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Psychodynamic Approach, Social Cognitive and Neurobiology Aspect of Tantrum Behaviour in Children

Budi Pratiti[1*]

[1] Department of Psychiatry, Faculty of Medicine, Universitas Gadjah Mada, Indonesia

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***Corresponding author:**
Budi Pratiti

E-mail address:
budi.pratiti@gmail.com

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A B S T R A C T

One form of emotional expression in the form of explosive anger in children is known as tantrum behaviour, which can be categorized as bad behaviour based on the perspective of some parents. This is very much related to the problem of child despair, which is caused by the way parents are not quite right in responding to tantrums, so the child reacts inappropriately. Parental responses make children increasingly undisciplined, even this provides opportunities for children to find certain ways to get their desires in a negative way. The child's inability to communicate is one aspect of tantrum studies. This communication is more translated as an expression of emotion and better known as tantrum. This article review will discuss temper tantrum behaviour in children along with a review of various theoretical points of view.

1. Introduction

Tantrums are a common behavioral problem experienced by preschoolers who express their anger by sleeping on the floor, thrashing, screaming, and usually holding their breath. Tantrums are natural, especially in children who have not been able to use words to express their frustration, and are very strong emotional outbursts, accompanied by anger, aggressive attacks, crying, screaming, and stomping both feet and hands on the floor or ground.[1]

Tantrums usually occur in children who are active with abundant energy. Tantrums are also more easily occur in children who are considered to have a difficult temperament, with the characteristics of having the habit of sleeping, eating and irregular bowel movements, difficulty adjusting to the situation, food and new people, and slow to adapt to change, negative mood, easily provoked, easy to feel angry or upset and difficult to divert attention. Most tantrums occur in certain places and times. Usually in public places after getting the word "no" for something they want. Tantrums usually stop when the child gets what he wants.[2]

Typically tantrums begin when the child begins to form a sense of self. At this age, children are enough to have feelings of “me and my wish”, but they do not yet have sufficient skills on how to satisfy their desires appropriately. Tantrum behaviour normally occurs when children aged 2-4 years. Potegal and Davidson (2003) describe the age and percentage of children who experience tantrums. Children aged 18-24 months

were 87%, aged 30-36 months 91%, and ages 42-48 months 59%. The average duration of tantrums by age is 2 minutes for children aged 1 year, 4 minutes for children aged 2-3 years, and 5 minutes for children aged 4 years. Within a week 8 times experienced tantrums for children aged 1 year, 9 times in children aged 2 years, 6 times in children aged 3 years, and 5 times in children aged 4 years. This data shows that tantrum behavior is an event that is commonly experienced by children.[3]

Causes of tantrum

There are several factors that can cause tantrums in children. Like, such as delayed or cancellation of the child's desire to get something. For example, being hungry, the inability of children to express or communicate themselves and their desires so that parents respond to them in accordance with the wishes of children. Inconsistent parenting style is also one of the causes of tantrums; including if the parent spoils the child too much or neglects the child. When a child experiences stress, feelings of insecurity and discomfort can also trigger tantrums.[4]

The cause of tantrums is closely related to family conditions, such as children getting too much criticism from family members, marital problems in parents, interference or interference when the child is playing by another sibling, emotional problems with one parent, competition with relatives and communication problems as well lack of parental understanding of tantrums that respond to them as disturbing and distressing.[5]

Tantrum behavior from the psychodynamic aspect

In general, tantrum behavior can be classified as aggressive behavior carried out by a child to get out of the condition of discomfort (deprivation). Aggressive or aggressive behavior can be seen in the perspective of psychoanalysis presented by Sigmund Freud. The theory of psychoanalysis sees individual behavior formed because it is driven by two basic forces that are an inseparable part of human nature, namely the life instinct (Eros) and the death instinct (Tanatos). Eros pushes individuals towards seeking pleasure and fulfilling desires, while Tanatos is directed at self-destruction, or attacking other people or objects outside of themselves.[6]

The encouragement can continuously increase energy sources. Encouragement is only activated if the organism concerned feels unable to get the means to satisfy its vital needs. So, the impulse is a force that gives energy, which is intended to end deprivation. In the initial frustration-aggression hypothesis. Tantrums can be explained as the result of an impulse intended to end the deprivation state, whereas frustration is defined as external interference with goal-directed behaviour. So, the experience of frustration activates the child's desire to tantrum towards the source of frustration.[7]

Tantrum behaviour based on cognitive social theory

Cognitive processes are very important in the formation of tantrum responses in children. Cognitive schemes that refer to situations and events are called scripts. Scripts consist of knowledge structures that describe the sequence of events that are appropriate for a particular context. This knowledge structure is gained through experience with each situation, both first-hand experience and the experience of others. In the social cognitive approach, social behavior is generally obtained through the initial socialization process. For example, if children repeatedly respond or see others respond to situations by displaying aggressive behavior, and the behavior is able to overcome the condition with the advantage of his side, then there is a possibility they will develop a generalized cognitive representation to overcome conflicts using aggressive behavior like tantrums. [6.7]

Learning theorists emphasize that tantrum behavior resulting from parenting (nurture), which is obtained through learning processes like most other forms of social behavior both instrumental conditioning, namely learning through rewards and punishments, or imitating, namely learning through observation, is a mechanism that is strong for tantrum

acquisition. The extent to which the child is rewarded for his tantrum behavior so far is also the possibility that the same or similar behavior will be shown again in the future.[7,8]

Neurobiological aspects of tantrum behavior

The influence of neurobiology is thought to influence the incidence of tantrums. Biological factors that are thought to play a role include gender, the part of the brain that plays a role in the formation of behavior, and the neurotransmitters involved.

Based on research, gender does not really affect the incidence of a temper tantrums in children. The data review found little evidence of a gender link in infant anger or anger in the first year of life, although boys generally showed more tantrum behavior after the age of 21 months. Boys are generally more irritable and more active, less able to regulate physiologically, but are more active, and can enjoy high-intensity pleasures while girls often smile more socially, and may show more low-intensity pleasures.[9]

Older studies have found an increase in the prevalence of tantrums in children with epilepsy. The right hemisphere is thought to be associated with a longer and more severe tantrums. Anger emotions may have weakened the hemisphere substrate. In studies using EEG examinations, tantrum behavior is associated with greater EEG activation (lower alpha waves) in the left temporal lobe. This finding is in accordance with the standard anger model that is now associated with activation of the left hemisphere compared to anxiety and depression associated with activation of the right hemisphere.[8,9]

In addition, there are studies stating serotonin plays a role in controlling anger and tantrum behavior. The Dorsal Raphe Nucleus (DRN) is located at the bottom, the most primitive part of the brain and contains the largest collection of neurons that produce serotonin in the brain. Serotonin, sometimes known as the 'happiness hormone', has been involved in controlling aggression more than any other molecule in the brain. The activity of serotonin-producing neurons in DRN is controlled by serotonin itself, as well as by other neurotransmitters such as glutamate and γ-aminobutyric acid (GABA). DRN receives glutamate from many areas of the brain, including the medial prefrontal cortex, the part of the brain that is targeted in a procedure known as a frontal lobotomy. Several types of psychiatric illnesses such as anxiety disorders and depression, as well as aggression, are related to an imbalance between glutamate levels and GABA.[10]

Serotonin release also increases in DRN, as well as in the medial prefrontal cortex during increased aggression, but this increase in serotonin release is not observed when animals are involved in normal adaptive aggression. Glutamate input into DRN is very important for increasing aggressive behavior and causes an increase in serotonin released from DRN. [9,10]

2. Conclusion

Tantrums are universal and normal behavior in toddlers. There is a link between emotional, social cognitive, and neurobiological factors with tantrum behavior in children.

3. References

1. Fetsch, R., J., & Jacobson, B. Children's Anger dan Tantrums.Family Consumer Series. 1998. 10: 248.
2. Krahe, B. Aggressive Behaviour. 2001.Yogyakarta: Pustaka Pelajar.
3. Potegal, M & Davidson J. Temper Tantrum in Young Children. Behavioral Composition. Developmental and Behavioural Pediatric Journal. 2003; 24(3): 140- 147.
4. Dryden, J. Excessive Tantrums In Preschoolers May Indicate Serious Mental Health Problems. 2007. http:// mednews.wustl.edu.
5. Lorenz, B., E., How to deal with your child's temper tantrums. 2010. http://www. heptune.com/tantrum.html.
6. Mah, R. The One-Minute Temper Tantrum Solution: Strategies for Responding to

Children's Challenging Behaviors. 2008. Thousand Oaks: Corwin Press.

7. Gina, M., & Jessica, T. Tantrums and Anxiety in Early Childhood: A Pilot Study. Early Childhood Research And Practice Journal. 2007: 9(2).
8. Santrock W, J. Life-Span Development. 2005. 2nd edition Jakarta: Air Langga.
9. Sullivan M, Lewis M. Relations of Early Goal Blockage Response and Gender to Subsequent Tantrum Behavior. 2013: 17(2): 159-178.
10. A Takahashi, R. X. Lee, T. Iwasato, S. Itohara, H. Arima, B. Bettler, K. A. Miczek, T. Koide. Glutamate Input in the Dorsal Raphe Nucleus As a Determinant of Escalated Aggression in Male Mice. Journal of Neuroscience, 2015; 35 (16): 6452 DOI: 10.1523/JNEUROSCI.2450-14.2015