



Review Article

Ignorance is not a solution of dealing temper tantrum in children

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Abstract

Inappropriate coping with developing age often become a health issue for children. Temper tantrum is one of such behaviour of toddler which occurs as a result of extreme anger and frustration that exhibited with an episode of crying and screaming. Though temper tantrum is normal among toddler, but it may continue till late childhood. The abnormal tantrum continues till 4 years or later, lasting for 15 minutes or more with persistent negative moods. Tantrum behaviour is preventable to a great extent by recognising the triggering factors. Appropriate handling of temper tantrum decreases stress in children and care provider, as well as useful for learning self-control and for maintenance of normal physiological parameter. Appropriate management of temper tantrums is valuable for developing social competence and academic success. Lack of awareness and inappropriate handling of temper tantrum increases the risk of physical abuse, depression, anxiety and other abusive behaviour in adulthood. Parents and health care provider should know the technique of managing temper tantrum in children and to promote normal development.

Keywords: Temper tantrum, Developmental character, Toddler, Prevention & Management

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1. Introduction

Toddler, the children of 12 to 36 months are called as terrible twos. Toddlers are not terrible, but their unpredictable behaviour is terrible which often makes the parents helpless, confused and frustrated. One such typical terrible behaviours of toddler is Temper Tantrum. Temper behaviour is commonly experienced by paediatric nurse after a new admission, before providing nursing care or during post operative period. Temper Tantrum is defined as “an episode of extreme anger and frustration characterized by crying, screaming, and violent body motions, including throwing things, falling to the floor, and banging one's head, hands, and feet against the floor”.¹ Tantrum is one of the most common forms of problematic behaviour in young children that decreases in frequency and intensity as the child grows older.² There are two types of tantrums: distress tantrum and little Nero tantrum. In distress tantrum a real anguish is observed in the face of child, and the child can't think or speak rationally whereas with little Nero tantrum, child speak and argue for their demand without any tears.³ Little Nero

tantrum also called as dry tantrum as the child don't cry but makes lots of noise during tantrum episode to full fill their wish. Little Nero tantrum is a non emotional tantrum occurs to satisfy the unmet needs through manipulation that learn from experience.⁴

In England 6.8% children aged 3 years had tantrum with a frequency of 3 or more times in a day that last for 15 minutes or longer. Temper tantrum is more (64.7%) common among 2 to 3 years children without any gender difference and last for 5 to 10 minutes.⁵ Among Indian children Temper tantrums were most common (75.3%) among 3 to 5 years children and least common (3.9%) at 9 to 12 years.⁶ Though temper tantrum is common among toddler, but it may continue till late childhood as indicated in a study where majority (83.7%) of preschoolers had tantrums sometimes but only 8.6% had daily tantrums.⁷ In a study modal tantrum durations were observed 0.5 to 1 minute and 75% of the tantrums lasted 5 minutes or less among children aged 18 to 60 months. Tantrum behaviour is not normal if continued after 4 years with increased frequency, longer duration and

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associated with destructive or disruptive behaviour. Disruptive preschooler shows violence significantly more often during tantrums than that of healthy and other group; depressed preschoolers displayed significantly more self-harmful tantrum behaviours.⁸ Study finding (Manning BL et al-2019) indicates that Toddlers who are late talkers at 24–30 months shows more severe tantrums comparing to peers with typical language. Children with language deficits or autism show more frequent and aggressive tantrum behaviours.⁹ Sixty percent children undergone general anaesthesia shows tantrum with other postoperative behavioural changes. In a clinical setting preschooler's tantrum behaviour presented with a mean duration of 3.4 minutes; low intensity, combination of aggressive and depressive behaviours but aggressive behavior exhibited first (Eisbach SS-et al -2024). In USA, among clinic children almost half of them (45.5%) had severe tantrum whereas only 11% of community children had severe tantrum (Carlson GA-et al-2026).

Complete understanding about the developmental character is advantageous for a nurse for involving parents in dealing of temper tantrum thereby effective coping with developmental need and preventing emotional problem in adulthood.

2. Discussion

2.1. Causes of temper tantrums

Temper tantrum or emotional meltdown is a normal developmental characteristic in toddlerhood. Developmental factors Including physical and emotional immaturity, immature linguistic skill and cognition are related to temper tantrum. To control strong emotion, development of thinking part (Pre frontal cortex) of the brain as well as emotional part and connection between this two is necessary that occurs gradually with environmental exposures. Temper tantrum is common in such situation when toddler fail to perform an activity according to own wish. They often fail to perform an activity due to overestimation of physical abilities which is not well controlled emotionally also. As a part of psychosocial development, toddler struggle for autonomy therefore they enjoy as much as they control environment. Failure of environmental control may be the result of wrong estimation of their own physical limit, inappropriate judgement of environmental safety and caregiver restriction. Temper tantrum is observed mostly when toddlers fail to make choices either by parental restriction or by their own limitation. During the time of sickness their activity is either restricted therapeutically or by physical limitation but in both condition episode of tantrum is increases. In the period of toddlerhood, egocentric thought is one of the dominant cognitive developmental characteristics. They view the world according to their own need and desire therefore, self centered behaviour is exhibited on each occasion. To satisfy own need they attempt to take the toys of other children. In such situation if they are not allowed, tantrum behaviour is

most likely to occur. Inability to express own feelings and not understanding other words makes them upset and frustrate which leads to loss of emotional control and causes tantrums. On acquisition of new skill toddlers are interested to explore their environment but when they are prevented from doing that, episode of tantrum may result.

Genetic cause like inherited behavioural traits is also responsible in causing tantrums. There are four common physiological trigger that are responsible for a sudden episode of tantrum in children, that includes hunger, fatigue or tiredness, loneliness and sleeplessness (Sisterhen LL et al-2024). When a child suffers from any health problems and can't express their problems they show tantrum behaviour. If the toddler is hungry, worried or stressful then the incident of temper tantrum is likely to increases. Emotional triggers like feeling of insecurity, irritation, frustration, unexplained fear etc likely to increase the episode of tantrums.¹⁰⁻¹¹ Some situational factors like arrival of a new sibling in the family make feel the toddler insecure and become a reason for exhibiting tantrums. Changes in the environment like changes of caregiver, changes of daily routine, changes from home to day care centre etc makes the toddler upset and causes temper tantrum.

Tantrum intensity and duration were positively correlated with parent ratings of child anxiety depression on the Achenbach Child Behavior Checklist. Tantrums, or emotional reactions that are out of proportion to a situation, appear to be a common childhood phenomenon—yet have drawn little research attention. This pilot study describes tantrum precipitants; their frequency, intensity, and duration; and parental responses in a small community sample (N = 33) of 3- to 5-year-olds. Tantrum intensity and duration were positively correlated with parent ratings of child anxiety/depression on the Achenbach Child Behavior Checklist. Further research is needed to replicate these findings and expand upon our understanding of the role of tantrums in social and emotional development, particularly with regard to age- and gender-based tantrum behavior. The role of anxiety in oppositional behavior may be significant for intervention and child-rearing practices.

According to parental rating tantrum intensity and duration is increased with child's negative emotion such as anxiety and depression.¹² Based on study findings tantrum behaviour is associated with maternal depression and irritability, low education, use of corporal punishment, manual social class, marital stress, parental overprotection, parental negligence, providing child care exclusively by the mother, and poor child health.¹³ Some tantrums are associated with developmental problems such as delayed language skills, hearing or vision difficulties. Toddlers with fewer spoken words have more frequent and severe temper tantrums than their peers with typical language skills.¹⁴⁻¹⁶

2.2. Sign & symptoms

During the tantrum episode, a child shows disorganised behaviour in terms of crying, screaming, kicking, pinching, falling, thrashing own body, running away etc. Sometimes children become very aggressive and hold their breath, break things, bites and pulls hair, hits a person or pets. When the episode last for a longer time they become very tired, physically exhausted and vomited also.

Among preschool children most frequently reported tantrum behaviour observed as screaming or shouting and to seek attention during visiting other's home.¹⁷ Anger and Distress is identified as major, emotional and behavioural tantrum constituents of Tantrum behaviour in children.¹⁸ Another study identified four types of tantrum behaviour in 1 to 5 years of children that includes anger, distress, aggression, and self-injurious behaviour in children of 1 to 5 yrs. Tantrum behaviours was categorised into two based on nature of aggression. One group of children shows aggression to objects or others and other group shows aggression towards self. Both types of aggression in tantrum behaviours were associated with early childhood psychopathology severity. Children having both types of tantrum behaviours had more severe externalizing problems during early childhood and more severe depression and oppositional defiant disorder across childhood and adolescence.¹⁹

Tantrum behaviour may be normal and abnormal. Abnormal tantrums characterized by the longer continuity with age, lengthy episodic duration, increased frequency, destructive behaviour and persistent negative moods as differentiated in the table.

Table 1: Normal Vs abnormal temper tantrum.

Characteristics	Normal	Abnormal
Age	12 months up to age 4.	Continuing till 4 years and more.
Behaviour during tantrum	Crying, flailing arms or legs, falling to the floor, pushing, pulling, or biting.	Injury to themselves or others during the tantrum.
Duration	Up to 15 min.	Lasting longer than 15 min.
Frequency	Less than five times a day.	More than five times a day.
Mood	Should return to normal between tantrums.	Persistent negative mood between tantrums.

According to the American Academy of Paediatrics abnormal or clinically concerning tantrums may present with other symptoms like breath holding spell, fainting, headache, stomach-ache, reversal of toilet training etc.

3. Is Tantrum Preventable?

If the caregivers are aware about the developmental need and characteristic of children, then frequency and intensity of tantrum behaviour is preventable in most of the occasion. According to the psychosocial developmental stage of toddler, developmental task is acquiring a sense of autonomy, and the supporting characteristic behaviours are ritualism and negativism. To support autonomy a toddler may be allowed to make choices with limited options like colour selection of own dress or menu selection for breakfast etc. To promote the sense of autonomy, characteristic behaviour of toddler ritualism should be supported by maintaining consistency in daily routine like providing care by same care provider, following same routine every day especially meal and nap time, opportunity to play with same toys etc is useful to prevent temper tantrum. The other behavioural characteristic of toddler, negativism or the persistence negative response should be tactfully managed thereby temper tantrum is preventable. Common approaches of handling negativism are allowing children in making choice with limited options; putting challenge for an acceptable behaviour; using humour according to their level of understanding etc.

Egocentric thought of toddler is a reason of temper behaviour and parents become habituated with the potential situation such as demanding many toys from shopping mall or demanding same amount of food like older siblings. In such cases advance notice may work to manage the potential volatile situation. In a developing age, children may not perform all activity as they wish or unable to express need with appropriate words therefore teaching specific skill can prevent tantrums. Considering the developmental factors of toddler parent should have realistic expectation. Acknowledging child's rational demand also prevents number of tantrum episode. Frustration is a major cause of temper tantrum therefore child should not be frustrated for longer time. Along with basic needs, every child should receive love and affection by their primary care provider. Parents should spend a quality time with their child and age-appropriate toys also important especially when children are unattained for longer time. To minimise the frequency of tantrums overstimulation should be avoided.²⁰

As the hunger and fatigue is the biggest trigger of tantrums therefore adequate amount of sleep, rest and food is essential for minimising irritation thereby reducing the risk of tantrum. Physical discomfort is a triggering factor therefore temper tantrum can be minimised through maximising comfort level of toddler at home as well as hospital. Loneliness is another trigger of tantrum therefore; child should not remain alone for longer time. Age-appropriate play item can be given at home and hospital to engage with some physical activity and stimulate thought process. Children are also allowed to perform simple age-appropriate activity like self-dressing, undressing, self-feeding, brushing, combing etc. Parents should be a role model for their child because children are great imitator. If

parents lose temper for a silly cause and outburst frequently then children also imitate the same behaviour. Transition related temper tantrum also preventable to some extent by giving prior information before the occurrence of change. Caregiver should be reasonable enough about the demand and need of a child and never expect hundred percent perfect from a child.

3.1. Strategies to manage a child with temper tantrums

General management for controlling Temper tantrum includes reinforcement of positive behaviour, use of consistent approach, setting limits and informing clear consequences for misbehaviour.²¹ As a responsible guardian or care provider one should remain calm without reacting with anger towards the child showing tantrums. Parent can hold or hug the child which helps in restoring emotional outburst. To stop an episode of tantrum caregiver can use firm voice of request or invitation instead of demand or threatening words because negative emotion transmitted first. The older child is allowed to discuss for the behaviour when they become calm down but not during tantrum episode. Reasoning or rationalization is not at all effective for toddler during or after the tantrum episode because their thinking part of brain is underdeveloped. After a firm voice of warning if tantrums don't stop it simply ignored. Though it's not a good approach to ignore a child's actual need repeatedly but it is required when child try to meet their demand through manipulation. Parental ignorance or lack of response may stop tantrum behaviour but doesn't stop the distress therefore dissociation between behavioural and physiological responses can lead to emotional or mental health problems later in life. Acknowledging child's frustration is also effective means of cooling down their tantrums. To stop tantrum, meeting demand immediately is not recommended because child become habituated with manipulative behaviour. Positive reinforcement works well to control tantrum behaviours of children. Positive reinforcement doesn't mean always offering a gift, favourite food or toys for an acceptable behaviour but praising at right time is quite effective.

Distraction is a very good approach to stop tantrums.¹⁸ During tantrum episode child's attention can be diverted by introducing an object/toy or making silly face etc. The introduction of toy or new activity raises curiosity in children that grow interest of logical brain as a result dopamine like good chemical released in blood stream that reduces stress.

Diversion or redirect of attention is a good technique of controlling tantrum behaviour. If someone anticipate that his/her child may show tantrum behaviour for non approval of unhygienic street food, then avoiding those footpaths or offering some hygienic food before asking, is a good technique for redirecting attention. Time out is not appropriate for all groups of children during tantrums because it doesn't help in developing trust with care giver. It can be applied when all other technique is failed to teach self

regulation for child who engage with self injury or damages objects during tantrums. To get the benefit of Time out a safe place of home is selected that can be monitored easily. The recommended duration of time out should be equal with the age of child such as four minutes for 4 years old child. During the time out session, a child is not allowed for conversation. After the time out is over a child should be communicated about the reason of time out and the expected behaviour. Study findings shows that cooperative play is effective in decreasing temper tantrums reaction among preschool children.²² According to a study findings reducing parental power exertion and increasing consistency decreases tantrum severity.

3.2. Consequences of tantrum behaviour of children

Sudden tantrums at home are disturbing for parents and other family members. A tantrum in public places is embarrassing for parents. When tantrums last for longer duration and parents fails to handle the situation it increases their stress level, they become frustrated and like to physically punish their children. Tantrum episode not only increases stress among parents, but it also increases stress among children as indicated from study findings. Tantrum intensity and duration is positively correlated with parent ratings of child anxiety/depression. Increasing stress during tantrum episode releases stress hormone that causes emotional pain in children. If tantrum episode does not handle carefully or parent shows negative behaviour like anger, physical punishment then child struggle to cope either by internalizing or externalizing the problem. Those children internalize a crisis they develop depression or anxiety disorder in future and the other group who externalize a crisis issue, abuses drug or alcohol later on. The caregiver should have a great patience and empathy towards the child therefore appropriate handling of tantrum helps the child to acquire assertiveness instead of aggression. Adaptive coping of temper tantrums is valuable for developing social competence and academic success. Toddler and preschooler with more frequent tantrums had more externalizing problems, whereas children with longer tantrum duration had more internalizing problems.²³

4. Conclusion

Temper tantrum during toddlerhood is a normal developmental characteristic and desirable for learning of emotional regulation but it could be a health concern if continued till preschool age or later. The continuation of tantrum behaviour after toddlerhood with frequent severe emotional outburst and destructive behaviour then child need consultation for emotional problems.

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None.

6. Conflict of Interest

None.

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