

Coping with Stress, Tension, and Anxiety during Adolescents and the Role of Parents with Social Work Intervention

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Abstract: *It is necessary to know about the effects of anxiety, stress and tension and how one can cope with it. In this case, stress can be expressed as disease and not as a disease. It is a symptom of a disease when the thyroid gland is malfunctioning for instance. For which the adolescents are suffering lot.*

Keywords: Adolescent, Coping, Stress, Anxiety

1. Introduction

Everyone experience anxiety, stress, or tension at some or other stage in life. If somebody does not cope with it immediately and deliberately it might overwhelm and immobilize that person for the tasks that he has to perform. It forms the cornerstone of all forms of dis-ease.

Therefore it is necessary to know about the effects of anxiety, stress and tension and how one can cope with it. In this case, stress can be expressed as dis-ease and not as a disease. It is a symptom of a disease when the thyroid gland is malfunctioning for instance. Then obviously a person should get treatment for the thyroid gland that is malfunctioning and that will relieve the stress.

Anxiety, stress, and tension are terms that are often used as synonyms. According to the dictionary, anxiety refers to a state of being anxious about eminent danger; being excessively concerned about the future. Anxiety, however, is usually not linked to a specific person, situation, or experience which is feared. It is a vague, undefined, tense feeling of dread that one experiences and which is difficult to control.

Stress refers to an effort or demand upon physical or mental energy. Stress produces the same feelings as anxiety but it is usually linked to a specific significant other person, situation, or experience that one fears. Examples would include an examination, assignment or a superior person. Tension on the other hand refers to mental strain or excitement; a strained state or relationship. If the symptoms are experienced acutely, it is referred to as a panic attack.

All these definitions have in common the fact that individuals experience excessive uneasiness and that they worry as a result of perceived (excessive or dangerous) demands that are made on them on an interpersonal level. The anxiety, worry, or tenseness could result in the impairment of social, occupational, physical, and other important areas of functioning. One could also say that individuals experience an excessive sensitivity for other's opinions, attitudes, and demands.

Experiencing anxiety, stress, or tension can lead to symptoms such as:

(A) Psychosomatic symptoms

- Getting tired very easily
- Muscle tension
- Palpitations - a pounding heart or an accelerated heart rate
- Sweating (cold sweat) or hot flushes
- Shortness of breath, a feeling of being choked or a smothering sensation with pain in the chest
- Nausea or abdominal distress
- Feeling numb or experiencing tingling sensations in certain parts of the body
- Experiencing a dry mouth and the urge to swallow repeatedly
- Diarrhea
- Impotence or an excessive need for sex
- Asthma
- Feeling dizzy, unsteady, lightheaded or faint

(B) Emotional symptoms

- Feeling depressed and downhearted at times
- Feeling detached from oneself
- Fear of losing control or going crazy
- Fear of dying
- Intense apprehension, fearfulness, or terror, often associated with feelings of impending doom

(C) Intellectual symptoms

- Difficulty concentrating on a specific task or experiencing the mind going blank (clouding of consciousness)
- Forgetfulness, resulting from preoccupation with the problem

(D) Behavioural symptoms

- Restlessness, feeling keyed up or on edge
- Trembling or shaking
- Short tempered
- Withdrawal from interpersonal interaction
- Excessive smoking, sleeping and/or drinking
- Sleep disturbances (finding it difficult to fall asleep or experiencing nightmares, sleeping excessively or restless sleep - waking up tired)
- Not feeling hungry or eating excessively
- Slow psychomotor co-ordination.)

Stress can come from any event or thought that makes you feel frustrated, angry, or nervous. Anxiety is a feeling of

fear, unease, and worry. The source of these symptoms is not always known. Stress is a normal feeling. In small doses, stress can help you get things done. Stress does not affect everyone the same way.

Many people feel stress symptoms in their body. You may be having pain in your abdomen, headaches, and muscle tightness or pain.

When you are much stressed, you may notice:

- A faster heart rate
- Skipped heartbeats
- Rapid breathing
- Sweating
- Trembling
- Dizziness

Other symptoms include:

- Loose stools
- Frequent need to pee
- Dry mouth
- Problems swallowing

You may have a harder time focusing, feel tired most of the time, or lose your temper more often. Stress may also cause sexual problems. It can also cause problems with falling or staying asleep and nightmares. Many people have stress when they need to adapt or change. Examples are:

- Starting a new job or school
- Moving to a new home
- Getting married
- Having a child
- Breaking up with someone

An injury or illness to you, a friend, or a loved one is a common cause of stress. Feelings of stress and anxiety are common in people who feel depressed and sad.

Some drugs may cause or worsen symptoms of stress. These can include:

- Some inhaler medicines used to treat asthma
- Thyroid drugs
- Some diet pills
- Some cold remedies

Caffeine, cocaine, alcohol, and tobacco products may also cause or make symptoms of stress or anxiety worse.

When these feelings happen often, a person may have an anxiety disorder. Other problems where stress may be present are:

- Obsessive-compulsive disorder
- Panic disorder
- Post-traumatic stress disorder (PTSD)

Adolescence is the period from the beginning of sexual maturity (puberty) to the completion of physical growth. It is

the time when one has to pay adult prices for movies but can't see the adult movies. (Morgan, C. T., et. al. 1999: "Introduction to Psychology", Tata McGraw Hill, New Delhi). Adolescence tells about the teenage years between 13 and 19 and can be considered the transitional stage from childhood to adulthood. However, the physical and psychological changes that occur in adolescence can start earlier, during the preteen or "teen" years (ages 9-12). Adolescence can be a time of both disorientation and discovery. The transitional period can bring up issues of independence and self-identity. Sometimes adolescents may be experimenting with drugs and alcohol or sexuality. During this time, peer groups and external appearance tend to increase in importance.)

Adolescence is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood i.e. age of majority.

The period of adolescence is most closely associated with the teenage years. Adolescence has been described as a phase of life beginning in biology and ending in society (Petersen, 1988).

Now, parenting is both a biological and a social process. (Lerner, Castellino, Terry, Villarreal & McKinney, 1995; Tobach & Schneirla, 1968)

Parenting is the term summarizing the set of behaviors involved across life in the relations among organisms who are usually co specific, and typically members of different generations or, at the least, of different birth cohorts. Parenting interactions provide resources across the generational groups and function in regard to domains of survival, reproduction, nurturance, and socialization. The key function of a child's family is to raise the young person in as healthy a manner as possible (Bornstein, 1995).

The parents' role is to provide the child with a safe, secure, nurturing, loving, and supportive environment, one that allows the offspring to have a happy and healthy youth; this sort of experience allows the youth to develop the knowledge, values, attitudes, and behaviors necessary to become an adult making a productive contribution to self, family, community, and society (Lerner, et al., 1995).

2. Review of Literature

The word *adolescence* derives from the Latin verb "*adolescence*", which means "*to grow up*" or *to grow to maturity*" (Lerner & Steinberg, 2009). In all societies, adolescence is about growing up, about moving from the immaturity of childhood into the maturity of adulthood, of preparation for the future (Steinberg, 2008).

Peterson and Moon (1999) agree that a catastrophe, such as combat, auto accident, cancer, rape, divorce, death of a loved one, etc., and a mental state, including various ways of coping or catastrophizing, combine to produce an individual's unique emotional reaction to a crisis

Miller and Glinski (2000) examined the risk factors for youth at risk of suicide and self-harm. Risk factors include drug and alcohol misuse, conduct disorders, mood disorders, and personality disorders e.g. borderline personality disorder.

Ungar (2004) says that parents and other caregivers plays an important role in building the resilience of high-risk adolescents. (Ungar, M. (2004)

The study of Chen, Sheebar et al (2009) said that consistent with parenting as a partial mediator between parental and adolescent depressive symptoms, and suggest that adolescent girls may be particularly sensitive to parents' negative interpretations of their behaviour.

According to Commodari (2010) investigate perception of acute stress in caregivers taking care of children without serious physical damage that were hospitalized for short periods. Moreover, some variables, such as recreational and school services offered to children, influencing perception of cognitive, physiological, and behavioral state relating to the sensation of "being stressed" were analyzed.

Kelly, (2007) said that when there is parental stress in the family, children are also at a higher risk for emotional challenges as parents are preoccupied by issues of stress and are unable to carry out their parental responsibility.

Fendrich, Warner, and Weissman (1990) studied children and adolescents with and without a depressed parent. They examined several psychosocial factors, and concluded that parent depression was the most important risk factor for several types of youth psychopathology, including depression. Parent depression was more important than family discord, low cohesion, and "affectionless control" (high overprotection combined with low warmth).

Research Questions

- 1) What are the perceptions of parents towards adolescents' behaviour?
- 2) How the children react to the disciplinary strategies of parents?
- 3) What role, do the parents play in ensuring secure attachment during adolescents' period?

Objectives

- 1) To provide statistical evidence regarding the role of parents in the whole coping tension, anxiety and stress context.
- 2) Categorizing the role of parents in terms of support.
- 3) An objective includes investigation about the role that parents play in (development) and prevention from stress and anxiety.
- 4) To get an idea of stress and anxiety of adolescents and the role played by the parents to minimize it.
- 5) Social Work Intervention, recommendations for improvements and future studies.

Significance of the Study

- 1) The study can be benefited to those who are in the field of social work, sociology, education, and psychology.

- 2) The role of the parents as an agent of disciplines has many psychological issues that might have influence on the behaviour.
- 3) The social workers as well as the educator can be benefited from this study as it might reveal what strategy is better in preventing the adolescents from stress, tension, and anxiety.

Scope and limitations

- 1) The study will cover 100 parents as well as adolescents within an area population and will stay on that due to limited time.
- 2) The study will be limited only by interviews both which can consume lot of time and would be difficult to attain with the tight schedule and deadlines.
- 3) The Statistical part will be done through SPSS.
- 4) The study is only limited to quantitative research method and will be treated as descriptive.

3. Methodology

Primary and Secondary research data will be utilized in the study. The primary source of data will come from a interview schedule conducted by the researcher. The primary data will give the detailed definitions of terms and statistical units used in the survey. However, literature review will also be present to support the primary findings.

The study being proposed will be descriptive in nature. A descriptive research intend to present facts concerning the nature and status of situation. Qualitative research will be used in this study. The survey interview schedule is the data collection method to be used. The first section will be the demographic profile of the respondents, in the second section information will be collected regarding the reasons of the stress and anxiety. The parents and the adolescents will be subject to answer the schedule. The parents will be asked about role played with the adolescents during stress and anxiety. Each answer will be given numerical values from one to six, thus the total can be calculated from all the responses.

The study will be purposive in nature.

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