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STRANGER ANXIETY

Stranger anxiety—the emotional distress displayed by infants and young children due to the approach of an unfamiliar person—is a significant and adaptive developmental achievement in the child’s life. The presence of stranger anxiety is rare in the first 6 months of life, common by about 8 months, and peaks around the child’s first birthday. On average, girls display it slightly earlier than boys. Research indicates that stranger anxiety is universal cross-culturally among most infants and is signaled by a host of infant behaviors, including crying, gaze aversion, crawling or walking away from the stranger, hiding their faces, and self-soothing (e.g., sucking their thumb). The presence of such behaviors in response to strangers indicates that infants are capable of distinguishing between familiar and unfamiliar adults, a critical cognitive task.

Considerable individual variation exists among infants, with some infants exhibiting more stranger anxiety than others. Two factors have been linked to individual differences in stranger anxiety: temperament and attachment. Researchers have found that

infants who are temperamentally “fussy” are more likely to respond more negatively to the approach of a stranger than temperamentally “easy-going” infants. In addition, researchers have found that infants who have been indexed as securely attached to their caregiver are more sociable and less wary of strangers than infants identified as insecurely attached. Infants who are securely attached tend to have caregivers who are sensitive and responsive to their infants’ emotional signals, while infants who are insecurely attached tend to have caregivers who are either inconsistently sensitive and responsive to their infants’ emotional signals or ignore their infants’ signals altogether.

The incidence and severity of stranger anxiety are influenced by a multitude of contextual factors. Infants tend to display greater stranger anxiety (a) when the caregiver is not present, (b) when the stranger is either tall, unattractive, male, approaches quickly, or touches the infant, (c) when the infant is physically restrained (e.g., in a high chair), and (d) when the infant is in a familiar setting such as the home. The latter finding is explained by considering that infants seem to expect novel stimuli such as strangers in unfamiliar settings. When a stranger enters a familiar setting, it violates the infant’s expectations. Taken as a whole, the above findings suggest that not only is stranger anxiety a function of the infant, but of how the infant perceives his or her relationship with the outside world.

Caregivers often wonder how the incidence and severity of stranger anxiety can be reduced. Infants tend to display fewer negative emotional displays if the stranger slowly approaches them and does not tower over them; if the stranger approaches them in the context of playing with them (e.g., peek-a-boo); if the stranger behaves contingently with infants’ behaviors (e.g., smiling when the infant smiles); if infants are allowed time to familiarize themselves with a novel environment; if infants are allowed to crawl or walk away from the stranger rather than being restrained in a high-chair or similar apparatus; and if the caregiver is present.

In sum, stranger anxiety is an adaptive response that is a normal and healthy behavioral reaction. The incidence of stranger anxiety is influenced by several factors, including the context in which infants find themselves as well as how strangers approach them. These factors and others can be modified to modulate infant wariness toward strangers.

—Matthew J. Hertenstein
and Rachel Holmes

See also Strange Situation

Further Readings and References

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STRESS

Many children experience stressful events in their lives. Stress can influence the development of psychological and medical problems, but can also have positive effects if successfully resolved. Research on stress poses many challenges, including how best to measure it and test it as a risk factor for later problems.

WHAT IS STRESS?

Stress has been conceptualized in a number of ways. Specifically, it can be conceptualized as an accumulation of major life events, or an accumulation of small, minor events (hassles). Stress can be conceptualized as a single event, such as a serious accident, or as a chronic situation, such as a physical disability or poverty. For some stressful experiences, it is unclear which conceptualization makes the most sense. Is parental divorce an event or a chronic situation?

One feature of childhood stress that distinguishes it from adult stress is that of controllability. Most stressful experiences during childhood occur independently of the child; they occur because something happens to the parents, or the parents do something or do not do something to the child. Adults have more control over their environment and are therefore more responsible, at least in part, for their life circumstances.

HOW IS STRESS MEASURED?

Stressor Checklists

The most widely used method for assessing stressors affecting children and adolescents is the

self-report (or parent-report) checklist. Checklists are easy to administer, thus allowing investigators to collect data on large samples and to evaluate the relationships between stress and psychological and health outcomes. In the literature, there are at least 11 general stressor checklists for adolescents, and at least five for children. Adolescent checklists are usually designed to be self-report measures, whereas many child checklists are designed for parents to complete.

Although stressful event checklists are widely used and efficient, they have a number of limitations. For example, it is unclear if they actually assess “objectively stressful” events. The specific items on stressor checklists have typically been chosen by researchers based on their own personal opinion, general consensus about the nature of stressful experiences of children, or information generated in small focus groups.

Checklists usually do not assess the timing of events, and therefore are limited in their ability to determine whether stressors cause, or contribute to, the emergence of psychological and medical symptoms. In addition, most stressor checklists fail to distinguish between stressors that are independent of the child's behavior and those that are not. Independent events are less confounded with psychopathology, and therefore represent a cleaner picture of environmental input. In any case, a very significant problem with the research literature is that different researchers use different checklists, making it very difficult to summarize findings in the field.

Stressor Interviews

Stressor interviews were developed in part to address the problems of stressor checklists. Stressor interviews provide relatively objective ratings of the degree of threat and loss that is associated with stressful events. Older children and adolescents can be interviewed directly, whereas parents are interviewed for younger children. Interviews are used to generate a list of the various types of stressful events that have been encountered and the context of these events. Questions for each experienced event include a description of what happened, when it happened, who was involved, and the objective consequences of the event. External raters use a detailed scoring manual to evaluate the level of threat and loss associated with each event and situation, or the severity of impact of each event. These