

STRESSFUL EXPERIENCES IN SCHOOLAGE FROM THE PERSPECTIVE VIEW OF UNIVERSITY STUDENTS

Rudolf KOHOUTEK

Abstract: *The paper deals with the research into stressful experiences and traumas in the past history of university students. In the hierarchy of traumas, the death of a close person has the highest ranking, followed by traumas suffered at school. Other stresses reported by students were related to problems at work, divorces and separations, serious illnesses of close persons, their own diseases, subsistence problems, witnessing of the death of an unknown person, their own car accident, personal failure, problems with friends and family problems. Types were also detected and described of school-related mental traumas (stress) suffered by children, pupils and students in kindergartens, primary and secondary schools and at universities, and prevention and therapy were recommended in order to treat stressful, critical and traumatic experiences.*

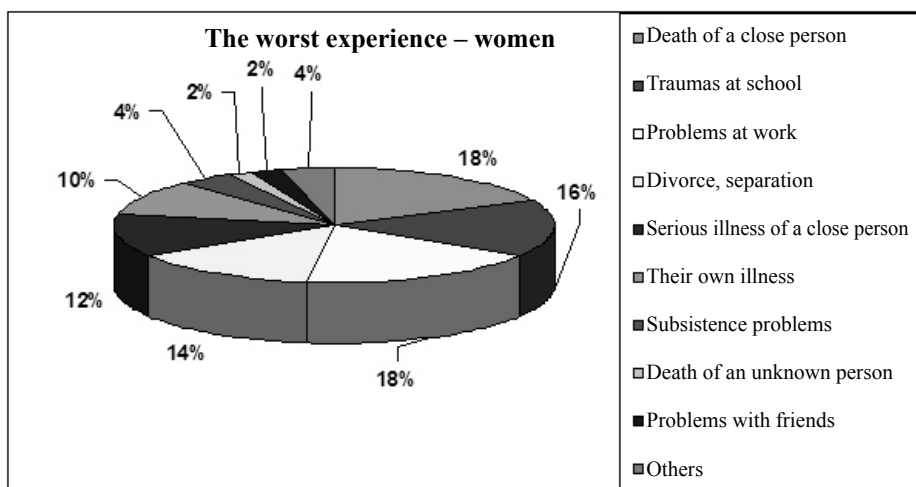
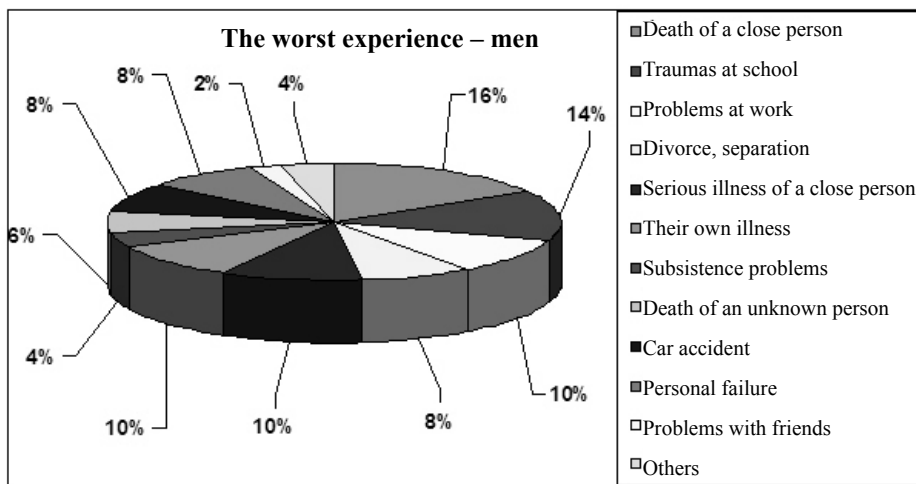
Keywords: *stressful experiences; types of mental traumas; mental discomfort in kindergarten, in primary and secondary schools and at universities; prevention of stress; therapy of stress and mental traumas.*

Introduction

We were interested especially in the order and frequency of the school-related traumas (kindergarten, primary and secondary school, university) in the mental reflection of stressful experiences of university students. Therefore, first we asked 50 men and 50 women studying social pedagogy in combined studies at a private university in Brno to describe their worst ever experience of their lives which could have had an impact on their health. The total result was as follows (men and women):

- **17 % *Death of a close person.***
- **15 % *Stresses and traumas at school.***
- **14 % *Problems at work.***
- **11 % *Divorce, separation from the partner.***
- **11 % *Serious illness of a close person.***

- 10 % *Their own illness.*
- 4 % *Subsistence problems.*
- 4 % *Death of an unknown person.*
- 4 % *Their own car accident.*
- 4 % *Personal failure.*
- 2 % *Problems with friends.*
- 1 % *Family problems.*
- 4 % *Others.*



The list and order of reported traumas shows that traumatic and vulnerability (pessimist) experiences at school occupy a very important place in the hierarchy. They are listed at the second place in the list of all the traumas suffered.

We therefore focused especially on these in our research.

We will not deal with optimal mental stresses but only with pessimal (vulnerability), limit and extreme types of stress.

Frustration or stress on the verge of manageability which requires extraordinary adaptation effort and endeavour from the affected person are considered to be experiences of *limit mental strain*.

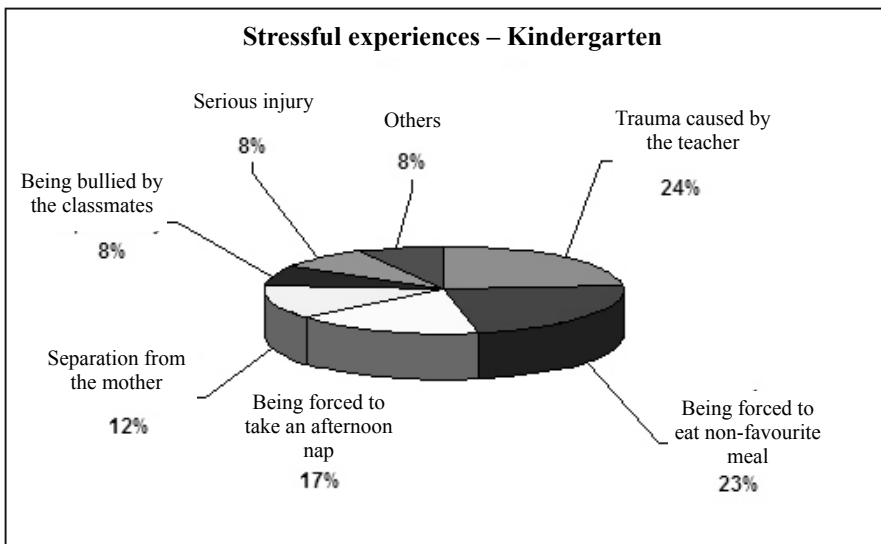
We carried out a research into the problems of psychotraumatic experiences, vulnerability (pessimal), limit and extreme experiences (causing serious mental or somatic problems, failures or disorders) originated at school, co-operating with another (second) group of university students, composed of a total of 151 students.

The continuation of this paper is based upon an action research of the collaborative focus group (n= 151) of university students (57 men and 94 women), who offered us their memories of experiences lived in kindergartens, primary and secondary schools and universities, which might have endangered their mental or social health and healthy development of their respective personalities. We opted for the action research because it is focused on cognition, evaluation and enhancement of the teaching practice (also educative practice in all school types).

Stressful experiences of students in **kindergartens**:

- *Stress generated by the teacher*24 %
- *Being forced to eat non-favourite meal*23 %
- *Being forced to take an afternoon nap*.....17 %
- *Separation from the mother*12 %
- *Being bullied by classmates*8 %
- *Serious injury*8 %
- *Others*8 %

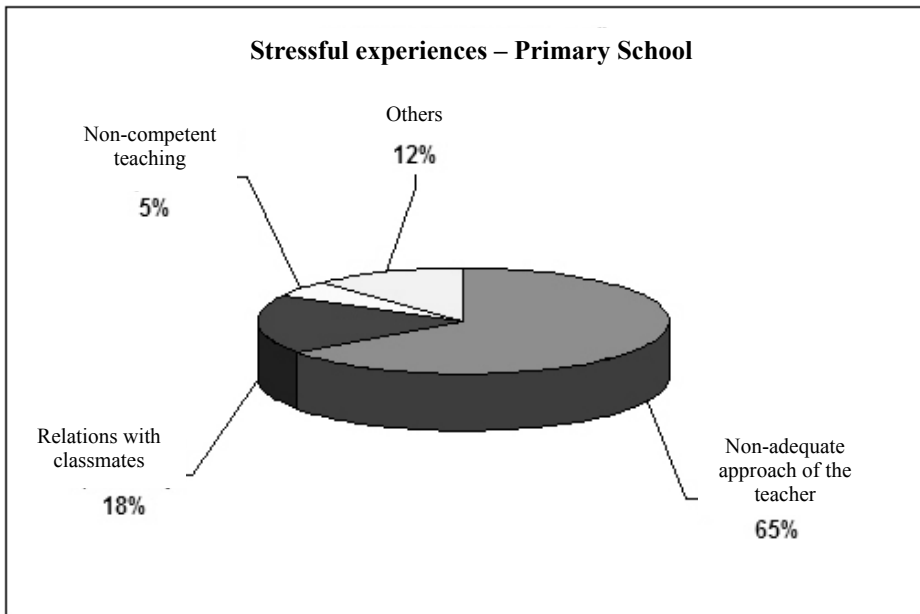
(e.g. change of kindergarten; favourite teacher departure; illness; one extra year in kindergarten)



Among the causes of being under stress caused by the teacher, such things are mentioned as: neurotic behaviour of the teacher; teachers shouting at the children; exaggerated severity and also absence of interest in the children, bullying, inadequate punishments.

Hereinafter we list the distribution of stressful experiences which students lived through at **primary schools**:

- **65 % of the students reported non-adequate (traumatic) approach of teachers towards students** (e.g. unjust evaluation and classification of examinations, motivation through offending, over-authoritative approach of the teacher towards pupils (15 %), unjust punishments (21 %), corporal punishments (8 %), increased neuroticism of teachers, etc.).
- **18 % of the students reported stressful problems (experiences) in social communication among classmates** (e.g. verbal and brachial aggression; destruction of personal belongings; bullying by classmates; bad collective; problematic classmates with behavioural problems and disorders).
- **5 % of the students reported non-competent teaching** (e.g. wrong manner of explaining; exaggerated requirements for the pupils).
- **12 % of the students reported other stressful situations** (e.g. wrong school organisation; departure or death of a favourite teacher or classmate; poor quality of meals at school; changes to the sitting arrangement of pupils in the classroom; non-favourite subject; injury suffered at school; illness; dentist treatment).



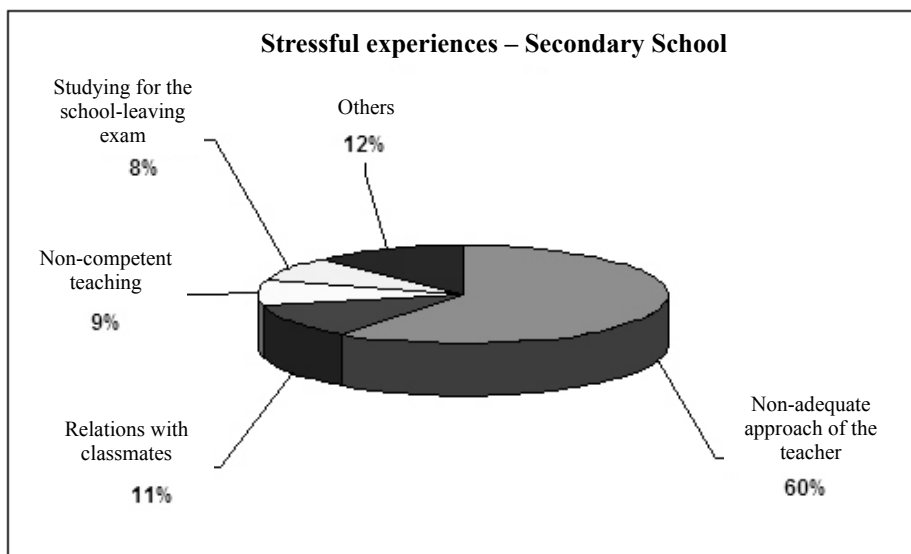
The following story is an example of stress caused by a *classmate*:

“On my way back from the summer holiday camp before my entry to the secondary school, I experienced a feeling of stress, disappointment, helplessness, anger and hatred. I had my favourite book of quotations in the camp with me. It contained short wise messages which I used to read while feeling down or on the contrary, when feeling satisfied and happy. In the summer camp, I met my first childhood love, however I sobered up quite soon.

In the train on our way back home, the boy I was in love with took my beloved book from me and threw it out of the train window.”

Stressful experiences which students lived through at **secondary schools** were as follows:

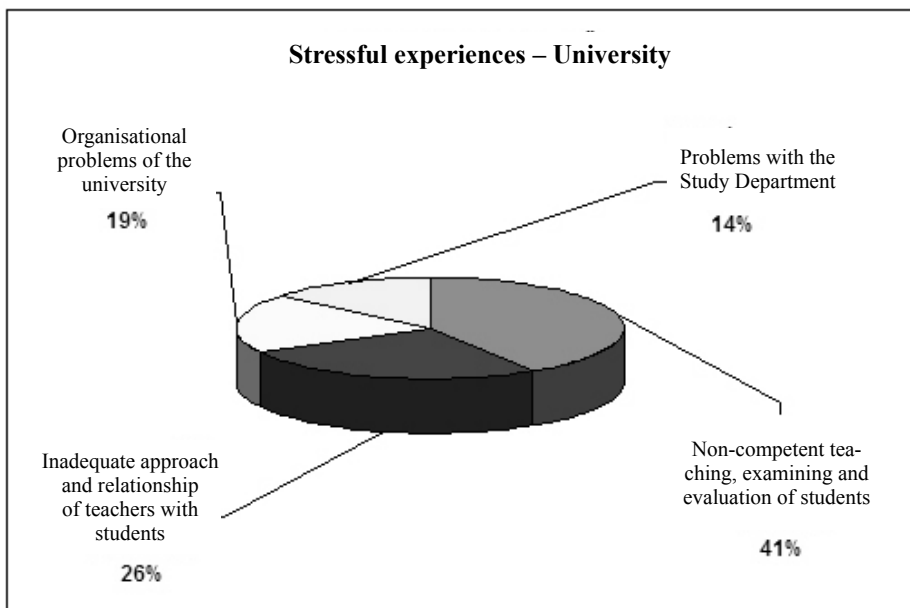
- **60 % of the students reported inadequate (traumatising) approach of some teachers towards students** (e.g. bullying, labelling, dishonesty);
- **11 % of the students reported stressful experiences related to the communication with classmates** (e.g. bullying by classmates; aggression; hostility; bad collective);
- **9 % of the students reported non-competent teaching** (wrong manner of explanation of the subject to the pupils);
- **8 % of the students reported stress suffered during the studying for the school-leaving exam;**
- **12 % of the students reported other types of stress** (e.g. commuting from far-away places; inadequate timetable; departure of a favourite teacher or classmate; fear of dancing lessons).



To conclude, we list stressful experiences suffered at **university**.

These are generalised results of interviews with the third group of university students (5 men and 73 women). Interviews took place in 2008:

- **41 % non-competent teaching, examining and evaluation of students;**
- **26 % inadequate approach and relationship of teachers with students;**
- **19 % organisational problems at the university;**
- **14 % problems with the Study Department.**



Types of Mental Stress

Mental stresses may be of an acute or chronic nature. If these are chronic, they may have an especially negative impact on the evolution and development of the personality, its psychosocial stigmatisation, mental and social and somatic health, especially in mentally labile and predisposed individuals or in individuals with insufficient social supports and pathological self-perception.

Types of stress may also be divided into primary, secondary, tertiary and quaternary. Another type of a classification may be the division into individual and group mental stress, which is quite typical for the educational system.

Not just individuals but also complete classes of pupils suffer from mental stress.

Primary mental-stress experience stands for a situation in which the pupil, student or teacher her/himself becomes a victim of bullying, corporal punishment (which

could have been designated to somebody else), humiliation, e.g. emotional discomfort (e.g. anxiety, fear, panic, humiliation, shame), helplessness, failure, dishonesty, hostility from people around, aversion, feelings of injustice (e.g. rebuke, admonition or negative classification of one's behaviour), scolding, irony, poignancy, ridiculing, power manipulation, persecution). Children in kindergartens are often traumatised because of being forced to eat up non-favourite meals.

Sometimes, a combination of bullying of an individual both by teachers and classmates occurs. Occasionally, some of the affected pupils had to undergo a prolonged psychiatric treatment. Out of all the stressful experiences, the primary stressful experience is usually perceived with the highest intensity. It damages the mental and emotional welfare with the highest intensity.

Such a stress may be caused purposefully, intentionally, or unintentionally. By way of example, we mention a stressful experience from **kindergarten**, which is remembered by a university student as the worst ever experience of his life.

“One morning, I went to kindergarten. My father took me there. He helped me as usually to change into my kindergarten clothes in the morning and left for work. Before leaving, he promised to come back to collect me in the afternoon. However, he never came back.

In the afternoon, the father of my mother came to collect me, saying my father had left somewhere. He also told me that I would live with them for some time. It made me quite happy at first, because I really loved my grandparents. My mother used to come to see me every day, and when I asked about my father, she told me he had not returned yet.

Once during lunch in the kindergarten, a day came which I will never forget. When I did not want to eat up my soup, the headmaster came running from somewhere, saying that if I did not eat, I would end up just like my father and I would die. At first, I did not understand at all what she was telling me, but when the other children began to tell me that I would never see my father again because he had died, I started crying, of course. After such an experience, I ran away from the kindergarten and went to see my mother. My mother, when she realised I knew everything, told me the truth.”

A stressful experience, which evolved into a prolonged mental trauma, was suffered by one of the university students during her studies at the **primary school** in the music education class.

“In the fourth grade of the primary school, I was asked by the teacher to sing the national anthem of the Czech Republic in front of my classmates without any music background. Of course, I could not refuse, so I stood up in front of the blackboard and started singing. Already when singing the first strophe, I began to have problems. My classmates laughed, the teacher frowned, shutting her ears.

When I finished singing the national anthem, I kept standing in front of the blackboard and during several minutes, the teacher was describing in details how horrible my singing had been. Finally I could return to my seat, “good“ being marked in my record book. I can still remember how much I cried at home. Since then, I have been feeling a sort of aversion towards singing. Sometimes, I would like to sing along with

my friends at a campfire, or to hum a melody when I am alone, but, unfortunately, my mental barrier does not allow me to do so. It is surprising how little may do so that a child loses its self-confidence.“

At the **university**, one of the students described her primary stressful experience as follows:

“Professor, a middle-aged woman, makes an impression of a severe and cold person. She provokes feelings of apprehension in others and nobody dares to get too close to her, and I am not referring just to students, boys and girls. She is a type of a person who keeps her distance from the others. Since the very first lesson, she implemented certain rules which had to be observed without any exception, and if somebody was not up to such demands, s/he simply had a bad luck. In her lessons I often felt like at the primary school, where I had to be a nice obedient girl, or else the teacher would become angry and it would be bad.

Recently, a partnership relation between a teacher and pupil has been enforced and I think that especially at a university such a partnership should exist; however, the relationship in the above-mentioned case was very far from being a partnership. If in practical lessons we made a mistake in an exercise, when we failed in something, we had to listen to a rather long speech about how it was possible for somebody with such poor knowledge to be admitted in university and if our performance would not improve, we should better go selling vegetables at the greengrocer’s, as a university was not the right place for us. I was almost shocked by such words. However, everybody was silent. Many times, when we were looking at her aghast, she just asked whether we had any problem, saying it in such a tone that everybody preferred to say there was no problem. She really treated us repeatedly as if we were children whom she tried to re-educate, and not adults who should be respected.“

Secondary stressful experience is a situation in which pupils, students or teachers are not directly exposed to the stress themselves, they are not direct victims, but they have witnessed a *direct* stressing out of somebody whom they feel close, e.g. a classmate, friend, relative or colleague. They perceived socially their stressful experiences which had a negative impact on their own feelings and mental discomfort; they also experienced a mental shock. Such a shock, however, is usually less intense than the primary stressful experience.

*I had one stressful experience at the **secondary school**, when the teacher of physics told in front of the whole class to our classmate, who wanted physics to be part of his school-leaving examination, that he had never ever seen such an idiot. I trembled with fear that he would examine me as well and humiliate me in the same manner as he did with my classmate.*

One of the **university** students described her secondary stressful experience as follows:

“In one of the seminars, we discussed the topics of our bachelor works. Everybody had to explain in which manner s/he prepared the practical part. The first one to speak was a girl whose bachelor-work topic was Dancing Therapy in Physically Handicapped Children. It was one of the most difficult topics, as there is little literature available on such a topic. Our colleague designed and prepared the individual lessons of dancing therapy for her hobby group, the members of which were physically handicapped pupils who decided on their own free will to be part of the group. In her work, our colleague was inspired by an available literature on dancing therapy; she also used her own experience which she had obtained as a member of a dancing group, and the individual lessons were adapted to the individual capabilities of the pupils. In my opinion it was a very time-consuming work and the implementation required courage, creativity, responsibility and good organisational capabilities. Our colleague told us that her dancing lessons were regularly, voluntarily and with quite an enthusiasm attended by several physically handicapped pupils, some of them handicapped quite severally. Our colleague did with her pupils different physical activities to music, free bodily expression of music, group dancing and music relaxation.

When our colleague presented and described her project, the teacher started evaluate very negatively everything what she had done. He told it was very improper to apply dancing therapy to the physically handicapped. He criticised our colleague saying that she surely had frustrated her pupils too much, as the physically handicapped never could dance and move to the music aesthetically, and that it surely had to be a knock to their self-confidence. He refused her project declaring it to be nonsense. He did not react to her arguments that the pupils attended her lessons with enthusiasm and out of their free will, because they enjoyed dancing, it was new to them and it was not about aesthetics but about the joy of moving to music and rhythm, and it was a certain type of relaxation. The teacher kept enforcing his subjective opinion and tried to convince our colleague to accept that her work was a mistake. I think he even did not realise how insensitive his attitude was. All this was quite stressful, sad and demotivating. There was a tension in the classroom, everybody disagreed silently, however, we did not dare to protest. After such an experience, we better did not discuss our bachelor works with that teacher.”

Tertiary stressful experience is such a situation when pupils, students or teachers are direct witnesses of the stress of people they did not know before and did not have any personal relationship with, however, they feel mental discomfort when being witnesses to their stress. The intensity of a tertiary stressful experience is usually less intense than that of the primary and secondary ones.

My task was to take a class-register book to a classroom where a nervous teacher had an art education lesson. When I entered the classroom, the teacher was beating one of the pupils in his head by a metal box of aquarelle paints. The teacher was shouting and calling names the whole class. I got scared of her; I put the class-register book on the table, leaving as fast as I could. I felt happy that such a teacher did not teach the class where I belonged.

Quaternary stressful experience is such a situation when pupils, students or teachers are *post facto* informed verbally or visually (e.g. movie) of a stressful experience of other people. In a sensitive or even hypersensitive individual, such a presentation of a stressful experience of other and unknown people may have a negative impact on her/his mental comfort. However, its intensity is usually lower than that of the primary, secondary and tertiary ones.

My friend at the secondary comprehensive school told me crying that her mathematics teacher invited her parents for a personal meeting, because my friend was to fail the maths. It was a written invitation sent by post and my friend had not known about it before. When she arrived home, there was lots of shouting, investigations and explanations. My friend could not understand at all what was going on, she was shocked and defended herself saying that her resulting mark in maths was good.

I sympathised with my friend; I also felt tense, waiting impatiently for the result of the meeting of her parents with the teacher. The outcome was quite surprising: the teacher told the parents that their daughter's results were not that bad, that she had sent the letter just to scare the girl and make her study more thoroughly.

Symptoms of Stress of Pupils, Students and Teachers

Hyperarousal, hyperexcitation, hypervigility, i.e. overexcitation, hypervigilance and activation to hyperactivation, mental tension, excitement, alarm, bewilderment, continuous expectation of danger, conflict, new stress and frustration are the first and more frequent manifestations of stress, which may be only situational, short-term or also long-term.

It seems that in some teachers, due to their personality or temperament disorders or professional bias, such reactivity is permanent and typical for their behaviour and conduct. Pupils and students usually say that such teachers' behaviour is "choleric" or that they have choleric temperament accompanied by a tendency to shout, insult, ridicule, be ironic, arbitrary, apply corporal punishments and dishonesty of pupils and students whom such a teacher considers problematic.

It might be said that teachers with fixed hyperexcited behaviour consider such a behaviour and conduct to be a useful fear-inducing adapting technique which reduces an important portion of hyperactivity, assertiveness and aggression of active and self-confident pupils and students, because such behaviour produces reactions of anxiety or even fear of the teacher.

Intrusive behaviour and feeling is the second most frequent symptom of a stressful experience; such behaviour is typical of annoying, persistent, obtrusive and obsessively recurrent feelings or tendencies to repeatedly live through such a crisis or stress again. Such a repeated imagining of the stressful situation and thinking about what happened is usually accompanied by so-called *flashbacks*, re-living through the situation, experiencing similar feelings as those which were provoked by the original real situation.

The third most frequent feature of the stress is so-called **psychological constriction**, a certain inner mental contraction, constriction, a sort of a mental immobilising

constriction, narrowing, which may have not only acute but also chronic character. This is a deformed perception of a passive defensive adaptive mechanism. This also has an anaesthetic effect against the stressful situation which is being experienced. It is an avoidance reaction.

Pupils and students often mentioned the following psychosomatic **effects** (symptoms) of the stressful experience:

Reduction of their own self-confidence and self-reliance when they have been exposed to ridiculing of their intelligence or appearance, looks, weight or clothes;
Aversion towards the teacher and her/his subject;
Blocking of logical thinking and reasoning;
Disorders of attention and memory;
Chronic fear of the behaviour of the “choleric” teacher;
Fear up to phobia of examining and unjust evaluation;
Emotional excitement and affective lability;
Subdepression up to depression;
Headache;
Sleep disorders;
Stomachache, vomiting;
Intestinal problems;
General sickness up to unconsciousness;
Generally increased neuroticism.

The Level of Mental Vulnerability in Pupils, Students and Teachers

Neither children nor adults have the same level of mental vulnerability; everybody has her/his own level of and predisposition towards mental vulnerability, being such a vulnerability current, long-term (chronic) or permanent.

Some individuals are well-balanced, more resistant and unassailable, more *resilient* against traumatic stressful experiences.

Others are more sensitive or abnormally hypersensitive and the traumas and stresses have negative impacts and more or less accentuated inner or external effects and isolated or global effects on their mental state and personality.

A sensitive personality lives through a mental trauma her/himself if s/he accidentally and unwillingly stressed somebody.

Especially such people are vulnerable to stress who show increased biological or psychological *vulnerability*, *diathesis*, predisposition to vulnerability, tendency and disposition to suffer stress with such an intensity that it causes psychosomatic problems, mental or somatic failures or disorders (especially functional disorders).

Vulnerability is broken down into *primary vulnerability* (functional, genetically inherent, acquired in an early development phase), and *secondary vulnerability* acquired as late as during the course of life and manifested in a form of disposition, susceptibility,

tendency to the development of psychosomatic disorders, especially functional failures and disorders e.g. due to pessimal mental strain, chronic frustrations or diseases.

Especially in education such a fact should be taken into account. Such people are more prone to suffer stressful experiences who are sensitive up to hypersensitive, exhausted after diseases or injuries and operations, people with reduced self-confidence and self-reliance, little mentally integrated.

To a certain grade, this may be an inherent, genetically conditioned issue.

However, resistance against stress, personal resilience, resistance and hardiness should be trained and developed.

Phases of Experiencing of Stressful Experiences

According to H. Selye (1966), the first phase of the adaptation syndrome is an **alarm**, alert, emergency phase. It is manifested through strong excitation, hyperarousal and arousal.

Resistance is the second phase of the adaptation syndrome (resistance, adapting). The organism wishes to get used to, to become adapted to being traumatised. However, obsessions and intrusions frequently appear in such a phase.

Exhaustion is the third phase of the adaptation syndrome, which stands for a complete, holistic failure of adaptive and regulatory mechanisms of the organism. Such a situation may result in a serious endangering of one's health and life.

Therapy and Prevention of Stressful Experiences at School

Psychosocial and Educational Support and Aid at the Detection of an Acute Stressful Experience

First of all, it is necessary to provide the mentally traumatised person with comprehensive, especially psychosocial **support** and enable the **defusing**, i.e. a possibility to spontaneously unbosom her/himself and release (partially, at least) accumulated and retained explosive emotions in a conversation.

This includes also a non-professional social support from non-professionals, friends, classmates, fellow-workers or relatives. Child or adult who has experienced an acute mental trauma, should have the possibility to cry, shout, complain, swear, vent her/his emotions, relax. It is not advisable to convince such a person that s/he is brave, able to overcome the problem without complaining and crying and without the help of the others.

Further suitable procedure is to assure for the affected individuals a possibility of **debriefing**, i.e. a single official professional consultation (often group consultation) in which immediate professional analysis of the traumatic experience will be performed, verbal and possibly printed information will be provided, and adequate antitraumatic intervention or remedial specialised care, support and aid will be proposed, in order to reduce inner mental tensions in the affected individuals and to raise a subjective feeling of control over the situation. For such a purpose, roles and positions of the individuals in the team of supporters must be clearly defined.

Sometimes it is necessary to provide professional and specialised **intervention**.

This means a prolonged specialised counselling or psychotherapeutic care, provided by school, counselling or clinical psychologists or psychiatrists and specialised and social educators, members of so-called supporting professions (Baštecká, B. aj. 2005; Preis, M.-Vizinová, D. 1999). Such a care includes e.g. gradual reduction of inadequate irrational and dysfunctional strategies of managing a stressful situation and reduction of pathological symptoms.

First, *immediate* impacts and effects of traumatising are being resolved, and then *long-term* impacts and effects are being addressed. The family of the affected individual is usually also included in such a comprehensive therapy.

An intervention in the school and sometimes the change of class or also school may be the right solution for pupils and students.

Primary Prevention of Stress at School

Teachers and parents should be informed in an adequate manner of the possibilities of the prevention and impediment of the occurrence of defects and disorders of mental health of pupils and students and also teachers, and of the manner of developing a healthy lifestyle and social communication skill. Education is important which promotes healthy lifestyle and which reduces negative thinking, feeling and inferiority complexes.

Secondary Prevention of Stress at School

This topic covers a correct diagnose of defects and disorders induced by mental traumas suffered at school and the treatment of these; an in-time detection of already-existing psychosocial problems is a condition for an adequate remedy of these. It is recommended to adequately apply debriefing and crisis intervention, consultancy and psychotherapy. Adequate defensive reaction and mechanisms which are not always fully conscious, may be supported e.g. by compensation, fantasy abreaction, rationalisation, substitution, resignation and sometimes even repression. Non-disturbing support, especially informational, emotional and instrumental support should be provided.

Tertiary Stress Prevention

Worsening of an already developed defect or disorder should be prevented, bearing in mind the fact that a complete recovery is either very difficult or impossible. Self-care should be emphasised (care which non-professionals, non-healthcare professionals, provide in a responsible manner to themselves or to each other, e.g. within family or at work: self-care includes, e.g. first aid, drug administration and psychosocial care), resocialisation and sociotherapy.

Quaternary Stress Prevention

Within such a prevention, a developed and chronic defect or disorder should be identified; such a problem is usually impossible to eliminate completely, however, some of its effects may be at least mitigated. In such a prevention, professionally informed self-regulation, self-education, self-care, relaxation and autosuggestion training and supportive social communication play important roles.

Adaptive methods for mental strain management may be broken down as follows:

General:

- Aggression;
- Escape.

Special:

Active (rather typical of extroverts):

- *Attracting of attention;*
- *Identification;*
- *Substitution;*
- *Rationalisation;*
- *Projection.*

Passive (rather typical of introverts):

- *Isolation;*
- *Negativism;*
- *Regression;*
- *Repression;*
- *Fantasy.*

It is necessary to realise that the individual adaptive techniques overlap and that they do not exclude each other.

The adequate application of adaptive techniques results in the *adaptation*, which is a certain status (level) of coping with effects which a person suffers in the social process. Conditions of *dysadaptation* are the result of an inadequate application of adaptive techniques.

Aggression is an active reaction to difficult situations in life which quickly reduces the existing mental tension.

Aggression may be adequate or inadequate, specific, expressed differentially, accurately focused or non-specific, non-differentiated, "blind". Specific aggression requires a certain amount of feeling of dignity and strength.

We consider important the following list of behavioural signs or symptoms, which may eventuate in aggression and verbal or also brachial aggression. They are described e.g. by M. Šulek (1998).

1. *Overall affection (nervousness) and agitation.*
2. *Often and fast movements of upper limbs.*
3. *Warning gestures.*
4. *Foot tapping.*
5. *Long staring in the eyes.*
6. *Disturbance of the personal space of the manager.*
7. *Bumping in the table or other parts of equipment.*
8. *Taut up to tenacious posture.*
9. *Tense facial muscles.*

10. *Blushing.*
11. *Tics of facial muscles.*
12. *Bumping of fist in the palm.*
13. *Poking.*
14. *Sudden change in behaviour.*
15. *Getting pale in the face.*

If there has already been an *aggressive reaction against some person*, the following approach is recommended:

1. *One should try to make a calm impression, behave with self-control and self-assurance, however not to be disapproving or bossy.*
2. *Speak in a normal tone.*
3. *Make attempts at the distraction and shifting of attention.*
4. *Approach step by step an escape path.*
5. *Avoid being "cornered" in the room.*
6. *If the aggressor has a weapon, s/he should be asked to put it down.*
7. *Eliminate objects (e.g. ash tray) which could be used as weapons by the aggressor.*
8. *People inciting the aggressor should disperse.*
9. *Non-involved people may be asked for help or for help mediation.*
10. *Do not look in a "different direction".*

Aggression may be also broken down into an open (direct) and disguised aggression.

Disguised forms of aggression are, e.g., as follows: raillery, banter on the expense of others, caricaturing of others, ignoring of the pleading of others, derogation, irony, sarcasm, defamation, accusation of others for circumstances and self-accusation.

Open forms of aggression are, e.g., as follows: disapproving mimicking, verbal offences, warning gestures, vulgar words, rebelling, brachial (hand) aggression, anger attacks.

Heteroaggression is an aggression directed to other people.

Auto-aggression is an aggression directed to oneself. It may be *total* (suicide attempt) or *elective* (biting one's lips, ripping one's hair out, etc.). A person punishes oneself for things which s/he considers wrong.

Suppressed aggression often leads towards so-called *somatisation*: a psychosomatic disease, high blood pressure, ulcerous disease, brachial attack, etc.

Transaggression is an aggression transferred to another object or person (also vendetta belongs here).

This is, in a certain way, rather an escape than aggressive reaction. Let's mention one example: In Japan, some large companies had dummies made with faces of managers and other important local civil servants. Every employee may slap such dummies in the face as s/he wishes.

A common example of so-called "*cycling*" is when a subordinate is verbally attacked by his manager and he does not dare to protest; when he comes home, he rebukes

his wife without any reason; his wife vents her tension by slapping her child; the child starts torturing some domestic animal or breaking down her/his toys.

Causes and conditions of *aggression* may be, e.g., as follows: frustration, conflicts, stresses, excess of energy, lack of self-control and discipline, jealousy, rivalry, feeling of not being understood, lack of acceptance feeling, fatigue, hunger, suffering, disorder of the basic life mood, etc.

Human aggression (also aggression in children) was scientifically addressed e.g. by I. Čermák (1999).

Resistance of an individual against **frustration**, so-called *frustration tolerance*, stands for a functional unity of personality, motivation and social characteristics.

A case of a typical frustration, for example, may be a situation when a child's failure in a cognitive demanding school task is made socially public on the background of social acknowledgement of successful pupils (students).

Z. Mlčák (1999) found out that both in a situation of frustration or devaluation and a situation of acknowledgement – *evaluation, introvert children show* in a 1 %-level of significance a markedly higher level of anxiety as compared to extrovert children. In individuals suffering from any form of central nervous system disorder, many impulses, which are indifferent for healthy and well-balanced individuals, play a role of stressors or labilisers.

Stressors (labilisers) together with other negative environmental conditions affect mental and corporal health. Quality and quantity of health problems is closely linked to the adaptability of an individual. Adaptability enables an individual to flexibly react to changes of external and internal environment and to head towards biopsychosocial balance and wellness.

A pre-stress situation stands for such a level of tension which an individual is able to withstand without succumbing to an increased neuroticism or nervousness.

Stress is manifested as tension which influences emotions, thinking, cognitive effort and physical condition of every person. Stressful conditions are caused by so-called *stressful situations*, which may be classified into four groups as follows:

Anticipation stress (e.g. fear of possible failure or ridiculing);

Time stress (too many things must be done in a short period of time);

Event-related stress (we are endangered by acute extraordinary life events and labilisers, e.g. serious illness);

Stress caused by negative *social contact* (misunderstanding in the family, at work, with superior or subordinate people).

Approximately 57 % of stresses originate in the workplace, and around 43 % of stresses originate in family and private life.

It is possible to distinguish *manifestation of stress* in the *somatic* area (e.g. headaches), *emotional* area (e.g. hyperaesthesia) and the *behavioural* area (e.g. compulsive overeating).

A higher resistance against frustration and stress is usually observed in so-called “*strong*” personalities, and a lower resistance is found in “*weaker*” personalities with over-sensitive and maladaptive reactions even to less demanding life situations.

To a large degree, the reaction depends on inherent (constitutional) characteristics of the individual, health condition and age and experience in life, and a learnt manner of coping with demanding situations.

A gradual increase of demands, problems and obstacles makes the organism to cope with them and its resistance grows. On the other hand, an unexpected *sudden collision* with a highly frustrating situation easily causes a condition of frustration or stress, or it may lead towards the occurrence of a neurotic reaction or neurosis or other disorder.

An important role in the creation of *optimistic life attitude* and resistance to frustration and stresses might be played by *experiences* of the individual obtained in early childhood (e.g. refusal of the child; too severe approach to the child; inconsequent education).

The escape is a manner of or attempt at the **reduction of mental tension** in demanding life situations (especially in a strange territory).

Escape and its Types:

Physical

Runaway,
Withdrawal.

Mental:

Purposeful overhearing or overlooking;

Evasion using a verbal excuse;

Unusually adaptive (conformist) behaviour;

Escape to loneliness, isolation, selective interaction;

An individual consciously and subconsciously evades people and situations which could endanger her/his self-consciousness and disturb her/his feeling of her/his own value, and on the contrary, s/he seeks such people and situations who confirm her/his positive self-approach or who even help to increase her/his self-consciousness;

Escape to intense or stereotype activity or work (e.g. washing the floor although it is clean);

Escape to mysticism;

Escape to disease (e.g. in hysterical personalities, such an escape may be conscious, purposeful but also semi-conscious or unconscious);

Escape to alcohol, drug-addiction;

Escape to resignation, to the world of illusions.

Active Adapting Operations

In terms of the first out of two adapting techniques - **aggression**, we may describe five special types of *active* adapting operations:

- *Drawing of attention;*
- *Identification;*
- *Substitution;*
- *Rationalisation;*
- *Projection.*

Drawing of Attention

This means an increased egocentrism and a necessity to reduce the inferiority complex. It often appears in neglected, overlooked, refused and underestimated persons, or persons educated in a too strict manner, and also in people who were exposed to an exaggerated admiration, exaggerated care and often provoked to acting, attraction and “monkey tricks”.

Examples of non-adequate drawing of attention are e.g. too loud speech, boasting, ostentatious behaviour, exaggerating, not letting the others have their say, speaking mostly of her/himself, non-reacting to suggestions of another person, eye-catching hair-do and clothing, effort to attract attention by means of unusually self-contained or undisciplined behaviour.

In young children, so-called “body language“ may be observed: crying, breath-holding, fits of anger, wetting one’s clothes, fouling, sucking one’s thumb, nail biting, pendulous movement, apastia, lingering over one’s meal, vomiting, pulling faces, etc. Some children draw attention of people around also by means of stammering, stuttering or dyslalia in their speech even when they are capable of a correct pronunciation.

Identification (“identifying”)

Identification means that people take over certain manners of expression and characteristics of other people. Not just the content is imitated but also the form: gestures, mimicking, hair-style, clothing, voice melody, voice strength, vigour of speech of people with whom one identifies her/himself.

By means of identification a person achieves socialisation on various levels depending on the level of her/his ideal. By means of identification a person takes self-confidence and self-assurance; s/he stresses the merits of close people or groups to which s/he belongs: e.g. a person boasts of the profession or property of her/his relatives, success of her/his sports club, school or workplace, etc.

A person may identify her/himself with:

Individuals (parents; friend; teacher; actor; excellent, clever, educated individuals but also frustrators);

Reference group (class, school, company, army branch, sports club, one’s own or foreign nation, etc.).

It is also possible to identify oneself with *past values* of a group, e.g. town tradition, family origin;

Things (equipment of a flat, summer house, car). Such people often think of what they have and not who they are;

Ideas (e.g. Comenius, Hus, etc.).

The level and form of one's identification is closely related to the integrity, stability and moral level of the personality. If so-called neurotic (extremely exaggerated) identification occurs, i.e. *introjection*, the person loses her/his own personality and originality. The person does not have her/his own vocabulary, lifestyle, expression, voice, smile, movements and does not express her/his own thoughts. Knowing with what or whom the person identifies her/himself may be the starting point for her/his correct education or re-education.

Substitution

This means alternative adaptive mechanisms (sublimation, compensation and somatisation or conversion).

Sublimation (“refusing”, “improvement”) means that socially disapproved behaviour is substituted with socially approved behaviour. Sublimation reduces the feeling of guilt. Not every person is capable of sublimation.

Depth psychologists and educators consider the method of sublimation the most efficient method of education. Inner forces of a person are directed (inner instinctive energies) and the energy of these is transformed to socially useful and valuable activity.

The compensation means that a person tries to compensate the impossibility of the achievement of success in one area with a success in another area, no matter if such an area is related or completely different. In such a case, an intellectually less equipped person likes to show off her/his physical qualities and skills (e.g. swimming, wrestling), ownership of material possessions or intake of large quantity of drinks, drugs or food. Somatisation (conversion) means that a person transfers her/his mental strain into the functioning of corporal systems (which leads, e.g. towards the development of high blood pressure, gastric ulcers, inexplicable headaches, allergy problems and other civilisation diseases).

Rationalisation

Rationalisation means explaining and excusing of rather improper and irrational behaviour with socially acceptable rational reasons. Rationalisation protects against feelings of one's guilt, remorse. On the other hand, *alibism* stands for a conscious transfer of facts to different levels of meaning; it is a manifestation of rational constructivism, which of course does not comply with the reality.

The reality is usually rationalised applying a method of “sour grapes“ or “sweet lemons”. Applying the method of “*sweet lemons*” people make their situation subjectively more bearable. For example, a person who has fallen ill feels happy because s/he will have time for reading. A student, who has not been too successful in exams, may rationalise her/his situation applying the method of “*sour grapes*”: “I am not a boring crammer.”

So-called *intellectualisation* is a mechanism similar to rationalisation; it is often applied by people suffering from human-relations anxiety – it is an attempt at the protection against emotional content of impressions or situations, an attempt at understanding these exclusively from the rational point of view. However, an attempt at the elimination of pain and other unpleasant emotional experiences often results in the loss of ability to experience pleasant experiences.

Projection

This method reduces feelings of guilt, anxiety, tension, etc. applying the mechanism of “I judge you according to myself”. It is also related to suspicion, to paranoid tendencies.

Projection may be *assimilative* or contrarious, refusing, *negativistic*. In relation to the projection, psychoanalysis and psychotherapy also use terms transmission and counter-transmission. This means blaming another person, blaming so-called “objective causes,” etc.

In an *assimilative* projection, a person attributes to others such characteristics and motives which s/he admits in her/himself but of which s/he knows that they are not correct (“everybody lies, steals, gets drunk, etc.”). Such a person attributes her/his own negative characteristics also to the others.

In a *contrarious* projection, a person attributes her/his guilt, negative characteristics, omission and negligence to others, denying such characteristics in her/himself. (“I think you don’t love me.”) Externally, her/his behaviour is contrary to her/his real motives. (“Everybody except me is inapt here “.) Also excuses such as an existence of objective problems, *extrapunitivity* (“The machine is bad.”) and *impunitivity* (“This is force majeure, nobody can be blamed for this, not even I.”).

Sometimes, in stead of contrarious projection, terms such as contrarious reaction, formed aggression or *reactive formation* are used, (“Women are the cause of all the depravation”, wicked men use to say). A close relation of the projection (transfer) to the repression may be observed in such a case. Sometimes, the negative projection may be observed among the involved (there are pathological transfers and counter-transfers observed).

Passive Adaptive Operations

In terms of the second basic adaptive technique - **escape** – the following five special types of *passive* adaptive operations may be described:

- *Isolation;*
- *Negativism;*
- *Regression;*
- *Repression;*
- *Fantasy.*

Isolation

This means a withdrawal into one's shell, into solitude, due to a fear of failure when resolving a difficult situation, of humiliation, harsh competition.

Isolation may be *short-term*, transitory or *long-term*, chronic. The more difficult the life situation, the more people become reserved. However, sometimes a *paradoxical* reaction appears – some people, under the heavy pressure of fear and fatigue, become spontaneously communicative, and such a communicativeness is discontinued only when the critical situation is overcome.

Isolation reduces the opportunity to acquire manner of behaviour necessary for living in a group, which increases the probability of frustration incidence in the future. Isolation is often connected to *resignation*.

People suffering from some incurable physical handicap are prone to isolation, apathy and solitude (e.g. deaf and hard of hearing people). Sometimes, however, after having overcome the initial distrust or aversion, it is possible to achieve a limitation of such a mechanism and such a resignation may be overcome.

Negativism

This is a behaviour contrarious to what is expected or required, or what is required in a certain situation.

Sometimes this means an exaggerated tendency towards opposition, independence, freedom and originality. It may be either passive or active, disguised or open. Negativism is usually strengthened by concessions of the others. Some people are so-called *opponents on principle*.

Adequately applied negativism strengthens self-consciousness, it helps to develop independence, activity, initiative and stamina. It trains a person for the immunity against undesirable effects, it helps to keep one's opinions also when being under pressure.

At the young age, negativism is manifested, e.g. by holding one's breath, affective respiratory spasm, outbursts of anger, selective mutism, etc. In the teenage phase, *an increase of negativism* may be observed. A young person, in her/his strive for independence, likes to confront her/his opinions with those of the adults. In old people, negativism is a form of a protest against decreased satisfaction with life processes.

Regression (infantilization)

This is a regression to a previous behaviour or reactions which were considered acceptable in the previous phases of development, however, currently they are not adequate.

Regression may be often observed in emotionally disappointed, old, injured and sick people. A person behaves like a little child, or her/his behaviour is loutish or stubborn.

For example, a three-year-old child also wants a pacifier after its younger sibling is born; it starts wetting itself again although it was already able to keep clean, it wants to be cuddled, nursed. Also elderly people's yearning for "good old times" belongs to

this category. In tired people, mechanisms of regression may be observed much more frequently. Such people are e.g. more dependent on good human relations.

So-called *fixation* is also a type of regression (e.g. stereotypification of activities; repetition of the same mistakes; e.g. importance of learning by heart is stressed in self-instruction; fixation on the observance of one's own health condition), it means that one become fixed to a certain object or a manner of meeting one's needs in situations which should require a different behaviour.

Transgression is a contrarious phenomena, i.e. behaviour higher from the developmental point of view than it could be expected at a certain age (e.g. fear of death in a healthy child; exaggerated politeness and austerity, etc.).

Repression

This means a complete or partial suppression, denial of different affect-charged information, impulses, motives and facts. Such situations are suppressed which are painful, burdensome, socially or personally unfavourable, etc.

A person often reacts by means of the repression mechanism to such thoughts and tendencies which are not in compliance with her/his goals, ideals and principles. This is a sort of a *selective perception*.

In such cases, denial is a sort of a symbolic "eyes-shutting" and "ears-shutting" to some adverse information and facts, which one cannot cope with and prefers to create her/his own more optimistic version of the reality.

This includes the overhearing of warning, recommendation, invitation, request, some forms of inattention, such as protection against overload, hysterical inactivation and so-called *segregation*.

For example, a person who most of the time lives a decent life, forgets from time to time her/his principles and goes to "blow off steam", in order to release her/his inner tension and "retune" her/himself. However, segregation may lead towards *disintegration*, a split of personality.

Repression is often connected to pervasive phobia (fear).

Fear is similar to anxiety, but it has an objective character. It also has a protective function and it is based upon a *functional* tension. It is a preparation of the organism for an increased activity, especially its first phase (higher perception selectivity, accelerated reactions, accelerated metabolism). In the second strengthened phase of fear, tension becomes *dysfunctional* and it disturbs the activity.

Fantasy

The mechanism of an escape to fanciful, dream-like satisfaction of frustrated and deprived necessities is sometimes observed also in artistic work (*The Grandmother* by Božena Němcová), but also in non-creative mechanical work, monotonous activity, lack of social participation, and also in an excessive social stimulation immediately after a failure.

Fanciful adaptive mechanism reduces tension and anxiety. It often has a form of *daydreams*. Three *phases* may be experienced during fanciful dreaming: escape, gradual

relaxation and a beginning of a new prospect. There is a certain danger in an exaggerated fanciful dreaming as it may become a bad habit.

The substitute activity is related to fantasy; reading, video, movies, television, tourism, sport, visits to entertainment centres, etc. are means of a temporary “shutting-off” of the external world. Such means are important for the maintaining of mental balance, however they should not substitute the reality in a too one-sided manner. *An increased fanciful activity*, so-called daydreams, is rather typical of the teenage character change.

People should apply the individual adaptive techniques in an adequate manner in order to strive for an improvement of their mental and personal resistance when resolving difficult life situations (including conflicts).

Every person should acquire the widest possible *repertory* of adaptive mechanisms and apply these in the most differential and flexible manner (in compliance with environment, situation, age, time and area of life). This should also be the goal of the educational care.

Preference of the individual types of adaptive techniques and the fixation of these depends on the grade to which a person has applied such a technique for tension reduction in the past, on one’s personality type and temperament. Even in difficult situations, people should be able to keep calm and consider or change their goals and the ways leading towards such goals.

Ethic aspects should be the principal criterion of suitability of the application of adaptive techniques.

However, people do not always act in compliance with a certain objective condition of things and facts, but in compliance with their own opinion, mood, emotion, attitude, according to their subjective attribution, evaluation and interpretation of the situation. An egocentric *tendency of self-protective attribution* is often observed, i.e. a tendency to attribute one’s success to her/himself and the failure to other people or situation factors.

Lazarus’s theory (Křivohlavý, 1994) of four strategies of stress management is also interesting: indifference, avoidance of the effect of noxa (stressor), attacking of noxa and strengthening of one’s own strength sources.

R.S. Lazarus (1999) says that a person assesses every traumatic episode from the point of view of its importance which it has for her/his further life. In the primary assessment, such an episode may mean *threat*, *loss* or *challenge* for a person. In the secondary assessment, a person assesses her/his own possibilities for the solution or management of such a traumatic or stressful situation. Effects of a traumatic episode are usually more serious than a threatening stressful episode.

The strategy of *indifference* means that the individual tries to cope with the strain by means of impassive behaviour and minimisation of her/his interest. However, s/he may succumb to feelings of helplessness, despair, from subdepression to depression.

The strategy of *noxa’s effect avoidance* (stressor) means an attempt at the escape from the situation in which the stressor exists. Fear and anxiety are common in such a strategy.

The strategy of *noxa’s attack* is an active (up to aggressive) attack against the effect of the stressor with the objective to reduce its intensity or to eliminate it completely.

The strategy of *strengthening of one's own force sources* means an increase of resistance of organism against strain, improvement of self-control, self-command and self-motivation, which is a precautionary measure before the stressful situation breakout.

In the case of the strain breakout, there is an effort to manage such a situation in an adequate or optimum manner by means of the application of efficient protective techniques.

Many stresses and traumas could be prevented by the people who work with children and young people, especially in the area of education, if knowledge of psychology of health, psychohygienic, ethic and aesthetic standards were respected in the everyday life (Míček, L. – Zeman,V., 1992; Žilínek, 1997; Řehulka, E.-Řehulková, O.,1998; Jankovský , 2003).

STRESUJÍCÍ ZÁŽITKY VE ŠKOLNÍM VĚKU Z HLEDISKA RETROSPEKTIVY POSLUCHAČŮ VYSOKÉ ŠKOLY

Abstrakt: Příspěvek se výzkumně zabývá stresujícími zážitky a traumaty v dosavadním životě vysokoškolských studentů. Z hlediska pořadí traumat se na první místo dostalo úmrtí blízké osoby a hned na druhé místo traumata prožitá na školách. Další stresy v pořadí se týkaly problémů v práci, rozvodů a rozchodů, vážných nemocí blízkých osob, vlastních nemocí, existenčních potíží, přítomnosti úmrtí neznámého člověka, vlastní autonehody, osobního neúspěchu, problémů s přáteli a rodinných sporů. Byly diferencovány a popsány i druhy (typy) školních psychických traumat (stresů) prožívaných dětmi, žáky i studenty na mateřských, základních, středních i vysokých školách a byla doporučena prevence a terapie stresových, krizových a traumatických zážitků.

Klíčová slova: stresující zážitky, typy psychických traumat, psychická nepohoda v mateřské, základní, střední a vysoké škole, prevence stresů, terapie stresů a psychotraumat.