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# The role of neuroticism and perceived school-related stress in somatic symptoms among students in Norwegian junior high schools

Terje A. Murberg\*, Edvin Bru

*University of Stavanger, Faculty of Social Sciences, Stavanger, Norway*

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## Abstract

The present study investigated the role of neuroticism and perceived school-related stress in somatic symptoms among a sample of 327 (167 females and 160 males) students in two Norwegian junior high schools. The results suggest that the role of neuroticism on somatic symptoms may be overestimated, and that the role of stress may be underestimated if neuroticism, stress and somatic symptoms are measured at the same time. In this study, both neuroticism and perceived school-related stress were found to be significantly associated with somatic symptoms.

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*Keywords:* Neuroticism; Stress; Somatic symptoms; Adolescents

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## Introduction

Stress is common in the lives of adolescents and the general assumption is that frequent stress contributes to somatic symptoms<sup>1</sup> among school-aged children (Greene & Walker, 1997;

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\*Corresponding author. Tel.: +47 51834100; fax: +47 51834150.

*E-mail address:* [terje.a.murberg@uis.no](mailto:terje.a.murberg@uis.no) (T.A. Murberg).

<sup>1</sup>In the present study, somatic symptoms refer to bodily symptoms in which psychosocial stressors play a major role, and where pathophysiologic findings are insufficient to explain the extent or duration of the symptoms.

Poikolainen, Kanerva, & Lonnquist, 1995). Most studies on the psychological determinants of somatic symptoms among adolescents have adopted psychiatric and paediatric perspectives (Garralda, 1992) and have focused on the impact of major stressful life events on adolescent health and psychological well-being. Compared with major life events scores, hassles scores have been found to be better predictors of both psychological (Holahan, Holahan, & Belk, 1984; Wagner, Compas, & Howell, 1988) and somatic symptomatology (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Zarski, 1984). There may therefore be a need for more non-clinical studies of the associations between the experience of daily stress and adjustment among adolescents. In the present study, we define stress in terms of the relationships between the person and his or her environment. Stress may occur when there are demands that are perceived by the person to tax or exceed his or her adaptive resources. Our focus is on adolescent perception and self-reports of stress.

Adolescents spend a lot of time in school and this arena can pose social and academic challenges. Spirito, Stark, Grace, and Stamoulis (1991) note that when young adolescents are asked to name the most upsetting events during the last month, school incidents are consistently among the three most common problems mentioned. School-related psychosocial stress may include interpersonal problems, such as conflicts with friends and/or other students, and teachers, as well as schoolwork pressure and fear of failing in schoolwork. In addition, strained relations with parents could be related to conflicts concerning effort and/or achievement at school. Finally, the transition from primary school to secondary school may be a stressful experience for many students. Boekaerts, Seegers, and Van den Goor (1993) reported that students who display stress symptoms during the transition from primary school to secondary school emphasized that they felt uncertain and unhappy due to stressors such as complex timetables, long hours, complex grading systems, and quantity of homework. These school-related stressors may, in turn, have a negative impact on students' health. In a recent Norwegian study among adolescents, school-related stress was linked to elevated somatic health symptoms (Torsheim & Wold, 2001).

Even though evidence suggests that adolescents with high levels of stress are at increased risk of somatic symptoms, findings indicate that this relationship is weak (see Compas, Orosan, & Grant, 1993). These findings together with observations of individual differences in responses to stressors have stimulated a search for other factors that may influence the stress–health relationship among adolescents. In order to understand this association, researchers have turned to personality differences that may render some adolescents more or less immune to stress-induced somatic symptoms and others relatively susceptible. One variable that has received attention as a potential moderator is individual differences in the personality trait of neuroticism. Neuroticism is a broad and pervasive dimension of normal personality that includes a tendency to experience negative emotions and to be highly self-conscious and somatically worried (Costa & McCrae, 1985, 1987).

Amplification of somatic symptoms is a common feature of neuroticism, but the relationship with objective pathology is rather weak. Previous research in somatization has identified strong positive relationships between neuroticism and somatic symptoms (see Costa & McCrae, 1987; Dickson et al., 1992; Lu, 1994; Watson & Pennebaker, 1989). An exception is the study by Brown and Moskowitz (1997), where neuroticism was found to be unrelated to reports of physical symptoms. Although neuroticism is considered to be an important predictor of somatic symptoms, perceptions of stress appear to be influenced by the level of neuroticism when they are obtained at the same time. Several studies where measures of neuroticism and measures of stress

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