SYMPTOM

Temper tantrums

A temper tantrum is a sudden outburst of strong emotion and difficult behaviour.

WHAT IT FEELS LIKE
Big feelings that are hard to control

WHERE IT IS FELT
Whole body, voice, and emotions

MOST COMMON CAUSES
Frustration, limits or transitions, tiredness or hunger

WHEN IT IS URGENT
Repeated self-injury or threats to seriously hurt someone

USUALLY LASTS
A few minutes, sometimes longer

SEE A DOCTOR IF
Frequent, prolonged outbursts disrupt home, school, or relationships

Overview

A temper tantrum is a sudden outburst of anger, frustration, or distress. It may include crying, screaming, kicking, dropping to the floor, hitting, or refusing to move.

Tantrums are especially common in toddlers and preschool children. At this age, children have strong feelings but are still learning language, patience, and self-control. A tantrum is not a disease, and it does not automatically mean that a child has a behavioural or developmental condition.

Older children, teenagers, and adults can also have emotional outbursts. When these happen often or cause major problems, it is worth looking for stress, communication difficulties, health concerns, or other contributing factors.

What it may feel or look like

During a tantrum, a child may seem overwhelmed and unable to respond to explanations. The outburst may start suddenly after being told "no," stopping an activity, or struggling with a task.

Possible behaviours include:

Afterward, the child may calm quickly, seek comfort, feel tired, or return to normal activity. What happens before, during, and after an outburst can help explain its cause.

- Crying, yelling, or holding the breath briefly
- Stamping, kicking, hitting, biting, or throwing things
- Falling or lowering themselves to the floor
- Running away, hiding, or refusing to cooperate
- Going stiff, arching the back, or becoming very restless
- Repeating demands or rejecting attempts at comfort

Common causes

For young children, tantrums are often part of normal emotional development. They may understand more than they can say, making frustration difficult to express safely.

Common triggers include hunger, tiredness, overstimulation, boredom, transitions, and being asked to stop a preferred activity. Tantrums may also happen when a child wants independence but cannot yet complete a task alone.

Changes at home or school can make outbursts more likely. Examples include a new sibling, moving home, family conflict, starting childcare, or changes in routine.

Less commonly, repeated or unusually intense outbursts may be connected with:

A sudden major change in behaviour deserves attention, especially if there are signs of illness, pain, injury, or possible exposure to a medicine or harmful substance.

- Speech, language, hearing, or learning difficulties
- Attention, sensory, or developmental differences
- Anxiety, low mood, trauma, or ongoing stress
- Poor sleep or an irregular sleep schedule
- Pain, constipation, infection, or another physical problem
- Difficulty understanding expectations or communicating needs

When to seek medical care

Call emergency services if anyone is in immediate danger, the child has a serious injury, or you cannot keep the child or other people safe. Emergency help is also needed for trouble breathing, blue or grey lips, a seizure, severe confusion, or difficulty waking.

Seek same-day medical advice if the child repeatedly injures themselves, makes credible threats to seriously hurt someone, or becomes dangerously aggressive. The same applies if a sudden outburst follows a head injury or possible swallowing of medicine, alcohol, drugs, or chemicals.

Book a routine appointment if tantrums are frequent, prolonged, worsening, or disrupting family life, learning, friendships, or childcare. Arrange an assessment if they continue well beyond the preschool years, occur without a clear trigger, or happen alongside concerns about speech, development, sleep, mood, or behaviour.

You can also seek support if you feel unable to cope safely. Asking for help does not mean that you have caused the behaviour.

How the cause is found

A healthcare professional will usually ask when the tantrums began, how often they happen, how long they last, and what occurs before and afterward. They may ask about sleep, eating, communication, development, family stress, childcare, school, and behaviour between outbursts.

A brief diary can be useful. Record the time, setting, trigger, behaviour, duration, and what helped. A short video may also help if it can be recorded safely and without delaying care.

The child may have a physical examination if pain or illness is possible. Hearing, language, learning, or developmental assessment may be suggested when there are related concerns. Blood tests or scans are not routinely needed for typical tantrums; testing depends on the symptoms and medical history.

Treatment and self-care

During an outburst, focus first on safety. Move dangerous objects, keep other children at a safe distance, and use a calm voice. Avoid lengthy explanations because a highly distressed child may not be able to process them.

Stay nearby when needed, but reduce attention to safe behaviours that appear intended to prolong an argument. Do not ignore hitting, running into danger, or other unsafe actions. Physical restraint can cause injury and should not be used except when necessary to prevent

immediate harm.

Once the child is calm:

Regular meals, enough sleep, predictable routines, and warnings before transitions may reduce common triggers. Notice and praise cooperative behaviour rather than giving attention only during outbursts.

Try not to give in to a safe, reasonable limit solely to end a tantrum. Shouting, humiliating, or physical punishment may increase distress and does not teach emotional control.

If an underlying health, communication, or developmental concern is found, treatment should focus on that issue. Support may involve a doctor, psychologist, speech and language therapist, occupational therapist, school, or parenting programme.

- Name the feeling without approving unsafe behaviour
- Restate the limit briefly and consistently
- Praise calming, asking for help, or using words
- Offer simple choices when a choice is possible
- Practise safer ways to handle frustration

What to expect

Most tantrums are brief and become less frequent as children develop language, flexibility, and self-control. Progress is rarely perfectly steady. Tiredness, illness, travel, and major changes can temporarily bring back difficult behaviour.

Improvement may mean fewer outbursts, shorter recovery, less aggression, or a growing ability to ask for help. Consistent responses across caregivers can make expectations easier to understand.

Persistent outbursts do not point to one specific diagnosis. An assessment can identify patterns and help the family choose practical support.

Common questions

Is a tantrum the same as a meltdown?

The terms overlap. "Tantrum" often describes an outburst linked to frustration or a limit. "Meltdown" is sometimes used when a person is overwhelmed by sensory input, stress, or demands and has lost control. The label matters less than understanding triggers, safety, and

support needs.

Should I ignore a tantrum?

You may reduce attention to safe yelling or protesting while staying calm and nearby. Never ignore behaviour that could cause injury, running away, breathing problems, or signs of illness.

Does comforting reward the behaviour?

Comfort does not have to mean changing the limit. You can acknowledge distress, offer calm support, and still keep a reasonable boundary in place.

When is breath-holding concerning?

Some young children briefly hold their breath while upset. Seek urgent help if breathing does not restart promptly, the child remains blue or grey, has seizure-like movements, is seriously injured, or does not recover normally.

Sources

- American Academy of Pediatrics, HealthyChildren.org: Temper Tantrums
- American Academy of Child and Adolescent Psychiatry: Temper Tantrums and Outbursts
- NHS: Temper tantrums
- Centers for Disease Control and Prevention: Essentials for Parenting Toddlers and Preschoolers
- Daniels E, Mandleco B, Luthy KE. "Assessment, management, and prevention of childhood temper tantrums." Journal of the American Academy of Nurse Practitioners . 2012;24(10):569-573.