

Hurried child syndrome: A narrative review

Amit Agrawal¹, Shweta Sharma¹, Jyotshna Shrivastava²

From ¹Associate Professor, Department of Pediatrics, Gandhi Medical College and Kamla Nehru Hospital, ²Professor and Head, Department of Pediatrics, Gandhi Medical College and Hamidia Hospital, Bhopal, Madhya Pradesh, India

ABSTRACT

When a child's parents expect him or her to perform much above his or her mental, social, or emotional capacity, the condition known as "Hurried Child Syndrome (HCS)" develops. In today's world, parents overbook their kids' calendars, push them to do well in school, and demand that they behave and react just like little adults. The current situation of trade is one of the other considerations. We live in a time-restricted culture, where the emphasis is primarily on speed, instant gratification, fast meals, etc. This eventually leads to parenting a hurried child. The current research review focuses on the causes, consequences, and preventative approaches of the resulting HCS.

Keywords: Adolescents, Hurried child syndrome, Stress, Stress-related behavior

Childhood is regarded as the time when a person is free from any stress and problems. Children's worlds are full with games and cheers that keep them away from melancholy and grief, and they pass this time without any obligations. In the environment of relationships they live in, children rely on the supervision of adults. This gives two generations of efforts to promote healthy growth. Early social interactions have a positive or negative impact on how a child's developing brain and biological systems. However, in the recent times, parents, educators, and the media are constantly prioritizing their own interests over those of their children. This results in neglect and failure to acknowledge the needs and wants of the children. Therefore, the children of the current generation are susceptible to demands to hasten and mature too quickly. As a result, children suffer stress due to "unique pressures for adaptability" imposed on them.

When a person's capacity to handle the demands of a position is exceeded, stress results. Thus, children who are expected by the parents and the society to perform beyond their ability suffer early life stress. However, in actuality, stress is a defense mechanism against stressors. This results in a condition called as "hurried child syndrome (HCS)." This syndrome occurs when parents overschedule their kids' lives, put a lot of pressure on them to do well in school, and then expect them to act and behave like adults [1]. As a result, the child develops stress-related symptoms such as type A behavior, free-floating worry, school burnout, and learned helplessness [2].

Chronic stress can alter the brain and cause physiological changes that affect health and developmental consequences over the course of a person's life [3]. Children are especially vulnerable to the effects of chronic stress during sensitive and crucial times of early childhood, and adolescent stages of development; therefore, exposure to stress can be detrimental to them [4]. Antidepressants are, now, recommended to millions of stressed-out children and adolescents due to the prevalence and recent rise in stress-related mental health issues in children and adolescents [5]. The present paper aims to discuss about HCS and the problems associated with it. It also emphasizes on the unseemliness of putting kids in circumstances, where they are experiencing too much change, too much responsibility, or both.


STRESS RESPONSE IN HUMANS

The psychological reaction that occurs when a person feels threatened or challenged is referred to as stress. Stress typically has positive effects since it causes a variety of behavioral and physiological changes that help the person deal with the perceived threat. However, persistent and/or extreme stress causes these psychological, behavioral, and physiological stress response systems to be activated for a longer period of time, which results in dysregulation and adverse psychological and behavioral effects [6,7].

There are three components on how one reacts to stressful events: emotional and bodily reactions, coping processes, and defense mechanisms. The brain starts behavioral and

Correspondence to: Amit Agrawal, Department of Pediatrics, Gandhi Medical College and Kamla Nehru Hospital, Bhopal, Madhya Pradesh, India. E-mail: agrawaldramit@yahoo.co.in

© 2022 Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC-ND 4.0).

Access this article online	
Received - 24 July 2022 Initial Review - 25 July 2022 Accepted - 25 July 2022	Quick Response code 
DOI: 10.32677/ijch.v9i7.3593	

physiological changes to protect the body and is ready for a fight-or-flight reaction when it encounters any stressor.

Pathophysiology of stress response (Fig. 1):

- Allostasis refers to the physiological adjustments due to stressors, which involve the hypothalamic-pituitary-adrenal (HPA) axis and sympathetic nervous system (SNS) activity.
- Glucocorticoids, catecholamines, and cytokines are released as a result of this activation, serving as the main mediators of the stress response through their interaction in a complex, non-linear network.
- Other mediators adjust in an effort to recover homeostasis, or the equilibrium of physiological systems required to support life, as one mediator rises or falls in reaction to stress.
- The parasympathetic nervous system contributes to the negative feedback loop meant to restore physiological equilibrium by lowering inflammatory and cardiovascular responses.
- To be precise, allostasis is adaptive, and physiological systems return to normal in the absence of threat. However, prolonged release of primary mediators such as glucocorticoids, catecholamines, and cytokines can cause allostatic load or overload, which impairs the growth and operation of the brain and the neuroendocrine, immunological, metabolic, cardiovascular, and respiratory systems [8,9].

In contrast to what is shown in Fig. 1, this process takes place as part of a complicated cascade (non-linear fashion) that is also influenced by environmental factors such as individual differences and behavioral responses.

HURRIED CHILD SYNDROME

An increasing body of research on children's educational and social wellbeing has been produced as a result of changes in family structure and attitudes of the value of schooling in achieving adult status. According to research, parenting practices like deliberate nurturing and intensive parenting have refocused the middle-class families on their children, across the globe. In addition, preschool children are being asked to participate in academic activities, for which they are

obviously unprepared, which worries educators more and more. For the purpose of preparing them for elementary school, preschools are increasingly asking kids to perform tasks using a pencil and paper. Unfortunately, a new illness has now appeared as a result of this.

Elkind suggests strategies for preventing physical and emotional overloads as the non-hurried normal children, based on his considerable work with Jean Piaget's developmental theory [2].

Examples of developmental inappropriate hurrying are as follows (Fig. 2):

1. Responsibility overload: A 10-year-old child who has to step-up as a homemaker to help her working single mother.
2. Change overload: A 4-year-old must start car-pooling to get to school, and adapt to different babysitters each day.
3. Emotional overload: An 8-year-old is expected to pick one parent amongst the divorced parents.

The aforementioned overload triggers HCS. This, in turn, leads to a number of stress-related illnesses and interferes with children's ability to reach developmental milestones. Furthermore, he stated that the root cause of HCS is through the parents, school, and media. Studies by de Anda *et al.* (2000) and Östberg *et al.* (2015) reported that teenagers frequently indicated that school, specifically academic responsibilities, is one of the main sources of stress since it puts pressure on them to complete numerous things at once [13,14].

According to Susan Perrow's 2007 report, during the past 20 years, suicide rates among children and adolescents have increased by 3 times while rates of childhood obesity have increased by 50%. In addition, roughly 15–20% of young children fail to graduate kindergarten, and virtually millions of kids are given medications to make them easier to control at home and at school [1].

CAUSES OF HCS [5]

Family Pressure and Parenting Errors

Children of working or divorced parents are pressured just as much as their parents are pushed in their daily life. Therefore,

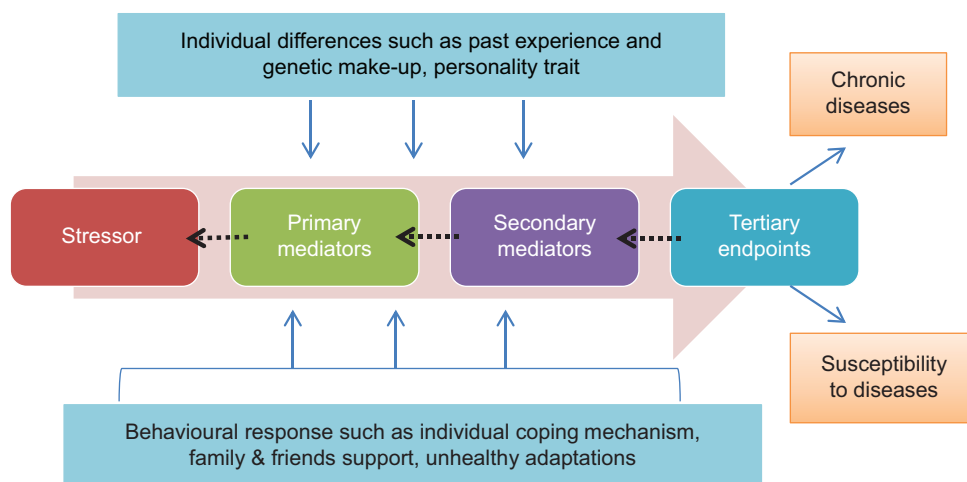


Figure 1: Pathophysiology of stress response in humans [10-12]

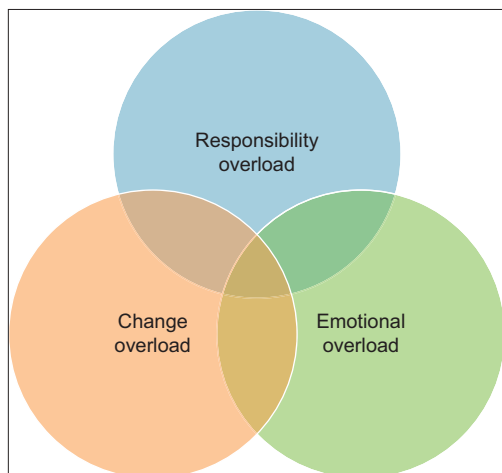


Figure 2: Developmental inappropriate hurrying causing HCS [2]

when these kids get to spend scarce amount of time with their parents and are left in a nursery, a preschool, or with a caregiver, they feel unworthy and rejected.

Setting Unreal Standards for Children's Academic Success

Setting unreal standards for children's academic success occurs when a parent anticipates academic excellence from their child. However, when kids struggle to live up to their parents' expectations, they get so nervous that they cannot improve in the future.

Super Baby Phenomenon

Small children are pushed to participate in various events to improve their reading skills, mathematics, computers and computing, sports, and beauty pageants, because every parent wishes their child to be a "super baby." Nonetheless, these kids feel worry and tension as a consequence of their parents' elevated expectations of them. The effects of these repressed emotions would be felt in the classroom and eventually cause chronic stress. This chronic stress will, in turn, affect the child's physical and mental development.

Pseudosophistication

Even while small toddlers can behave like a supermodel, an adult, or a movie star and have outstanding communication skills, they are unprepared for severe conflict. Although parents may train their child to be a super baby, these kids are not mature enough to handle life in the outside world. They become anxious in today's world when they are faced with a bad situation.

Exposure to Media and Societal Pressures

A child's development is significantly impacted by television shows, movies, reality TV, marketing, and the entertainment industry as a whole. In addition, neighbors frequently push parents by offering undesired and incorrect advice on how to raise

their children. As a result, the parents start putting pressure on their children to live up to the standards. More specifically, the parents want their kid to be a super kid like they see in the media.

Fear-, Loneliness-, and Insecurity-related stress

Stress is brought on by fear, loneliness, and uncertainty. There is little to no energy left for enthusiastic child-rearing due to the stress of divorce and single parenting as well as the pressure of living in a time of hasty changes and transience. Parental anxiety is another cause of a hurried child [15].

EFFECTS OF HCS

Neurobiological Changes

Early life experiences have a significant impact on how children develop neurologically, behaviorally, and psychologically, and they have long-lasting repercussions in a variety of areas. The brain undergoes significant rates of synaptic remodeling and regrowth during infancy and the first few years of life, when experiences can have a lasting impact on growth [16,17]. Early childhood experiences of chronic and/or extreme stress, often known as early life stress, childhood adversity, child maltreatment, or childhood trauma, have long-lasting and widespread effects on the child's development [4,18]. These psychological, behavioral, and physiological stress response systems are prolongedly activated as a result of this initial stress, which results in dysregulation and adverse psychological and behavioral outcomes [19,20].

Besides, when a child experiences chronic stress after birth, it similarly affects the child's developing stress neurobiology. The hypothalamic-pituitary-adrenocortical (HPA) axis, a crucial component of the neuroendocrine system, has been the subject of a plethora of research in both humans and animals. The prenatal and the early post-natal period are crucial for the HPA axis' development [21]. When the brain senses a threat and engages the HPA system, several important aspects of the stress response, including the mobilization of energy-saving cortisol and immune system suppression as well as other important aspects of the stress response, are also affected. These reactions have significant psychological effects, such as increased threat vigilance, increased self-defense motivation, and emotional arousal.

However, over time, chronic stress alters HPA functioning by changing the neural circuitry that underlies the body's control of stress responses. This happens as the HPA system's sensitivity is altered by repeated exposure to stressful situations, in part due to its impact on the limbic and cortical mechanisms that control HPA activity. Thought process, logic, and emotional control are influenced by cortical processes, while motivation and memory are primarily controlled by the limbic system. Stressful situations can have profound effects on behavior and cognition, because they have an impact on these systems that control HPA activity [22].

Physical Effects

Any hurried child might experience physical changes such as headache, insomnia, ulcers, stomach aches, stammering, muscular twitching, hyperactivity, and a shortened attention span [5].

In a 2018 study, Bhargava D and Trivedi H interviewed 300 kids and teenagers on stress symptoms, stressors, and coping mechanisms [23]. The study's findings indicated that 71.29% of participants reported headaches, 74.93% reported tense muscles, sore necks, and backs, 73.60% reported fatigue, 67.20% reported anxiety, worry, and phobias, 79.82% reported insomnia, 70.84% reported irritability, 64.18% reported bouts of anger, 81.60% reported binge eating, 75.38% reported constipation, and 73.69% reported restlessness.

Psychological Effects

The largest psychological impact these kids will experience is stress. They will display anxiety about getting along with others, a preference for privacy, difficulties interacting with people, pressure to live up to their parents' expectations, and anxiety about being rejected if they do not, sadness, suicidal thoughts, and other symptoms [5].

Effects on Immune System

The prolonged release of glucocorticoids and pro-inflammatory cytokines (released as a result of stress) can promote systemic inflammation, which can lead to immune system dysregulation and an increased risk for chronic illnesses [24]. In addition to controlling innate immune responses to bacterial and viral infections, glucocorticoids are crucial in preventing the synthesis of pro-inflammatory cytokines. Thus, a variety of secondary consequences related to inflammation and the immune system may result from the interaction of these basic mediators over time [25].

Metabolic Effects

In a hurried child who is under stress, chronic glucocorticoid and catecholamine production occur. This results in hyperinsulinemia and hyposecretion of growth and sex hormones due to persistent HPA-axis activation [26]. This combination eventually supports the development of central obesity and metabolic changes by causing muscle loss and the buildup of fat in visceral adipose tissue [26]. Changes in glucose, leptin, α -Amylase, and cholesterol levels are additional secondary outcomes associated with these metabolic processes in addition to changes in insulin levels [27].

PREVENTION OF HCS

The responsibility of parents in raising a rushed child is to encourage unconditional outdoor play rather than indoor play, which can avoid HCS. It's critical to comprehend the child's

strengths and liabilities. Every child's growth and development are different, and parents and educators should support this by getting kids involved in group activities.

Most importantly keep technology out of children's reach. Before giving the child any tasks, parents must keep a careful check on him or her and become familiar with their special requirements and abilities. To avoid over-programming or rushing children, parents and educators must set reasonable goals for them as well as allow them to select and pursue their hobbies (such as dance, reading, and athletics).

Children's problem-solving abilities must be strengthened by parents or caretakers by demonstrating to them that once the cause of an issue is identified, it must be resolved. They must monitor the children without troubling them and ensure that they are all participating equally. While younger kids should be watched to make sure they do not run into the streets or hurt themselves, older kids may require some alone time.

Parents need to let their children play and learn at their own speed. Let children discover things on their own through experiences, mistakes, comprehension, and successes. They must let the neighbors in as children love to play with other children. A child can develop interpersonal skills and problem-solving abilities only by engaging in creative play with other children. It is also necessary to recognize their efforts, even if they were unsuccessful because for a child, parental approval is more significant than their own success or failure.

CONCLUSION

HCS is a growing but preventable issue. It is essential that teachers, parents, and other caregivers are aware of this syndrome and make attempts to prevent it. To allow the child to experience normal growth and development, it is equally crucial that societal pressures and excessive media exposure be avoided. Further, confirming and examining if and why HCS is more likely to result in increases in stress and worry, as well as identifying additional significant pathways of HCS in causing stress and stress-related mental health issues, would be essential goals for future research.

REFERENCES

1. Perrow S. The Hurried Child Syndrome (internet). Available from: <https://timesofindia.indiatimes.com/lifestyle/relationships/parenting/The-hurried-child-syndrome/articleshow/20393458.cms> [Last accessed on 2022 Jul 20].
2. Richard D, Pearson MD, Erik L, Hewlett MD. Division of Geographic Medicine, Charlottesville, VA: University of Virginia School of Medicine; p. 22908.
3. Johnson SB, Riley AW, Granger DA, Riis J. The science of early life toxic stress for pediatric practice and advocacy. *Pediatrics* 2013;131:319-27.
4. Andersen SL. Trajectories of brain development: Point of vulnerability or window of opportunity? *Neurosci Biobehav Rev* 2003;27:3-18.
5. Mendagudli VG, Sarawad SS. Hurried child syndrome-a review. *Asian J Nurs Educ Res* 2021;11:101.
6. McEwen BS. The resilient brain: Epigenetics, stress and the lifecourse. *Psychoneuroendocrinology* 2017;83:76.
7. Sapolsky RM. Stress and the brain: Individual variability and the inverted-U. *Nat Neurosci* 2015;18:1344-6.
8. McEwen BS. Central effects of stress hormones in health and disease: Understanding the protective and damaging effects of stress and stress

- mediators. *Eur J Pharmacol* 2008;583:174-85.
9. McEwen BS, Wingfield JC. The concept of allostasis in biology and biomedicine. *Horm Behav* 2003;43:2-15.
 10. Juster R, McEwen BS, Lupien SJ. Allostatic load biomarkers of chronic stress and impact on health and cognition. *Neurosci Biobehav Rev* 2010;35:2-16.
 11. McEwen BS. Interacting mediators of allostasis and allostatic load: Towards an understanding of resilience in aging. *Metabolism* 2003;52:10-6.
 12. Tottenham N, Sheridan MA. A review of adversity, the amygdala and the hippocampus: A consideration of developmental timing. *Front Hum Neurosci* 2009;3:68.
 13. DeAnda D, Baroni S, Boskin L, Buchwald L, Morgan J, Ow J, *et al.* Stress, stressors and coping among high school students. *Child Youth Serv Rev* 2009;22:441-63.
 14. Östberg V, Almqvist YB, Folkesson L, Låftman SB, Modin B, Lindfors P. The complexity of stress in mid-adolescent girls and boys. *Child Indic Res* 2015;8:403-23.
 15. Available from: <https://www.kindredmedia.org/2007/09/the-hurried-childsyndrome/> [Last accessed on 2022 Jul 23].
 16. Pollak SD. Early adversity and mechanisms of plasticity: Integrating affective neuroscience with developmental approaches to psychopathology. *Dev Psychopathol* 2005;17:735-52.
 17. Cicchetti D. Resilience under conditions of extreme stress: A multilevel perspective. *World Psychiatry* 2010;9:145-54.
 18. Johnson MH. Functional brain development in humans. *Nat Rev Neurosci* 2001;2:475-83.
 19. Hill J, Inder TE, Neil J, Dierker D, Harwell J, Van Essen D. Similar patterns of cortical expansion during human development and evolution. *Proc Natl Acad Sci U S A* 2010;107:13135-40.
 20. Levitt P. Structural and functional maturation of the developing primate brain. *J Pediatr* 2003;143:35-45.
 21. Lupien SJ, McEwen BS, Gunnar MR, Heim C. Effects of stress throughout the lifespan on the brain, behaviour, and cognition. *Nat Rev Neurosci* 2009;10:434-45.
 22. Ulrich-Lai YM, Herman JP. Neural regulation of endocrine and autonomic stress responses. *Nat Rev Neurosci* 2009;10:397-409.
 23. Bhargava D, Trivedi H. A study of causes of stress and stress management among youth. *IRA Int J Manag Soc Sci* 2018;11:108-17.
 24. Morey JN, Boggero IA, Scott AB, Segerstrom SC. Current directions in stress and human immune function. *Curr Opin Psychol* 2015;5:13-7.
 25. Kemeny ME, Schedlowski M. Understanding the interaction between psychosocial stress and immune-related diseases: A stepwise progression. *Brain Behav Immun* 2007;21:1009-18.
 26. Pervanidou P, Chrousos GP. Metabolic consequences of stress during childhood and adolescence. *Metabolism* 2012;61:611-9.
 27. Condon EM. Chronic stress in children and adolescents: A review of biomarkers for use in pediatric research. *Biol Res Nurs* 2018;20:473-96.

Funding: None; Conflicts of Interest: None Stated.

How to cite this article: Agrawal A, Sharma S, Shrivastava J. Hurried child syndrome: A narrative review. *Indian J Child Health*. 2022; 9(7):113-117.