supported by a study that suggests that parents can protect their children from unrealistic anxiety about their safety and externalising behavioural problems if they either co-view or shield children from warfare-related news coverage (Smith & Moyer-Gusé, 2006).

Those participants who articulated their views on the state of the world generally had a pessimistic view, reflected in other studies with children and young people (Eckersley, 1999; Page, 1998; 2000). Children's views of the world as being sustainable appeared challenged especially for those with knowledge and opinions on issues such as pollution, global warming, terrorism and conflict around the world. This less than hopeful view of life may contribute to some children expressing concerns about their future. Unlike in the not too distant past, when children were largely protected by adults deciding what they should be shielded from (Garbarino, 1998), today's children have an awareness of social, political and economic issues probably attributable to the ready access to information through the media, and their observations and experiences of the impact these issues have on their parents and family life and this was certainly evident in many participants in this study. Additionally challenging are the levels of adult stress which seem to have the potential to negate their efficacy in protecting their children from exposure to external stressors.

Children seem likely to internalise their stress about what happens in the world around them and their sense of their own future within it. This is evidenced by

words that participants used to describe their experience of these stressors , such as ‘quite depressing’; ‘feeling guilty’; ‘you can’t really do anything about it’; ‘that scares me’; ‘I don’t want to die’; ‘I don’t feel safe’; and ‘if we have children will there be a future for them’. There was also an underlying sense of children having a view of themselves as being burdensome, from a financial and a responsibility perspective. The impact of these two stressors can be seen in terms of what Garbarino (1998, p. 54) referred to as ‘an increasingly socially toxic environment’ and the importance of providing ‘a broad framework of hope, meaning and purpose’ in order that children may develop the resilience necessary to withstand the stressors they face today (Eckersley, 1999, p.88).

The remaining four intrapersonal stressors, namely ‘**fear of being alone**’, ‘**having no-one to talk to**’, ‘**when nobody tells you what’s happening**’, and ‘**feeling stressed and not knowing the reason**’ are all associated with feeling unsupported. While the ability to be alone and to use an internal locus of control to process and self soothe are important life skills, one of the deepest human fears and challenges is to be abandoned and this is especially keenly felt by children, either through an actual experience, such as death of a loved one, parental separation or being lost in a supermarket or, through the stressors of feeling alone, unsupported and uninformed. In a study that explored the experiences that led children aged between four and ten to feeling sad or distressed, the underlying issues were all based on helplessness and fear of abandonment, exposing in children a core of vulnerability and reliance on others (Dibrell & Yamamoto, 1988). In exploring the comments children made in these intrapersonal stressor categories, many of them, once again, relate to the stress and unavailability of adult caregivers, which may leave children with no confidantes and, perhaps, not willing to ask for help outside of the family, reliant, primarily, on their own coping abilities.

As a result of the increasingly stressful lives that adults lead these days, children can feel ignored and unimportant, factors that underscored some of the participants’ comments, particularly when they felt that they were excluded from the loop of information in their family. Particularly worrying were the few children who articulated their experiences of feeling stressed yet not being able to identify the causes. This suggests a level of unease which is worrying in terms of children’s mental wellbeing and their trajectories on through life.

Coping:

Children's ability to cope is also connected to their personality and research suggests that children have a set of assumptions about themselves, described as a mindset, which influences their behaviour which then influences their mindset. This ongoing cycle can lead to a mindset that is primarily optimistic and hopeful or, alternatively, pessimistic and despairing. If a child has an optimistic mindset they are more likely to engage in coping strategies that promote growth, while a pessimistic mindset can lead to self-defeating and counter-productive strategies (Brooks and Goldstein, 2001). So these 'mindsets' are in part a product of genetic inheritance which contributes to a child's 'given' personality, however, the environment and the systems in which children live also influence and shape who they are and how they cope.

An exploration of coping literature found 400 different means of coping which were ordered into 13 'potential core families of coping' (Skinner, Edge, Altman & Sherwood, 2003, p.239). In a later review of the coping literature which included developmental transitions, four groups of coping strategies were identified; 'support-seeking, problem solving, escape, and when escape is not possible, distraction' (Skinner & Zimmer-Gembeck, 2007, p.131). The authors of the latter review found that, specifically during middle childhood, using cognitive and behavioural distraction increases, as does cognitive problem solving, while children become more selective about seeking support from adults and are more likely to start turning to friends for support.

While this study has not specifically set out to look at developing a coping framework for middle childhood, the conclusions of Skinner and Zimmer-Gembeck (2007) resonate with coping strategies described, as well as favoured by participants. Certainly the focus on internal coping strategies, i.e. cognitive (problem solving) and behavioural (escape and distraction) has been evident amongst the participants, while external coping strategies (support-seeking) appear to have been more of a challenge, particularly in relation to parents, as reported in the interviews

and focus groups and with teachers, as evidenced in both the results of the coping checklist and the interview and focus groups data.

The strategies that children employed in the study were organised into three categories. Those that meant children could call on external resources but communicated internally (External/Internal); support seeking (External); and those strategies that were entirely self-directed and managed (Internal). A fourth category acknowledged those participants who indicated or demonstrated that they were without strategies or resources. This last category may be linked to other identified aspects of coping in the literature; 'helplessness', 'social isolation' and 'submission' (Skinner, Edge, Altman & Sherwood, 2003, p.240).

The external/internal coping strategies employed by children usually involved talking to or seeking comfort from toys or pets, and from family members and pets that had died. Animals have been accredited in the literature as providing additional social support; being a substitute when there is no human support; a buffer when human support is inconsistent or incongruous (McNicholas & Collis, 2006); and described as 'interactional resources' (Tannen, 2004, p.417).

Support seeking and relationships with deceased loved ones (in this study specifically grandparents and pets) have been described as 'imaginal relationships' and are seen as universal and usual. They can provide a sense of being looked after and cherished and contribute to enhanced self-confidence in sorting out problems and making choices (Dannenbaum & Kinnier, 2009, p.100). The idea of continued attachment to deceased loved ones as a support mechanism can, in the literature, be traced back to Bowlby (1980) however in cultural terms this is an ancient and accepted practice. Klass, Silverman and Nickman (1996) described retaining connection with loved ones who have died as an aspect of the grief process called the 'continuing bonds of attachment'. This is not linked to imbalance after the loss but rather as ongoing support in which people continue a reconfigured relationship as a form of continuity in the face of loss (Neimeyer, 2000). There has been ongoing discussion as to the efficacy of this aspect of grief. For many children who talked about this in the study, the continuation of relationships with deceased loved ones as support seemed a natural process. There is also, however, acknowledgement in the

literature that a balance between 'holding on and letting go' is necessary to ensure that children are not continually experiencing the loss and grief (Stokes, 2009, p. 15).

The communications that children in this study engaged in with deceased pets and grandparents was clearly supportive, however, without a balance of support from living, caring adults, children's reliance on attachments with those who have died or with spiritual experiences can place them in a position of vulnerability (Hart, 2003; Scott, 2004). Further understanding of how children utilise these more abstract (communicating with pets and toys) and spiritual (communicating with dead family members and pets) coping strategies would be insightful for adults and supportive for children. Communication with inanimate beings raises the question of what children gain from these coping strategies and the many attributes and characteristics that children identified in their use of the external/internal strategies suggests on the one hand, that their needs are being met, while on the other, it may describe what they are missing in terms of human resources. Talking about the stress they are experiencing without expecting a verbal response may demonstrate that children have internal locus of control, the capacity to self soothe and the ability to process cognitively. Conversely it may also suggest that they have limited human resources and, if they are relying entirely on non-communicative resources in times of stress this may lead to internalising behaviours, difficulty asking for help and problems with unresolved and complicated grief.

External coping strategies can balance a child's reliance on self in coping with stress. Children may either directly approach others for support, or hope, due to changes in their behaviours or demeanours, that they are noticed and that someone offers them support. Within families, the previously discussed stressors associated with 'parental stress' and 'not enough time with parents' may result in stress going unnoticed and children having to rely on themselves. However, the majority of children who were asked (Phase 2) named their mother's as an aspect of their external support system suggesting that mothers are the primary human resource in children's approaches to coping. Fathers, on the other hand, were identified by far fewer of the participants as a support during times of stress. While children's coping research has identified 'seeking social support' as a strategy, including within families, there is little evidence within recognised coping checklists of the ability to

separate which parent is favoured. Previous studies with adults have, however, revealed that even in today's society with both parents working, it was the behaviours of mothers rather than fathers that contributed to children's coping abilities (Kliewer, Fearnow & Miller, 1996) with mothers scoring higher in the emotional support of children than fathers (Moon & Hoffman, 2008).

Looking back at children's comments one could draw the conclusion that many fathers are absent. In the first place they are absent in a lot of children's conversations about family, they are also seen by children as being, due to work commitments or parental separation or divorce, physically absent. When parental stress becomes intrusive, they could also be described as being emotionally absent and certainly children in this study were able to identify whether it was appropriate, worthwhile or safe to try and approach parents for support. One of the most significant issues raised in this study, is why almost half of the children who responded to a checklist on their coping strategies could not name both their parents as part of their external support.

Other people who were identified as part of children's coping strategies were siblings, grandparents, other significant family members, friends, teachers and other adults. The level of stress experienced within families suggests that it would be beneficial for children to be able to identify support people outside of their families, specifically, beyond their parents. A surprising revelation was the relatively low acknowledgement of grandparents, siblings and teachers as resources. While a few children acknowledged in their conversations, their siblings awareness of and similar experiences around family stress and some indicated that they would talk to their brothers and sisters, without demographic information about numbers and ages, it is impossible to even hypothesise the reasons for them not being named as a support for more children. Grandparents are seldom living in the same environment as children and, where family stressors are concerned, one could theorise that at some level they may be viewed by children as being too enmeshed in the family to be counted as a possible confidante. It may also be difficult for children to contact grandparents and while adolescents are likely to have access to a mobile phone and therefore more privacy, younger children are less likely to have those options. This

may also explain why, even though many children knew about helplines, only three listed them as a coping strategy.

As discussed earlier, teachers have not featured strongly at all in terms of being viewed as a human resource in times of stress. The responses of many children in this study revealed how their observations in the school environment gave them insight into the characteristics and behaviours of the adults in their school. This can be viewed as a coping strategy in that the children are assessing the suitability of the adults in their environment and the usefulness and safety of approaching them for assistance in times of need. With awareness and consistent quality concern and support, teachers can effectively mediate the impact of family (Honig, 1991) as well as school stressors while at the same time signal their openness and ability to assist children exploring their coping options.

What children wanted was to have an adult who would notice when they were struggling and stop and listen to them, making awareness and listening skills two of the most important attributes for adults in their interactions with children. What they wanted from adults was more of the qualities displayed by their alert and supportive pets.

Having friends appears to help children cope and enhance their resilience and while they may not necessarily be taking an advocacy role, their presence may alleviate and divert children from their stressors, even at the middle childhood stage. Just as recent commentary about bullying has suggested we shift our focus away from the individual protagonists and victims and put our energies into those who are bystanders but who may be taught and encouraged to have the will and the high ground to take a stand, increasing children's awareness and acceptance that life can, at times, be challenging and teaching children life skills of awareness of others and empathic listening will enhance the skills many of them instinctively show to their friends .

Children need people on whom they can count in times of stress. It is only through listening to them that we hear their definitions of what events, or aspects of an event, are stressful. It is not enough to make decisions based only on observations, adult opinions or hypothetical scenarios. While some research has

reported that teachers believe they are alert to children's home circumstances and conditions (Deslandes, 2009), each child will describe events according to their personal interactions with and understanding of that event and this personal aspect has been described as an 'intervening variable' (Hill, 2003, p.179). From a systems theory perspective the child's rating of an event as stressful will also depend on how it is defined within their family or other context. Certainly in this study, many children were seen by school staff and frequently described to the researcher as, not living in known stressful situations and, as such, many stressors described by children could be described as either hidden or undiscovered, or perhaps not, in the eyes of the adult, particularly stressful. While an adult may view an event as 'uneventful' a child may experience it entirely differently.

Children in the study revealed a wide range of internal coping strategies; processes that involved self-direction and self regulation. These were reported as either cognitively or behaviourally driven. The cognitive strategies involved them thinking about the stressor and using their thinking to compare (personal or witnessed previous experiences), make sense of (deconstruct), distract (think about something else), also described as cognitive distraction (Skinner & Zimmer-Gembeck, 2007), manage (decide how to deal with the stressor) or plan (what to do in the future). The crucial drivers underpinning participants' internal coping strategies appear to be a need for privacy (either to hide or escape from the stressor) or to 'do' something (to regulate their emotions, the situation or to distract themselves). At home, many children spoke about withdrawing to their bedrooms, although there was anecdotal evidence that children in rural areas were also likely to withdraw outside.

The bedroom appears to be extremely important to children as it is a place where they can withdraw from overwhelming stressors, be alone and have some privacy, feel safe, distract themselves, de-stress and calm down, strategise and, for some children, it sends a message to other members of their families that they want to be alone. In a previous study, children identified a favoured place which also tended to carry emotional implications, where they could retire after stressful or demanding experiences for 'emotion-regulation [and/or] cognitive restoration' (Korpela, Kytta & Hartig, 2002, p. 387). Many children in this study identified their

bedroom as that place of privacy and safety. Not all children have the luxury of their own bedroom but for those that do, it has been found that they are more likely to feel that they do have a place to be alone when they need some privacy (Ulrich, 2004). Identification by children in this study of the importance of having a safe personal space to which they can retreat in times of stress highlights the importance of parents and caregivers not only having an awareness of the location, but of respecting that space in the home. Conversely, knowing when children have withdrawn and need an adult to enter their space to support them is also crucial.

The need to withdraw when dealing with stress is far more difficult at school. It is known, and has been mentioned by participants, that children who feel unsafe in their school environment will often remove themselves from the peer group and locate themselves in the library, or attach themselves to the teacher on duty during breaks as a way of coping which suggests that while they have thought about and chosen strategies that keep them safe their choices may be excluding them from social interaction with their peers. While it is important that children are able to use an internal locus of control, self soothe and to be alone at times, loneliness is a different experience entirely and ongoing experience of this state can lead to mental health challenges.

Finding a place to be alone bridges the cognitive and the behavioural coping strategies that children employ in times of stress. The actual act of doing something to remove themselves from the stressor, or 'escaping' (Skinner & Zimmer-Gembeck, 2007) was a commonly reported coping strategy by children in this study as was engaging in an activity which took their focus off the stressor they were experiencing. This is known as 'behaviour regulation' or 'behavioural distraction' and has been found to be a common strategy for children between the ages of 6 and 12 (Skinner & Zimmer-Gembeck). Children engaged in a wide range of effective and useful behavioural distractions to cope successfully with stress, including using electronic media and occupying themselves in physical activity such as playing. Engaging in behavioural regulation or distraction can also be seen as having the ability to self soothe in that children are able to apply themselves to an activity or a behaviour

which either removes them from the stressor or takes their mind off the stress, or a combination of the two.

The small group of children in this study who described themselves as unable to access external support and seemingly with few internal cognitive or behavioural coping strategies were prominent in their vulnerability. Whether this was as a result of a very real absence of social support or whether the children felt unable to actively seek support, the situation potentially leaves them relying on their own internal cognizance. As mentioned earlier in this discussion, some participants disclosed that they may hold back from seeking support if they observe adults as being unavailable due to their own stress. These, and other, children revealed indicators of mental health challenges with signs of helplessness, hopelessness, anxiety and fears over and above what one might term normative developmental fears and anxieties.

Strengths of the study:

While many theorists have put forward measures for meeting or evaluating the quality of Grounded Theory research findings (Corbin & Strauss, 2008; Glaser & Strauss, 1967), Corbin and Strauss propose that the criteria offered by Charmaz (2008a) acknowledges both the technical and the innovative aspects of a qualitative study.

This study has utilised a Social Constructivist Grounded Theory methodology and is concerned with advancing understanding about particular aspects of the participants' lives. As such it is engaged in promoting social justice and the criteria presented by Charmaz (2008a) provide a basis for evaluating the quality of the findings.

Credibility

One of the quality criteria demands credibility of the researchers' findings and this can be measured in this study in terms of the depth with which the researcher has explored both the issues under exploration and the locations where the data collections took place. Rather than locating the study in one major centre with a

limited number of children, the researcher set out to gather information from children living throughout New Zealand, giving children from as many settings as possible the opportunity to participate in the research. In terms of research with children about stress, this study rates as the biggest study of its kind ever undertaken in New Zealand, both in numbers and in locality, suggesting a depth not hitherto achieved. The data itself is wide ranging in terms of the number of stressors identified and discussed, the scope of the coping strategies children identified and the localities where the data collection took place. Early identification and coding of stressors, coping strategies and categories thereof, the subsequent reflection and further examination and exploration with different children in different localities, ensures credibility of the understanding and interpretations of the data. In addition, the understanding of early data was enriched through the ongoing individual interviews and focus groups throughout the study and augmented by the implementation of stress and coping checklists that were developed out of Phase 1 data. These processes allowed for continuous methodical evaluation, deepening meaning, and strengthening of the associations between the data emerging from the participants and the identified categories. From a social constructivist perspective, the credibility of the study is further fortified by the recognition of the multiple voices and cultures of the participants and the commitment to hearing the experiences and interpretations of each participant.

As suggested by Charmaz's criteria (2008a), the categories in this study encompass an extensive range of empirical data, both observed and experienced. There were four broad categories of situated experience, namely family, friends, school and self, encompassing 29 stressors. There were also 20 coping strategies. Earlier studies and reviews of the literature have also identified large numbers of wide ranging stressors (Humphrey, 2005; Yamamoto, 1987, 1998), and coping strategies (Skinner, Edge, Altman & Sherwood, 2003; Skinner & Zimmer-Gembeck, 2007) suggesting that these results are similar to other findings.

Credibility as a measure of the quality of a study has also been extended to include the researcher (Patton, 2002). It has been suggested, that a researcher exploring emotive topics with vulnerable participants and who is without the appropriate education and experience may cause added stress to themselves and

participants (de Laine, 2000). The researcher in this study has extensive experience in primary school education, mental health support of children in schools, counsellor education at tertiary level and private counselling of children and adults. Prior experience with a Masters study which explored peer support for migrant children in a New Zealand primary school as well as the reactions of the 'Kiwi' children, also contributed to the knowledge of the researcher in this field. This experience and training facilitated a non judgemental, positive regard and genuine attitude towards the participants whilst managing the topics under discussion with awareness and sensitivity. Conversely it was important to remain aware that prior insight into children's social and emotional stressors through counselling children, meant there was a risk of conceptualising categories prior to this being empirically evident through and in the data. Support in the form of fortnightly clinical supervision, over and above academic supervision, gave the researcher the time and space to process the interactions with the participants and the resultant data that emerged. Importantly for credibility, the researcher was also able to explore her personal process throughout the study. Glaser and Strauss (1967) suggested that for a study to be credible researchers should have enough data and analysis so that readers feel as if they themselves were immersed in the field and therefore able to evaluate for themselves. The researcher has provided substantial data representative of children's experiences, ordered them into categories for further exploration and explanation and, through the discussion, attempted to provide insight into the lives of the participants.

Originality

Claiming 'originality' in qualitative research does not necessarily come down to a major breakthrough, new theory or discovery of facts but is more concerned with the theoretical source and the practical implications (Silverman, 2005). While the researcher has made connections with various theories in the discussion, presenting the experiences and opinions of children may also have provided another perspective and understanding of these accepted theories. Supported by the literature, the discussion of the results provided insight and deeper understanding of the data.

In discussing aspects of constructing (rather than evaluating) quality research, Corbin and Strauss (2008) emphasise the need for researchers to have 'clarity of purpose', specifically, to be clear at the outset of their project whether they intend to provide 'description' or to 'build theory' (p.303). It could be argued that it is difficult to gauge this before undertaking the research, however, Corbin and Strauss do extend their challenge by clarifying that a study should ultimately be evaluated according to the 'substance, depth and innovation' of the results (p. 303). In undertaking to talk directly to children throughout the country, capturing and presenting the essence of their experiences to provide insight; this study reflects all three of those qualities.

Considering the issue from another perspective, it has been suggested that originality in research can also be evaluated in terms of 'the unknown or unexplored' and that the very journey through terrain previously uncharted can be described as original (Cryer, 2006). Travelling around New Zealand to speak with children from a wide range of localities, cultures and socio-economic environments and listening to each of them about their experiences of stress rather than presuming as an adult to 'know', is an innovative and unique approach and, as such, can be deemed, original. Significantly, this study did not rely on a checklist of adult generated assumptions. Whilst adults might have personal views on what children find challenging in their lives, based on individual historical experience or their own observations of and interactions with children today, this study has revealed some stressors and coping strategies that could be deemed unexpected, and previously unexplored. More importantly it is in the depth of description, coupled with the commonality of experience no matter what socio-economic status or geographical position participants occupy, that new and original insights are provided about childhood in New Zealand today. These insights into a little-explored culture in our society provide information hitherto unavailable to those who interact with children in any capacity, including those responsible for writing policies that affect children, either directly or indirectly. Children's voices and experiences about significant issues in their lives are seldom requested and infrequently heard in research and the results should, as Charmaz exhorts, 'challenge, extend, or refine' existing beliefs, models and customs (2008a, p.231).

The four categories of stress, namely *School*, *Interpersonal*, *Family*, and *Intrapersonal* cover the different contexts and aspects of children's lives and contain the 29 stressors, showing the broad range of experiences of stress that emerged and that were studied. The participants' quotes that illustrate the stressors and the strategies that they utilise to cope, reveal aspects of childhood that may not be common knowledge but give meaning to the experience of being a child today. Through undertaking the task of talking to a wide range of children scattered throughout New Zealand, individual voices are represented while at the same time experiences can be linked and resonate as being common to many.

The data presented in the two results chapters (stressors and coping) provides strong evidence for readers to form their own assessments of what children in New Zealand find stressful and how they cope, and to concur with the links the researcher has made in the exploration, construction and presentation of the discussion.

Resonance

The four categories reflect the breadth of children's lives, both external and internal and the 29 stressors the depth of their experiences of stress in those contexts, while the 20 coping strategies illustrate both the fullness and limitations of their abilities to manage the challenges they encounter. The exploration of the data has discussed the obvious meanings and conclusions as well as revealing the underlying implications, often connected to children's wellbeing and mental health. In addition, including so many of the participant's voices gives meaning and depth while acknowledging not only the culture of childhood researched but drawing attention to the experiences of individuals in the study. The supportive literature in the discussion links the study to the wider community of research and researched while the report to the participants will provide them with opportunities to reflect on the significance of their participation and the results.

Usefulness

The participant report will provide information about stress and coping for children, their parents and schools. This information can be viewed as both feedback and education, helping recipients, particularly the children, to recognise, celebrate and classify their coping skills and strategies, encouraging them to identify their support systems and acknowledging the stressors that they, and children around New Zealand, experience. Parents and school personnel may gain insight into children's experiences, develop increased awareness and support systems where necessary, while at the same time recognising their own stressors and needs and the connections these have to children's stress levels and ability to cope.

While the categories in the study are broad the number of stressors and coping strategies included sought to find a place for each participant's contribution while remaining true to the aim of finding themes and common experiences of stress and coping. The provision of many revealing and in-depth comments from children illustrates on the one hand, the personal experience of individual participants while on the other, how many of the experiences of stress and coping are generic. This makes the study very personal yet very representative of middle childhood in New Zealand and it can be said to be 'robust' and have 'ecological validity' (Crano & Brewer, 2002, p.110). The social justice implications both overtly and covertly inherent in the discussion raise questions about the role of children in NZ society and whether their rights to participation, protection and inclusion are being upheld. The immediate usefulness or 'relevance' (Crano & Brewer, p.110) of this study may be in its raising of awareness, giving adults a glimpse into children's experiences; allowing them to hear the impact that adult and global stress has on children; providing them with insight into what children find stressful and what they need to cope. The long term usefulness will become evident when supporting children in their stressors and coping becomes, through awareness, engagement and education, a permanent aspect of New Zealand society.

Data collection processes

The use of a dual process for collecting data, although not mentioned by Charmaz (2008a), can be viewed as a strength for the following reasons: 1) although children in both focus groups and individual interviews spoke about personal

experiences, the group participation particularly promoted the discussion and exploration about observations and understandings of various themes around children's stress in general; 2) both processes are well recognised as appropriate means of conducting research with children (see Methods Chapter) and using both meant that a range of methods was employed; and 3) the focus group method gave more children a chance to participate than if only the individual interview method was used. It has been noted that the two processes complement each other in that focus groups, while providing peer support and all the benefits of group dynamics, might not necessarily be the ideal process when discussing potentially sensitive topics while individual interviews may allow for more personal disclosures and in-depth meaning (Morgan, Gibbs, Maxwell & Britten, 2002). Employing a mixed method of data collection incorporates factors that Hill (2006) highlighted in his findings on what young people identified that researchers should be aware of when conducting studies with children, including, *fairness, effectiveness, agency, choice, openness, diversity, satisfaction and respect* (p. 85).

Limitations of the study:

The researcher

As both a researcher and an experienced counsellor, exploring a challenging topic which has the potential to trigger reactions and leave participants vulnerable, raises the question of whether the dual identity of the researcher intruded at times and whether that would impede or enhance data collection. Having noted the need to, at times, make use of counselling skills in supporting children's exploration of the topics and, aware that this issue might be of interest, the researcher presented the question, '*The researcher's alternative therapeutic hat – strength or limitation?*' to a university PhD Symposium after the first Phase of data collection. In discussion with academic colleagues and supervisors it emerged that using the core 'person centered' counselling skills of empathy, unconditional positive regard and genuineness was not only ethical when working with human participants, especially a potentially vulnerable section of the population, but in fact enhanced the researchers ability to connect with the participants, and the participants ability and desire to share their information and knowledge. In addition, as there was no

prolonged engagement with the children, the need to build trust and rapport as quickly as possible was critical to the success of the data collection process.

The question of researcher objectivity may also come into question as a limitation; however the ability to be objective in qualitative research has been acknowledged as a 'myth' (Corbin & Strauss, 2008), particularly utilising a social constructivist methodology which recognises the role, the knowledge and previous experience and beliefs as well as the various identities of the researcher in the process of collecting and analysing data.

Notwithstanding these qualifications, the fact that the study was conducted by a sole researcher who collected all the data could still be considered a limitation. Consequently the methodology and the results would benefit from a further rendition of the study.

The participants

Adults can usually make up their own minds to participate in research. In a study that seeks to speak with children however, the question arises whether the layers of adult gate keeping a researcher has to proceed through in first seeking permission, limits both access to participants and therefore data. This researcher had a number of experiences around the country where parents had refused permission for their children to take part yet the children themselves still wanted the opportunity to be a participant. Is the study limited by the gate keeping of adults? A New Zealand study conducted by Carroll-Lind, Chapman, Gregory and Maxwell (2006) utilised the alternative 'passive consent procedure which gave 'children's rights to speak priority over parental rights to privacy' (p.982) and perhaps this approach may increase the chance of children who are passively denied the opportunity by parents to participate. Certainly in this study there were students who had signed the forms to participate themselves, but whose parents either had not bothered or who had forgotten, suggesting that utilising the passive consent procedure in this study might have been less limiting for some potential participants.

The study

This is the first study of its kind in New Zealand and while there have been studies conducted internationally, the majority have utilised stress and coping checklists. The fact that there are no comparative qualitative studies to substantiate results might be viewed as a limitation.

In a study that has collected data from participants from around the country the question of 'saturation point' might arise. However the philosophy behind a study titled *Aotearoa/New Zealand children's experiences of stress and coping in their lives* is that the voices of the respondents should be reflected in the spread of their location across the country. In addition, saturation has been described as 'more than a matter of no new data' but also denoting the development of categories in terms of their properties and dimensions, including variation, and if theory building, the delineating of relationships between concepts' (Corbin & Strauss, 2008, p. 143). In a grounded theory study this definition supports the purpose of the in-depth exploration with a broad range of participants, ensuring the emergence and development of clearly identified and defined categories and strategies, confirmed by participants. In terms of the stressors, although there are subtle differences between some of them, some of the descriptions may be viewed as overlapping and could perhaps be consolidated with a slightly broader description identified, thereby reducing the total number of stressors.

Opportunities for further analysis:

This study generated vast quantities of data. The focus of this thesis has been the identification of children's core domains of stress and the initial analysis of the particular stressors experienced within those environments and spheres of influence. There is enormous potential for additional and advanced interpretation and synthesis of information in future analysis. In particular, the language children use to describe their stress; the correlation between stress and emerging mental health challenges in middle childhood; the role of pets in supporting mental health; children's views on environmental sustainability; the vicarious impact of contemporary adult stressors; and children's experiences of school. Further analysis will be undertaken on completion of this study.

Summary statement:

This chapter has discussed the results as reported in Chapter 5, '*What children find stressful*' and Chapter 6, '*How do children cope with stress*'. In addition the strengths and limitations of the study have been considered. The final chapter presents the recommendations and the conclusions.

Summary statement by a participant:

“While you have still got your children, just spend a lot of time with your children, so you know them and so you can easily tell when something is wrong with them and quickly help them before it gets too big to solve. While they are young, get to know them better and keep in close contact with them when they are older.” [S8ln2:P5, girl, 10 years]

CHAPTER 8

RECOMMENDATIONS AND CONCLUSIONS

Introduction:

Theorising has been described as ‘nets cast to catch what we call *the world*, to rationalise, to explain and to master’ (Greig, Taylor & MacKay, 2007, p.17). This study has gathered information about the lives of children in New Zealand in an effort to develop a factual description of childhood challenges and to understand the intricacies so that any action taken is informed and appropriate. While this may not lead to an entirely original theory about New Zealand children’s stress and coping, it may well confront views and assumptions that adults might have about childhood. Acknowledging the role of the researcher as co-creator of the information out of this study is grounded in the multiple constructions of the participant’s knowledge.

While it is clear from this study, that children do have a wide range of coping strategies that they can and generally do employ in times of stress, nine major issues which are of concern and which appear to challenge children’s sense of wellbeing, have emerged from the findings:

1. Some of the stressors are major in terms of their potential for long term impacts on wellbeing.
2. While individual stressors may not be viewed as challenging for children, a combination may prove to be overwhelming.
3. Stressors common to many children are associated with adults in their lives experiencing challenges and stress.
4. Children have concerns about the state of the world in general and this may affect their sense of hope and expectations about their future
5. While children demonstrate a wide variety of coping strategies, many rely heavily on those that are internalising

6. Children appear to have limited choices for support regarding stress in their families
7. Children can be easily overwhelmed by information from the media
8. Children desire adults who know how to listen to them
9. Adults are often unaware of what children find stressful

With these conclusions in mind recommendations will be made under the following headings:

- Children
- Adults in general
- Family
- School personnel
- The school
- Teacher education
- Community
- Policy
- Research

Children:

The results of the study reveal that children want and need opportunities to talk to adults about their stressors and coping. Understanding about stress in their lives and the lives of others will help them to comprehend and de-mystify the experiences they have when life presents challenges. While results show that children have a wide variety of coping strategies, discussion with adults will put a name to what they are already doing and give credence to their skills, while assisting them to develop others.

On the whole the emphasis in times of stress appears to be on internal coping strategies and while the value of having an internal locus of control and being able to self soothe is an essential life skill, all children should be able to identify the human resources they can call on when they have exhausted their own skills and need

external social support. In particular, children should be supported by their parents (or primary caregivers) in identifying alternative social support outside of their immediate family of origin, for example members of the wider family circle; family friends; help lines; school personnel identified by children as approachable and helpful; and neighbours. Many children indicated that they would like more regular uninterrupted time and attention from their parents and other significant people in their lives. To this end, explaining their understanding and interpretation of what 'time' and 'listening' actually means, may be extremely helpful for adults. With many children electing not to talk to the significant adults in their lives about family stressors and many of those not being able to identify non-familial social support there is a need to find ways for them to feel comfortable speaking to parents about what they find challenging within their families.

Because children spend such a lot of time in school, this is another area where they often experience stress. All children should be able to identify at least one adult at school who they trust and that they can be confident will support them if approached. This includes being able to talk about stressors they are experiencing outside of the school. Where bullying is concerned all children have a right to feel safe and it is important that every child, even those who are bystanders, collectively take a stand against behaviour that causes others stress. Children should encourage others, adults included, to make sure that everyone is looking out for and standing up to, unacceptable and immoral behaviour.

Adults in general:

Stress in life is unavoidable as much for children as it is for adults. What many children seem to be getting is a 'thin layer' of adult awareness and interaction and whether this is driven by the increasing demands of modern life or insufficient knowledge about parenting, communication and children's experiences, it is an increasingly challenging situation for children. This is confirmed in a meta analysis of studies which reported the substantial increase in American children's anxiety over almost three decades and attributed it to societal transformation; specifically a deterioration in social connectedness and an escalation of danger in society (Twenge, 2000).

While many individual stressors can be described and experienced as 'normative', 'life transitional' (Compas, 1987b), or 'daily hassles' (Kanner, Coyne, Schaefer & Lazarus, 1981), it is in the number of those individual stressors that children experience that the effect can become complicated and equal to experiencing a major life event. We cannot ignore the impact that experiencing too many daily hassles, coupled with over-burdened internalising coping strategies, poor adult awareness and inadequate human support can have on an individual child's wellbeing. At a critical stage in development, prior to adolescence, when children are learning and developing through observation of and modelling from significant adults in their lives, the awareness of those adults is crucial.

Of key importance are the many stressors they experience as intimately linked with the mental health of the most important adults in their lives, specifically their parents, but also, significantly, their teachers. Attempts on the part of children to cope with stressors would appear, at times, to be dealing with a type of secondary stress, that is, their stress caused or exacerbated by the stress of others, with acknowledgement by many that they have little control over the primary adult and societal sources of stress. The ability of children to cope with stress in their lives is inextricably linked to the ability of significant adults in their lives to cope and be resilient in **their** own worlds, not only from the modelling perspective but from the ability to provide the care that children need. With this in mind the following recommendations are made:

- Adults should remain aware about the level and impact of their own stress on children and have coping strategies and support structures in place for themselves;
- Adults should take advantage of their opportunities to model to children how to utilise internal and external coping strategies in times of stress;
- Adults should hold awareness as to what each child finds stressful and what their coping strategies are;
- Adults should ensure that they provide opportunities to give undivided attention and time to each child in their care;

- Adults should maintain alertness as to changes in behaviour or mental state which may indicate that children are not coping.

Adult awareness of the normative developmental and transitional stressors, fears and anxieties of middle childhood, such as adjusting to school and developing social understanding and skills (Muris, 2007) is critical. Normative stressors that are supported by caring, alert adults will enable children to develop awareness of their support and resources; consider, practice and extend their coping skills; and become more resilient – knowledge and abilities that will sustain them through life.

Family:

Considering that children spend the largest proportion of their time in their family environment it is not surprising that that is where many of the stressors they identified are situated. Much of this is driven by parental stress where children feel the impact of adult work, economic and relationship challenges. It has been suggested that further research is needed on the predisposition for parents to either 'project or model' their personal stress onto children (Smith & Moyer-Gusé, 2006, p.233). In the light of what children have said, recommendations to parents would include:

- Children want to be viewed as unique from their brothers and sisters; as individuals but at the same time, as an integral part of their family;
- All children have strong and insightful opinions and want to be included in discussions and decision making within their families.

While most children named their mother as part of their coping support, fathers, in comparison did not fare nearly as well. In an ideal world, all children should be able to name both their parents (and/or significant caregiver/s) as their primary support system. In times of familial stress, children should be able to identify and access other significant adults in their environment, for support. To this end recommendations would include:

- Ensuring that children feel able to rely on the support of both parents (or caregivers) and for adults to be prepared to explore and address the circumstances if this is not the case;
- Ensuring that children feel resourced and comfortable seeking support outside of their immediate families when they are struggling with issues of familial stress.

Many children live in homes where adult conflict affects their sense of wellbeing and safety and they often have far greater awareness of the conflict or conflicted relationship than adults realise. The following recommendations have been drawn out of the data:

- Adults should conduct their conflict so that it is not in any sense abusive; that it is a process that is respectful and ultimately restorative and that children may retain hope and trust where the adults in their lives are concerned;
- Adults should model appropriate conflict and conflict resolution so as to lessen or prevent anxieties or fears that children may have about the state of their primary caregivers' relationship/s;
- Separating and divorced couples should avoid placing their children in the middle of their own conflict.

Many children appear to have fears and anxieties about their position and importance in their world which, for those who have to rely primarily on internal coping skills, can be a lonely place to be. What has emerged strongly is that children today are protected from very little. Their awareness of global, national and family challenges is obvious. No doubt this is driven by ready access to the media, specifically television, but apparently also by the inability of many adults to shield them from issues within families, such as relationship challenges and economic pressures. Exposure to media information that children struggle to put into context can be overwhelming and can leave them anxious and confused.

- If children are going to watch the news on television, they should be accompanied by an adult who manages any overwhelming emotions they may experience. All other television content should be monitored for appropriateness.

School personnel:

As with the significant adults in their homes, children's wellbeing is influenced by the wellbeing of their teachers. Children study and watch their teachers every day and are extremely skilled at identifying when teachers are under stress and unavailable. Noddings (2006) suggested that one of the roles of teachers is to '...show through their care and concern that there are good reasons for students to like and trust them' (p.103). Significantly, she extended this to indicate how having a trusting relationship with a teacher affects how children view the world as a safe and trustworthy place to be, contributing to their general wellbeing and academic achievement (Noddings, 2005). The majority of children in the study did not name their teachers as part of their support structure in times of stress. Consequently, the recommendations for teachers are:

- That they remain aware of their own stressors and that they manage these effectively, demonstrating coping skills and an internal locus of control that precludes behaviours such as shouting and enables children to learn from them and to develop a relationship of trust with them;
- That they seek support in the form of personal or professional supervision before the impact of stress starts to affect their interactions with, and availability to, children;
- Take the time to connect and interact with each child on an individual, personal level;
- Ensure that they understand at least some of the personal details and challenges that each child has in their life in order that they may develop a view of themselves as being interesting, important, and worthy of their place in the world;

- Have an awareness of the level of their attachment to each child, especially those who are vulnerable due to their home circumstances;
- ‘Ensure supportive interactions’ between themselves and the children they teach through demonstrating responsiveness and respect, warmth and fairness (Wylie, New Zealand Ministry of Education Competent Children Project, *Ten Years Old & Competent*, 2001, p. 33).

The school:

The school environment can play a major role in surreptitiously supporting bullying. Consequently based on the data collected from the participants as well as on successful interventions in two schools in this study, the following recommendations are made:

- Adopting a whole school moral behaviour approach, where all staff and students agree to confront bullying when they either see it or are aware of it;
- Increasing the focus and education onto the role and the power of the bystander group;
- Consulting all children on a regular basis about bullying in the school, so that there is intimate, ‘ground level’ understanding of the causes and effects, the requirements and the efficacy of any interventions;
- Ensuring that children, in whatever role they are involved in bullying in the school, are provided with the emotional and social support they require and, if necessary, specialised help.

Teacher education:

It has been suggested that the wellbeing of students can be counted as ‘a major output indicator of quality of education’ (Van Petegem, Aelterman, Van Keer & Rosseel, 2008, p. 279) and some of the issues that contribute to that wellbeing have been discussed in the study and included in the recommendations above. Two conclusions can be drawn from this study: (1) Teachers’ mental health is important for the wellbeing of children, and (2) Teachers’ caring relationships and awareness

are key to children's wellbeing. The following recommendations are made for the education of teachers in training:

- Providing them with the insight, knowledge and ability to monitor and manage their own mental health and wellbeing;
- Educate them in developing self-awareness regarding the causes, effects and signs of teacher stress and burn-out.
- Train and engage educators in the practice of professional and personal self-reflection, utilising private, collegial and clinical supervision as means.

A recent Australian project trialled a '*Concepts of Wellbeing*' paper to first year university students training to be teachers. The focus was on students' personal health as undergraduate trainees, particularly their 'stress, coping and self esteem' and gave them a personal experience of a 'model of behaviour change and health promotion' that would not only be helpful in their personal and professional lives but that they could take into their future classrooms with them (Yager, 2009, p.62).

Teachers today are facing increasing mental health and behavioural challenges from students in their classrooms. These challenges include rising incidences of anxiety, childhood depression and externalising behavioural disorders in children who are struggling to cope with a progressively more challenging world. For children today there is an increasing and additional challenge of living with parents who are juggling their own stressors and often unable to give them the level of attention they would like. With the present emphasis on pedagogical skills in teacher training, the following recommendations would support the wellbeing of both teachers and their students:

- Knowledge about mental health, in particular the social and emotional needs of children and young people in order that they may advance resilience and recognise students who require support (Kay-Lambkin, Kemp, Stafford & Hazell, 2007);

- Providing basic listening and communication microskills including reflection, rephrasing, minimal encouragers and the ability to interpret body language cues;
- Recognition of, and the ability to respond effectively to the underlying stressors often inherent in students' externalising challenging behaviours
- Knowledge of where to refer students for specialised mental health support;

These recommendations are supported by a study in the United States in which the researchers commented that: 'If schools are adequately to address the mental health needs of all children, there is an urgent need to prepare teachers better for employment during pre-service training' (Koller, Osterlind, Paris & Weston, 2004, p. 40). They suggest that all graduating teachers should be able to demonstrate:

- The role they have in the prevention of mental health problems (such as creating positive classroom environments, promoting healthy peer relationships, and enhancing students' self-concept)
- How to identify students who may have, or are headed toward, a mental health problem such as depression or anxiety
- How to create a positive, strengths-based learning environment where learning academic content can occur, but where a positive self-image in the learner is also reinforced

(p.43)

Tertiary education institutes in New Zealand should be constantly re-assessing whether they are sufficiently addressing the wellbeing of their graduants, equipping them, both personally and professionally, to deal effectively with mental health challenges, their own and those of their students. Robust, resilient and mentally healthy teachers, with knowledge of child mental health and the ability to form caring and respectful relationships with each child are critical if teachers are to get on with their job of educating children for the future and if children are to receive the support they need.

Continual reflection and improvement of teacher preparation programs means that there will potentially be an improvement in the personal wellbeing of future teachers as well as their ability to improve the wellbeing of their future students. (Yager, 2009, p.63)

Community:

In the knowledge that children learn critical lessons about life informally through their parents, the dilemma we face as a society is that if parents are not doing a very good job, what are the children learning? And where and when do we, as a society, step in (Noddings, 2003). It is undeniable that there will be occasions when parents, due to unforeseen life circumstances, will be emotionally unavailable and, when that happens, a secondary support system, in the form of other caring adults, such as grandparents, neighbours, extended family, teachers, counsellors, and social workers, should be in place to step up to provide children with the support they need.

The old Nigerian proverb: '*It takes a whole village to raise a child*' illustrates the importance of other adults in the communities in which children live, contributing to their care and development. This requires parents and other significant family members ensuring that their children have contacts with safe and supportive adults in their neighbourhoods and communities so that, in the event they may need support outside of their families, they know who they can call on in their environment. In addition, awareness on the part of those who live in communities around children that all adults have a moral responsibility to provide safety networks if necessary, will ensure another layer of attentive and responsive support around children.

“Everyone in an interdependent society has a stake in seeing that children develop well” (Marotta, 2002, p. 507).

Ministries and policy makers:

While children in this study did not directly refer to the stressful impact of social and political influences and attitudes, in terms of systems theory and ecological theory, children are nested in, impacted on, and influenced by not only their direct contexts but by the wider socio-political environs. Those contexts, however, can also be the primary causes of their stress. In the environments where children live and work, namely family and school, the importance of being able to identify attentive and supportive adults is critical. On any level, it is the responsibility of governments, policy makers and adults in general to ensure that children are supported and protected.

New Zealand became a signatory of The United Nations Convention on the Rights of the Child in 1993 (UNICEF, 1989). In particular Article 12 and 14 acknowledges their rights to participation, recognises that their opinions and experiences are relevant and significant and states that their opinions should not be ignored. Being a signatory to a children's rights document however, does not necessarily mean that children within that society are given opportunities to voice their opinions. In an introduction to a special journal issue on parenting stress, a gap in understanding what intercedes the strong association between parental stress and the consequences for children, was revealed (Deater-Deckard, 2005). Part of that gap in New Zealand might very well be the voices of children explaining their perspective. If we fail to take this aspect into consideration, we are missing important information.

In addition to the previous recommendations for teacher education (p. 223 & 224), the Ministry of Education should ensure that prospective students accepted into training programmes are of the mentally robust and self-aware calibre necessary to nurture, support and educate children. Training should include the promotion and maintenance of educators' personal mental wellbeing, and the provision of education regarding child mental health, stressors and coping strategies.

Concern has already been raised about the medicalisation of children's emotional, social and behavioural problems and the question asked as to whether

the high incidence of pharmacological interventions is due in part to the fact that there is no permanent and available mental health support for children in schools (Mellin & Sommers-Flangan, 2008, p.32). The major recommendations for the Ministries of Education and Health policy makers that have emerged from this study are:

- To ensure that children are able to access emotional, social and mental health support within their schools. While personnel, such as social workers in schools (referred to as SWISS in NZ) and Resource Teachers of Learning and Behaviour (RTLB) have a role to play in supporting children and families, they are not trained as mental health specialists.
- Include qualified child counsellors as specialists either working itinerantly as part of specialist groups such as RTLB clusters or as permanent staff in schools, to partner with teachers in addressing the social, emotional and behavioural issues in increasing evidence in classrooms. With increased awareness on the part of teachers and qualified specialist support in schools, children will be able to seek assistance when the need arises. Alternatively teachers could refer students that they have concerns about, and the positive ripple effect in classrooms and in homes, should be measurable.

In the knowledge that education is a stressful profession and in the light of many observations made by participants in this study, teachers (and principals) need support in the form of clinical supervision, preferably from an experienced colleague in education or a person trained in supervision, and not working in the same institution. Ministries should ensure that these processes are included in funding for teachers. The benefits of providing regular professional clinical supervision will include:

- Opportunities to receive feedback and critique on a regular basis from a trusted, neutral and professional colleague
- The capacity to articulate an overarching educational vision against which the day-to-day minutiae can be measured

- The development and maintenance of personal and professional self-awareness and wellbeing

In terms of mental health awareness, children in this study could discuss the mental health campaigns that have been successfully run on national television. They could also articulate that these psychoeducational infomercials are almost exclusively focused on and aimed at adults. Consequently, recommendations to the Ministry of Health would include:

- Education in the form of television infomercials to provide insight for adults about what children find stressful, what their needs are, what good listening is and, in particular, the effects of parental conflict on children and how this could be better managed so as to be less damaging for children:
- The development of television education for children focusing on effective coping skills so that they recognise that what they're doing is helpful while at the same time learning additional strategies. This could be interspersed with Rights education to the benefit of both children and adults.

Research:

There are a number of areas that have emerged out of this study that would benefit from further research.

Teachers may have no idea of how the children they teach, view them as practitioners and as individuals. Considering that children study and watch their teachers closely every day they should have insightful perspectives on teacher efficacy, stress levels and wellbeing (Whitfield, 2001). Consequently:

- Measuring teacher efficacy and emotional availability from the perspective of students would be a recommendation from this study.

‘Studies focusing on children’s distress currently do not assess children’s own interpretations and reactions or the specific emotions children report experiencing’ (Davis, Quas, & Levine, 2008, p. 256). In the area of stress and coping research, there is still a focus on collecting data from children using adult-generated stressor and coping lists. While adults who interact closely with children are without doubt ‘well placed to make observations’ (Dix, Askill-William & Lawson, 2008, p. 5), we can no longer presume that we have the ‘full picture’ by relying only on parental and school personnel reports. Without children’s voices, we are missing vital information about the experiences and challenges of childhood. Consequently researchers should consider:

- Ongoing communication and exploration with children regarding what they find stressful and how they cope. This may ensure that in this rapidly changing world, research stays abreast of the challenges children face and the strategies they use to cope. Consequently, support structures and practices can adapt accordingly and if necessary.
- More specifically exploring how effective children’s coping strategies are. Exploring the efficacy of coping strategies will provide another layer of insight into children’s experiences of stress, coping and support.

The development, trialling and implementation of child mental health programmes such as the KidsMatter Initiative, piloted in schools in Australia from 2006 to 2008 and due for completion of evaluation this year prior to national rollout, are imperative in New Zealand. The development and implementation of KidsMatter is a collaboration between research, the mental health industry, education and the Australian Government, based on the theoretical framework recognising that the three primary mental health risk and, at the same time, protective factors for children are:

1. Each individual child’s psychological world
2. The micro context of the family environment
3. The contexts of school environments

(Dix, Askill-William & Lawson, 2008, p. 4)

The initiative seeks to create a constructive and optimistic school environment with an agenda of social and emotional didactical interventions for all students, formal learning opportunities and support structures for parents, and early detection, intervention and support for children susceptible to developing mental health challenges (Dix et al., 2008). Interestingly enough, the KidsMatter research reported by Dix et al, which piloted three measures of children's mental health status, claimed to 'provide a national snapshot of the mental health status of 10 year-old Australian primary school children' (p. 17) without including the direct personal views of children themselves. In recognition of children's superior knowledge of their own experiences and capabilities and in acknowledgement of their rights under UNCROC, any initiatives developed by New Zealand researchers and educationalists should, ethically, and as a matter of course, always be developed and evaluated in partnership with children. Recommendations include:

- The implementation of a programme such as KidsMatter in primary schools in New Zealand or the development of a uniquely 'Kiwi' intervention
- The recognition that any development, implementation and evaluation will take place in partnership with children

Finally, a preliminary stressor and coping list will be drawn up out of the findings of this study for further testing. It will, however, include a self-report aspect where children are able to identify aspects of their lives that they find challenging and that are not represented on the check list provided. These enquiries will further inform the development of a self referral electronic tool for primary school classrooms where children are able to draw attention to any distress they are experiencing, signalling the need for support. In addition, the tool may be used as a whole school intervention where children are able to identify their level of wellbeing, name the stressors they experience in their lives, as well as the coping skills they have at their disposal, including demonstrating that they are able to identify a support system. Added to the valuable insights and observations of school personnel and family members, this information will provide a database for principals, special needs

co-ordinators and counsellors in schools, enabling them to watch over children and provide support where necessary. It also empowers children by providing them with a mental health tool in their classrooms which they can update whenever necessary, flagging issues that they are finding challenging and asking for help. The programme has the potential to be developed into not only a child-directed database of wellbeing but a clearing house of interactive mental health information and support that children may access whenever necessary. Recommendations include:

- That Government and its Ministries, in acknowledgement of “children being our most precious resource” and in the knowledge that intervening in wellbeing during childhood builds a strong base for later life, recognise the importance of developing this mental health wellbeing evaluation, self referral tool and database for primary school children in New Zealand and provide funding and expertise to advance this research and development

Overall conclusions:

This study has explored New Zealand children’s experiences of stress and coping in their lives and has demonstrated that they face a wide range of stressors particularly within the two main contexts of their lives, family and school. Of particular importance are the intrapersonal stressors where children internalise their personal concerns about their immediate environment or the world around them, and worry about their future. Many of these stressors have the potential to lead to children feeling disempowered through a lack of control; anxious and experiencing hopelessness. Stressors connected to inter relationships with peers were present, but those related to teachers and parents where children have little control, were key. While the study revealed that children have a wide range of coping strategies there was little exploration about how effective they are or when or how often they use them. For example, while the majority of children named their mother as someone they would talk to as part of their support system, many children spoke about the choice not to talk to parents about their struggles with parental conflict or about bullying in school. So while children’s range of coping strategies might lead adults to believe that they are able to cope with their stressors in fact, this also

depends on many other factors, such as, the stressor itself, the intensity, or the context.

What this study has revealed is how closely children's wellbeing is aligned to that of the significant adults in their lives. Many stressors experienced by children are connected to parents and teachers, revealing how important it is for adults to monitor and manage their own stressors not only for the purposes of modelling coping strategies but to ensure that their stress does not prevent them from supporting children to the best of their ability. Another important finding was the number of internalising coping strategies that children use. On the one hand an internal locus of control is an important life coping skill; on the other hand a reliance on internal or external/internal coping strategies may also reveal children's perceptions or experiences of a lack of external adult support. When adults are struggling, the children in their care are more likely to be vulnerable and while we may argue that challenges in life provide chances for children to develop resilience, it is more likely to develop if children are able to take risks secure in the knowledge that they are supported by mentally resilient adults, with good coping skills.

This study has also documented the need for awareness on the part of adults about what children find stressful and how they cope. Many children commented that they did not believe that significant adults in their life had this insight.

Recommendations have been made to the various stakeholders who would have connections to, or interest in, the results of this study. In particular pre-service training for teachers, counselling support for children in primary schools and mental health programmes that connect schools, parents, children and professionals are essential in supporting children facing multiple stressors today. Middle childhood, is a time when most children are still strongly attached to their families and wanting close, caring relationships with their parents, primary caregivers and teachers. It is the ideal time, as they move towards adolescence, to implement strategies that develop, support and nurture their mental health.

This study has made a contribution to the international body of research on children and their experiences of stress and coping, in particular it is one of the few

studies to engage with children in a qualitative study, utilising both interview and focus group methods. Nationally it is the first study of its kind and has provided rich insight into the experiences and challenges of children from around the country, revealing that no matter where children live in New Zealand and how they are categorised socio-economically, their life stressors are similar; their coping strategies comparable, and their struggles with adult stressors common. The issue of whether the stressors are considered to be common or normative is not as important as the impact they have, either individually or cumulatively, on each child.

Recommendations have also been made for future research. Most importantly, in acknowledgement of the rapidly developing and changing society that children inhabit today, a call for ongoing studies with children is made. This will ensure that, not only will children's rights to participation and for their opinions to be taken into consideration be met, but that the intimate information that they can provide, will keep research abreast of the culture of childhood.

Concluding comments from children:

“Adults need to listen, most don't listen, that gets annoying and you'd be trying to tell them something but they just don't listen. A lot of parents do that and because we're not as old as adults they think that they don't need to listen and we don't have any right to speak, and we do have a right to talk” [S13I1:P7]

“I'd probably say actually just give us a chance to explain ourselves rather than saying 'be quiet', 'children should be seen and not heard', that's more a thing of the past, but I know in some families it is still used. I also think that children should just kind of be listened to a lot more, their ideas should be taken account for” [S17In1:P8/9]

“You should type up everything the children tell you and put it all in one safe place, so that if you forget about something you can always look through the information and you could always read it...and there's your inspiration” [S15FG:P26]

APPENDIX A
INFORMATION SHEET FOR SCHOOL PRINCIPALS
AND
BOARDS OF TRUSTEES

APPENDIX B

INFORMATION SHEET FOR PARENTS AND CAREGIVERS OF CHILDREN
ASKED TO TAKE PART IN THE STUDY
(FOCUS GROUP)

APPENDIX C

INFORMATION SHEET FOR PARENTS AND CAREGIVERS OF CHILDREN
ASKED TO TAKE PART IN THE STUDY
(INTERVIEW)

APPENDIX D
INFORMATION SHEET FOR CHILDREN
(FOCUS GROUP)

APPENDIX E
INFORMATION SHEET FOR CHILDREN
(INTERVIEW)

APPENDIX F
CONSENT FORM FOR SCHOOL PRINCIPALS
AND / OR
BOARDS OF TRUSTEES

APPENDIX G
CONSENT FORM FOR PARENTS / CAREGIVERS

APPENDIX H
ASSENT FORM FOR CHILDREN

APPENDIX I

STICKER FOR ENVELOPE CONTAINING
INFORMATION, CONSENT AND ASSENT FORMS

APPENDIX J
REQUEST TO CONDUCT RESEARCH

APPENDIX K

COVERING EXPLANATORY LETTER FROM SCHOOL TO
PARENTS / CAREGIVERS

APPENDIX L
DISCUSSION GUIDELINES FOR FOCUS GROUPS

APPENDIX M
DISCUSSION GUIDELINES FOR INTERVIEWS

APPENDIX N
'WHEN LIFE IS STRESSFUL...'
CHECKLIST

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APPENDIX A



SCHOOL OF POPULATION HEALTH
Social and Community Health
The University of Auckland
Private Bag 92019
Auckland
New Zealand
Tel (09) 373 7599 ext 89449

STRESSORS AND COPING IN THE LIVES OF AOTEAROA/NEW ZEALAND CHILDREN

INFORMATION SHEET FOR SCHOOL PRINCIPALS AND BOARDS OF TRUSTEES

Date:

Background to the study

My name is Fiona Pienaar. I am a PhD student in the Faculty of Medical and Health Sciences at the University of Auckland. I am an experienced Primary School teacher (21 years of teaching experience; NZEI registered) as well as a qualified counsellor and member of the New Zealand Association of Counsellors (NZAC). Associate Professor Samson Tse from the University of Auckland is my Supervisor for this study. My secondary Supervisor is Associate Professor Robyn Dixon, also from the University of Auckland.

I am conducting a study which explores what children in Aotearoa/New Zealand understand by the term 'stress'; what they find stressful in their lives; how they make meaning of stress and how they seek help and with whom.

What is the purpose of this study?

The aim of this study is to gain increased knowledge about how children define and articulate language about 'stress' and to advance understanding of what they experience as stressful in their lives and how they seek help and cope. By asking the children themselves about their experiences, thoughts and opinions, it provides us with opportunities to gather information which would otherwise not be available and to focus on building strong foundations and improving services and support for children before they reach adolescence and adulthood. It also recognises children's right to be heard and to have their opinions taken into account.

Why have I received this information sheet?

I am asking the Principal and Board of Trustees of school to give me consent for students in this school to take part in this study. This sheet will provide you with information about the study.

How many children are taking part in the study?

I am asking a total of 180 children (8-12 years old) from different schools around New Zealand to take part in this study. I would like 6 children from school to participate.

How will the students be involved?

The students and their parents/caregivers will also receive information sheets as well as assent or consent forms. They are required to sign the assent or consent form in order to participate.

The students' participation will take place at school during school time. The students will either be part of a discussion (focus) group of 4 children who will meet for 60 minutes or meet with me individually for 30 minutes for an informal, semi-structured interview. During the discussion and interviews there will be various topics including: what does the word stress mean to you; can you draw a picture for me that shows what the word stress means; what do you think that children today find stressful; how would adults know that children are stressed; what do children do when they are stressed; and what sort of help do children need when they are stressed.

The children do not have to take part in all the discussion topics and may also stop participating at any point. With the students and parents/caregivers permission, the discussion group will be audio-taped so as to ensure that I have a precise record of what is said. I will also take notes while the children are talking.

The student's rights

The student's decision to take part in this study is entirely voluntary (their choice). If he/she does decide to take part, they may also choose to withdraw at any stage up to 3 months after participating. As far as the focus groups are concerned, I cannot guarantee that the participants themselves will treat all information as confidential. As the researcher, I will treat all information that children give me as confidential and no information which could personally identify him/her or the school they attend will be used in any reports on this study.

All the information collected from this study will be kept in a locked file cabinet at the University of Auckland. The information will be safely stored for 6 years after the study and will then be destroyed. Towards the end of this study, a 2-page report will be made available to all participants and their parents/caregivers, as well as the Principal and BOT members of this school.

Any questions?

If you have any queries or concerns regarding rights or students' rights as participants in this study you may wish to contact a Health and Disability Advocate:

- Northland to Franklin 0800 555 050
- Mid and lower North Island 0800 42 36 38 (4 ADNET)
- South Island except Christchurch 0800 377 766
- Christchurch 03 377 7501

Thank you for your support. If you have any queries or wish to know more please contact the Principal Investigator or her Supervisor (see below):

Principal Investigator: Fiona Pienaar, PhD student, Section of Social and Community Health, School of Population Health, Faculty of Medical and Health Sciences, Tamaki Campus, the University of Auckland, Auckland
Telephone: (09) 373 7599 ext 89449
Email: f.pienaar@auckland.ac.nz

Supervisor: Associate Professor Samson Tse, Associate Dean (International), Senior lecturer, Section of Social and Community Health, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland, Auckland
Telephone: (09) 373 7599 ext 86097
Email: s.tse@auckland.ac.nz

Contact details of the **Head of Department** at the University of Auckland:
Dr Peter Adams, Section of Social and Community Health, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland, Auckland.
Telephone: (09) 373 7599 ext 86538
Email: p.adams@auckland.ac.nz

This study has received ethical approval from the Multi-region Ethics Committee which reviews National and Multi-region studies.

APPENDIX B



SCHOOL OF POPULATION HEALTH
Social and Community Health
The University of Auckland
Private Bag 92019
Auckland
New Zealand
Tel (09) 373 7599 ext 89449

STRESSORS AND COPING IN THE LIVES OF AOTEAROA/NEW ZEALAND CHILDREN

INFORMATION SHEET FOR PARENTS/CAREGIVERS OF CHILDREN ASKED TO TAKE PART IN THE STUDY (FOCUS GROUP)

Date:

Why have I received this information sheet?

The Principal and Board of Trustees of school have given me permission to approach children in the school to take part in a study on *Stressors and coping in the lives of Aotearoa/New Zealand children*. Your child has been invited to participate in the study which will look at what children understand by the term 'stress'; what they find stressful in their lives; how they make meaning of stress and how they seek help and with whom. This sheet will provide you with information so that you can discuss the study with your child and support them in making an informed choice about whether they want to take part or not. If your child does decide to take part in this study, I will require your consent for their participation. Your child has also received an information sheet as well as a consent form.

What is the purpose of this study?

The aim of this study is to gain increased knowledge about how children define and articulate language about 'stress' and to advance understanding of what they experience as stressful in their lives and how they seek help and cope. By asking the children themselves about their experiences, thoughts and opinions, it provides us with opportunities to gather information which would otherwise not be available and to focus on building strong foundations and improving services and support for children before they reach adolescence and adulthood. It also recognises children's right to be heard and to have their opinions taken into account.

Who is running this study?

My name is Fiona Pienaar. I am a PhD student in the Faculty of Medical and Health Sciences at the University of Auckland. I am an experienced Primary School teacher (21 years of teaching experience) as well as a qualified counsellor and member of the New Zealand Association of Counsellors (NZAC). Dr Samson Tse from the University of Auckland is my Supervisor for this study.

How many children are taking part in the study?

I am asking approximately 180 children (aged between 8 and 12 years old) from different schools around New Zealand to take part in this study.

How will my child be involved?

Your child has also received an information sheet as well as a consent form. We hope that you will take time to discuss the study with your child so that they can make an informed decision. They are required to sign the consent form in order to participate.

Your child will be part of a discussion (focus) group of 4 children who will meet for 45 minutes at school during school time. During the discussion there will be various topics including: what does the word stress mean to you; can you draw a picture for me that shows what the word stress means; what do you think that children today find stressful; how would adults know that children are stressed; what do children do when they are stressed; and what sort of help do children need when they are stressed. Your child does not have to take part in all the discussion topics, may say as little or as much as they wish, and may also stop participating at any point. With your child's permission (and yours), the discussion group will be audio-taped so as to ensure that I have a precise record of what is said. I will also take notes while the children are talking.

Your child's rights

Your child's decision to take part in this study is entirely voluntary (their choice). If he/she does decide to take part, they may also choose to withdraw at any stage up to 3 months after participating. As far as the focus groups are concerned, I am unable to give assurances of confidentiality amongst participants. As the researcher, I will treat all information that children give me as confidential and no information which could personally identify your child or the school they attend will be used in any reports on this study.

All the information collected from this study will be kept in a locked file cabinet at the University of Auckland. The information will be safely stored for 6 years after the study and will then be destroyed. Towards the end of this study, a 2-page report will be made available to all participants and their parents/caregivers, as well as the Principal and BOT members of the school.

Any questions?

If you have any queries or concerns regarding your rights or your child's rights as a participant in this study you may wish to contact a Health and Disability Advocate:

- Northland to Franklin 0800 555 050
- Mid and lower North Island 0800 42 36 38 (4 ADNET)
- South Island except Christchurch 0800 377 766
- Christchurch 03 377 7501

Thank you for your support. If you have any queries or wish to know more please contact the Principal Investigator or her Supervisor (see below):

Principal Investigator: Fiona Pienaar, PhD student, Section of Social and Community Health, School of Population Health, Faculty of Medical and Health Sciences, Tamaki Campus, the University of Auckland, Auckland
Telephone: (09) 373 7599 ext 89449
Email: f.pienaar@auckland.ac.nz

Supervisor: Associate Professor Samson Tse, Associate Dean (International), Senior lecturer, Section of Social and Community Health, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland, Auckland
Telephone: (09) 373 7599 ext 86097
Email: s.tse@auckland.ac.nz

Contact details of the **Head of Department** at the University of Auckland:
Dr Peter Adams, Section of Social and Community Health, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland, Auckland.
Telephone: (09) 373 7599 ext 86538
Email: p.adams@auckland.ac.nz

This study has received ethical approval from the Multi-region Ethics Committee which reviews National and Multi-region studies.

APPENDIX C



SCHOOL OF POPULATION HEALTH
Social and Community Health
The University of Auckland
Private Bag 92019
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New Zealand
Tel (09) 373 7599 ext 89449

STRESSORS AND COPING IN THE LIVES OF AOTEAROA/NEW ZEALAND CHILDREN

INFORMATION SHEET FOR PARENTS/CAREGIVERS OF CHILDREN ASKED TO TAKE PART IN THE STUDY (INTERVIEW)

Date:

Why have I received this information sheet?

The Principal and Board of Trustees of school have given me permission to approach children in the school to take part in a study on *Stressors and coping in the lives of Aotearoa/New Zealand children*. Your child has been invited to participate in the study which will look at what children understand by the term ‘stress’; what they find stressful in their lives; how they make meaning of stress and how they seek help and with whom. This sheet will provide you with information so that you can discuss the study with your child and support them in making an informed choice about whether they want to take part or not. If your child does decide to take part in this study, I will require your consent for their participation. Your child has also received an information sheet as well as a consent form.

What is the purpose of this study?

The aim of this study is to gain increased knowledge about how children define and articulate language about ‘stress’ and to advance understanding of what they experience as stressful in their lives and how they seek help and cope. By asking the children themselves about their experiences, thoughts and opinions, it provides us with opportunities to gather information which would otherwise not be available and to focus on building strong foundations and improving services and support for children before they reach adolescence and adulthood. It also recognises children’s right to be heard and to have their opinions taken into account.

Who is running this study?

My name is Fiona Pienaar. I am a PhD student in the Faculty of Medical and Health Sciences at the University of Auckland. I am an experienced Primary School teacher (21 years of teaching experience) as well as a qualified counsellor and member of the New Zealand Association of Counsellors (NZAC). Associate Professor Samson Tse from the University of Auckland is my Supervisor for this study.

How many children are taking part in the study?

I am asking approximately 180 children, aged between 8 and 12 years old, from different schools around New Zealand to take part in this study.

How will my child be involved?

Your child has also received an information sheet as well as a consent form. We hope that you will take time to discuss the study with your child so that they can make an informed decision. They are required to sign the consent form in order to participate.

Your child will meet with me individually for an informal semi-structured interview. This means that I will have some discussion topics but there is no questionnaire, the format is more on a conversation level. This will take place at school during school time. Some of the topics include: what does the word stress mean to you; can you draw a picture for me that shows what the word stress means; what do you think that children today find stressful; what are some of the things that you find stressful in your life; how would adults know that children are stressed; what do children do when they are stressed; and what sort of help do children need when they are stressed.

Your child can say as much or as little as they wish and may also stop participating at any point. With your child's permission (and yours), the interview will be audio-taped so as to ensure that I have a precise record of what is said. I will also take some notes while we are talking.

Your child's rights

Your child's decision to take part in this study is entirely voluntary (their choice). If he/she does decide to take part, they may also choose to withdraw at any stage up to 3 months after participating. The information that your child gives me is confidential and no information which could personally identify him/her or the school they attend will be used in any reports on this study.

All the information collected from this study will be kept in a locked file cabinet at the University of Auckland. The information will be safely stored for 6 years after the study and will then be destroyed. Towards the end of this study, a 2-page report will be made available to all participants and their parents/caregivers, as well as the Principal and BOT members of the school.

Any questions?

If you have any queries or concerns regarding your rights or your child's rights as a participant in this study you may wish to contact a Health and Disability Advocate:

- Northland to Franklin 0800 555 050
- Mid and lower North Island 0800 42 36 38 (4 ADNET)
- South Island except Christchurch 0800 377 766
- Christchurch 03 377 7501

Thank you for your support. If you have any queries or wish to know more please contact the Principal Investigator or her Supervisor (see below):

Principal Investigator: Fiona Pienaar, PhD student, Section of Social and Community Health, School of Population Health, Faculty of Medical and Health Sciences, Tamaki Campus, the University of Auckland, Auckland

Telephone: (09) 373 7599 ext 89449

Email: f.pienaar@auckland.ac.nz

Supervisor: Associate Professor Samson Tse, Associate Dean (International), Senior lecturer, Section of Social and Community Health, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland, Auckland

Telephone: (09) 373 7599 ext 86097

Email: s.tse@auckland.ac.nz

Contact details of the **Head of Department** at the University of Auckland:

Dr Peter Adams, Section of Social and Community Health, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland, Auckland.

Telephone: (09) 373 7599 ext 86538

Email: p.adams@auckland.ac.nz

This study has received ethical approval from the Multi-region Ethics Committee which reviews National and Multi-region studies.

APPENDIX D



Stressors and coping in the lives of Aotearoa/New Zealand children

INFORMATION SHEET for CHILDREN (Group)

Date:

INVITATION

You are invited to take part in a study about children and stress. It is your choice to take part. Your parents/caregivers will also be asked to give their permission for you to take part.



WHO IS BEING INVITED TO TAKE PART IN THE STUDY?

I am asking a total of 180 children from different schools around New Zealand to help me with this study. I will need 4 children from your school to form a group.

WHAT IS THE STUDY ABOUT?



I am interested in what children think **STRESS** is and what they might find stressful in their life. I am also interested in how and where they look for help if they are stressed.

WHAT WOULD BE INVOLVED?

You will be part of a group of 4 children who will all meet together at your school to talk about the questions in the study. I will tape what you all say so that I can be sure that I remember and understand everything that you have said. The group will meet once for about 45 minutes.

HOW WILL WHAT I SAY BE USED?

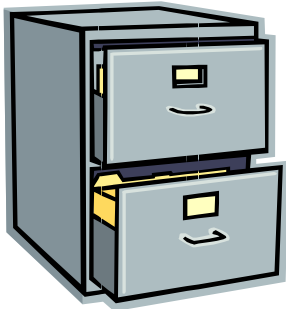
What you tell me will give me and other adult's better understanding about what children find stressful. It will also help us to understand what sort of help they might need to deal with stress.



WILL ANYONE KNOW WHAT I HAVE SAID?

Only my supervisor and I will listen to the tapes. Nobody who hears or reads anything about this study will know who you are or which school you come from.

WHAT HAPPENS TO THE INFORMATION THAT I GIVE?



During the study, I will store the information you give me safely in a locked file cabinet at the University of Auckland. The information will be safely stored for six years after the study and will then be destroyed.

WILL I HEAR ANYMORE ABOUT THE STUDY?

When the study is finished, I will send you a 2-page report about what I have learned.



YOUR CHOICE



It is your choice whether you want to take part in this group. It is also your choice to stop being part of the study up to 3 months after taking part in the group. No-one will mind what choice you make. If you do decide to take part, if anything we talk about in the focus group about 'stress' makes you feel upset, I will be able to help you get support if this is what you want.

WHO IS DOING THIS STUDY?

Fiona Pienaar (09) 373 7599 ext 89449
PhD student
Section of Social and Community Health
School of Population Health
Faculty of Medical and Health Sciences
Tamaki Campus, University of Auckland, Auckland



WHO IS FIONA'S SUPERVISOR? (the person at the University who gives advice and support)

Associate Professor Samson Tse
(09) 373 7599 ext 86097
Section of Social and Community Health
School of Population Health
Faculty of Medical and Health Sciences
Tamaki Campus, University of Auckland, Auckland

ANY QUESTIONS?

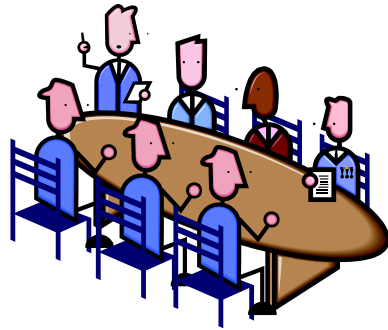
You might have some more questions about this study before you decide if you want to take part. I would be happy to talk to you on the phone or arrange to spend some time to meet with a group of you at school.

If you have any questions or worries about taking part in this study, you can also phone (for free) and speak to a helper at the Health and Disability Advocate:

- Northland to Franklin 0800 555 050
- Mid and lower North Island 0800 42 36 38 (4 ADNET)
- South Island except Christchurch 0800 377 766
- Christchurch 03 377 7501



This study has received ethical approval from the Multi-region Ethics Committee which reviews National and Multi regional studies



...which means that...

A committee called the National Ethics Committee has given me permission to do this study. They make sure that you understand the study, make your own choice to take part and are well treated.

THANKS!

Thank you for taking the time to think about being part of this study. Please return the signed consent form to your teacher if you would like to take part. Your teacher will advise you of the date, time and place for the focus group.



APPENDIX E



Stressors and coping in the lives of Aotearoa/New Zealand children

INFORMATION SHEET for CHILDREN (Interview)

Date:

INVITATION

You are invited to take part in a study about children and stress. It is your choice to take part. Your parents/caregivers will also be asked to give their permission for you to take part.



WHO IS BEING INVITED TO TAKE PART IN THE STUDY?

I am asking a total of 180 children from different schools around New Zealand to help me with this study. I will interview 2 children, individually, from your school.



WHAT IS THE STUDY ABOUT?

I am interested in what children think **STRESS** is and what they might find stressful in their life. I am also interested in how and where they look for help if they are stressed.

WHAT WOULD BE INVOLVED?

The interview will be held at school during school time and will take about 30 minutes. There will be a few questions but mostly I am interested in talking to you about your experiences and your opinions. I will tape what you say so that I can be sure that I remember and understand everything that you have said.

HOW WILL WHAT I SAY BE USED?

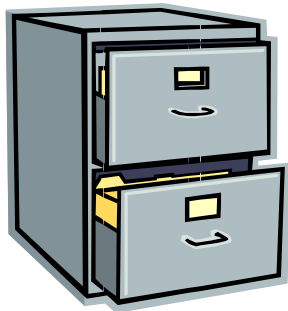
What you tell me will give me and other adult's better understanding about what children find stressful. It will also help us to understand what sort of help they might need to deal with stress.

WILL ANYONE KNOW WHAT I HAVE SAID?

All the information you give me is confidential. Only my supervisor and I will listen to the tapes. Nobody who hears or reads about this study will know who you are or which school you come from.



WHAT HAPPENS TO THE INFORMATION THAT I GIVE?



During the study, I will store the information you give me safely in a locked file cabinet at the University of Auckland. The information will be safely stored for six years after the study and will then be destroyed.

WILL I HEAR ANYMORE ABOUT THE STUDY?

When the study is finished, I will send you a 2-page report about what I have learned.



YOUR CHOICE

It is your choice whether you want to be interviewed. It is also your choice to choose not to be part of the study up to 3 months after taking part. No-one will mind what choice you make. If you do decide to take part, if anything we talk about in the interview about 'stress' makes you feel upset, I will be able to help you get support if this is what you want.



WHO IS DOING THIS STUDY?

Fiona Pienaar (09) 373 7599 ext 89449
PhD student
Section of Social and Community Health
School of Population Health
Faculty of Medical and Health Sciences
Tamaki Campus, University of Auckland, Auckland



WHO IS FIONA'S SUPERVISOR? (the person at the University who gives advice and support)

Associate Professor Samson Tse
(09) 373 7599 ext 86097
Section of Social and Community Health
School of Population Health
Faculty of Medical and Health Sciences
Tamaki Campus, University of Auckland, Auckland

ANY QUESTIONS?

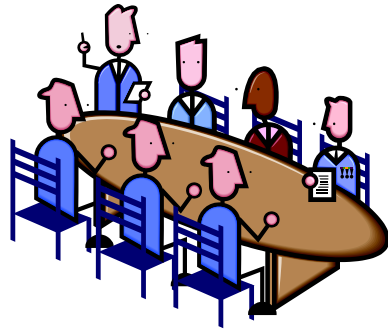
You might have some more questions about this study before you decide if you want to take part. I would be happy to talk to you on the phone or arrange to spend some time to meet with you at school.

If you have any questions or worries about taking part in this study, you can also phone (for free) and speak to a helper at the Health and Disability Advocate:

- Northland to Franklin 0800 555 050
- Mid and lower North Island 0800 42 36 38 (4 ADNET)
- South Island except Christchurch 0800 377 766
- Christchurch 03 377 7501



This study has received ethical approval from the Multi-region Ethics Committee which reviews National and Multi regional studies



...which means that...

A committee called the National Ethics Committee has given me permission to do this study. They make sure that you understand the study, make your own choice to take part and are well treated.

THANKS!

Thank you for taking the time to think about being part of this study. Please return the signed consent form to your teacher if you would like to take part. Your teacher will advise you of the date, time and place in your school where we will meet for the interview.



APPENDIX F



SCHOOL OF POPULATION HEALTH
Social and Community Health
The University of Auckland
Private Bag 92019
Auckland
New Zealand
Tel (09) 373 7599 ext 89449

CONSENT FORM FOR SCHOOL PRINCIPALS AND/OR BOARDS OF TRUSTEES (BOT)

Name of Study: Stressors and coping in the lives of Aotearoa/New Zealand children.

Tick box

- We have read and understand the information sheet (dated.....) for Principals and Boards of Trustees (BOT) of schools asked for permission for the participation of students in the study about stress and coping. We have had the opportunity to discuss this study. We are satisfied with the answers we have been given.
- We understand that it is the student's choice to take part in the study and that he/she has to consent to participate. We also understand that he/she may withdraw from the study up to 3 months after the focus group/interview has taken place.
- We understand that in order for a student to participate, their parent/caregiver has to give their consent.
- We understand that no reports from this study will be able to personally identify any student or the school which they attend.
- We know that the discussions/interviews will be audio-taped
- We understand that this research will take place at school during school time.
- We know who to contact if we have any questions about the study.
- We have had time to consider whether to give our consent for the participation of students from this school.
- We would like to receive a report about the study when it is finished YES / NO

(1) I (full name of Principal) and/or

(2) I (full name of Member of BOT)
of (full name of School) hereby consent
to students from this school taking part in this study.

Date:

Signatures: (1) and/or (2).....

Full name of researcher: Fiona Pienaar
Contact Phone number for researcher: (09) 373 7599 ext 89449
Project explained by: Fiona Pienaar
Project role: Interview participants and collect data
Signature:
Date:

Principals/Members of Boards of Trustees keep a copy of the consent form

This study has received ethical approval from the Multi-region Ethics Committee which reviews National and Multi-region studies.

APPENDIX G



SCHOOL OF POPULATION HEALTH
Social and Community Health
The University of Auckland
Private Bag 92019
Auckland
New Zealand
Tel (09) 373 7599 ext 89449

CONSENT FORM FOR PARENTS/CAREGIVERS

Name of Study: Stressors and coping in the lives of Aotearoa/New Zealand children.

Tick box

- I have read and I understand the information sheet (dated) for parents/caregivers of child volunteers asked to participate in the study about stress and coping. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.
- I have had the opportunity to use whanau support and/or a friend to help me ask questions and understand the study
- I have had the opportunity to discuss this study with my child and to answer any questions they might have
- I understand that it is my child's choice to take part in this study and that he/she has to consent to participate. I also understand that that he/she may withdraw from the study up to 3 months after the focus group/interview has taken place.
- I understand that in order for my child to take part in this study I have to give my consent
- I understand that no reports from the study will be able to identify my child or the school which they attend.
- I have had time to consider whether to give my consent for my child to participate.
- I know who to contact if I have any questions about the study.
- I give my consent that the focus group/interview can be audio-taped. YES / NO
- I would like to receive a report about the study when it is finished YES / NO

I (full name of parent/caregiver) hereby consent for my child (full name of child) to take part in this study.

Relationship to child:

Date:

Signature:

Full name of researcher: Fiona Pienaar
Contact phone number for researcher: (09) 373 7599 ext 89449
Project explained by: Fiona Pienaar
Project role: Interview participants and collect data
Signature:
Date:

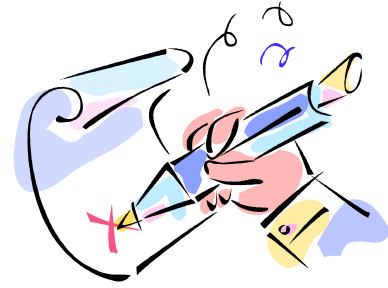
Parents/Caregivers keep a copy of the consent form

This study has received ethical approval from the Multi-region Ethics Committee which reviews National and Multi-region studies.

APPENDIX H



SCHOOL OF POPULATION HEALTH
Social and Community Health
The University of Auckland
Private Bag 92019
Auckland
New Zealand
Tel (09) 373 7599 ext 89449



ASSENT FORM for CHILDREN

Name of Study: Stressors and coping in the lives of Aotearoa/New Zealand children

- I have read and I understand the information sheet for children choosing to take part in the study about stress and coping.
(Dated: _____)
- I have had the chance to talk it through and to ask questions so that I can understand the study. I am happy with the answers I have been given.
- I have had the chance to ask questions and to talk it through with my family/whanau.
- I understand that it is my choice to take part in the study.
- I understand that I can choose to not be part of the study at any time up to 3 months after taking part and that no one will mind what choice I make.
- I understand that no one who hears or reads about this study will be able to tell who I am or which school I go to.
- I know who to speak to if I am at all worried or have any questions about anything to do with this study
- I have had enough time to think about whether I want to take part in this study.
- I give my permission that the interview can be audio-taped **YES / NO**
- I would like to receive a report about the study when it is finished **YES/NO**

I (your full name) assent (agree) to take part in this study.

Date:

Signature:

Full name of researcher:	Fiona Pienaar
Contact phone number for researcher:	(09) 373 7599 ext 89449
Project explained by:	Fiona Pienaar
Project role:	Interview participants and collect data

Researcher's signature:

Date:

Participant keeps a copy of the assent form

This study has received ethical approval from the Multi-region Ethics Committee which reviews National and Multi-region studies.

APPENDIX I

A study with children about stress



Fiona Pienaar

PhD Research Student, The University of Auckland

M 021 280 5845 T (09) 373 7599 ext 89461 E f.pienaar@auckland.ac.nz

APPENDIX J

Dear XXXX

I am an experienced Primary School teacher (21 years; NZEI registered) as well as a qualified counsellor and member of the New Zealand Association of Counsellors (NZAC). I am currently a PhD student in the Faculty of Medical and Health Sciences at the University of Auckland. I am conducting a study which explores what children, aged 8 to 12, in Aotearoa/New Zealand understand by the term 'stress'; what they find stressful in their lives; how they make meaning of stress and how they seek help and with whom. I am also interested in exploring if children are vicariously affected by global and external stressors, for example, by what they might see or hear in the media. I am by no means targeting my study at children clearly in known, stressful situations and am more interested in talking to children who are not overtly stressed.

I am asking approximately 180 children from 30 different schools around New Zealand to take part in this study. Apart from a 2-page report to all participants and schools on completion of my study, I will be prepared to come and talk to the BOT, parent gatherings and/or staff professional development about the findings of my study and implications for various stakeholders.

I have attached the **Information Sheet for School Principals and Boards of Trustees**, the **Consent Form**, and copies of all the relevant forms for parents, caregivers and children. My study has received ethical approval from the Ministry of Health Multi-region Ethics Committee which reviews National and Multi-region studies.

I am targeting schools where there are clear support systems in place for children and obtained the details and information about your school through communicating with people in the region, the ERO website, as well as from your school's website. I would appreciate the opportunity to conduct my research with children in your school.

I look forward to communicating with you.

Kind regards
Fiona Pienaar

APPENDIX K

26 May 2008

Dear _____

I was approached several weeks ago by a researcher, named Fiona Pienaar, from the University of Auckland, who wanted to involve a small number of our children in a national research project on children and stress. There is a full explanation contained within this envelope, and I am hoping that you will agree to allow _____ to be involved.

The date for the research at our school will be _____.

You must not feel obligated to give your permission, but I feel that the experience will do no harm and is a good opportunity for the children to engage in some thoughtful and worthwhile discussion. It also recognises childrens' right to be heard and have their opinions taken into consideration.

There is also an information sheet and an assent form for your child.

Yours sincerely

APPENDIX L



FOCUS GROUP FOR CHILDREN

Preamble

“Thank you for taking part in this study. I want to increase our understanding of what children think stress is and what they might find stressful in their lives. I am also interested in how and where they look for help if they are stressed. This will help us to understand what sort of help children might need to deal with stress.”

Introductions (researcher and participants will discuss the following)

- Length of time in group
- Ground rules – researcher cannot guarantee confidentiality amongst participants; what children say in group will remain confidential as far as the researcher is concerned and their identity and school will not be identifiable in any reports on the study; note taking, audio-taping and use of data; choice to get involved in discussion
- Researcher will assist any participants who might, as a result of topics covered in the focus group, want/need further support within/outside the school
- Any questions the participants might have

Discussion

The following questions have been developed as a general guide to facilitate discussion

1. What does the word ‘stress’ mean to you?
2. What other words might children use instead of the word ‘stress’?
3. Draw what the word ‘stress’ means to you/children of your age.
4. What do you think that children find stressful?
5. What are some of the things that you have found stressful in your life?
6. How would adults know that children are stressed?
7. What do children do when they are stressed?
8. What sort of help do children need when they are stressed?

- 9. What is the most stressful thing that has happened in the world in your lifetime? How do you think that would have affected children? How could adult's best help children at times like that?**
- 10. What message would you like to give to adults from children?**

APPENDIX M



INDIVIDUAL SEMI-STRUCTURED INTERVIEW FOR CHILDREN

Preamble

“Thank you for taking part in this study. I want to increase our understanding of what children think stress is and what they might find stressful in their lives. I am also interested in how and where they look for help if they are stressed. This will help us to understand what sort of help children might need to deal with stress.”

Introductions (researcher and participant will discuss the following)

- Length of interview time
- Ground rules – confidentiality; the child’s identity and school will not be identifiable in any reports on the study; note taking, audio-taping and use of data; choice to answer questions or not
- Researcher will assist any participant who might, as a result of topics covered in the interview, want/need further support within/outside the school
- Any questions participant might have

Discussion

The following questions have been developed as a general guide to facilitate the interview

11. What does the word ‘stress’ mean to you?
12. Are there other words that you might use instead of ‘stress’?
13. Draw what the word stress means to you.
14. What do you think that children find stressful?
15. What are some of the things that you have found stressful in your life?
16. How have you dealt, or how would you deal with stress in your life?
17. What is the most stressful thing that has happened in the world in your lifetime? How did that affect you/what did you do?
18. How would adults know that children are stressed?







- 19. How would anybody know that you were stressed?**
- 20. What do children do when they are stressed?**
- 21. What can't children talk to adults about?**
- 22. What sort of help do children need when they are stressed?**
- 23. What has been the most stressful thing that has happened in the world that you can remember? How do you think that affected children? How could adult's best help children at times like that?**
- 24. What do you think that adults should know about children today?**








APPENDIX N




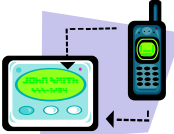



'When life is stressful...' checklist p. 249

When life is stressful, or I feel worried about something:



	I talk to Mom	
	I speak to my Dad about it	
	I talk to my brother or sister	
	I speak to a Grandparent	
	There are other family members I talk to	
	I talk to my friends about it	

	I find a teacher to talk to	
	I have a conversation with someone who has died	
	I talk to myself about it	
	I talk to one of my pets	
	I talk to a pet who has died	
	I listen to music	
	I think about what I can do about it	

	I find something to do	
	I keep it to myself	
	I spend time on the computer; watch TV	
	I phone a helpline	
	I find a private place to get away and spend time on my own	
	I read	
	I often don't know what to do	
Anything else?		

Boy or Girl

Age:

School: