

## **Investigating Practice in Responding to Fear in Early Childhood Contexts**

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### **Abstract**

*This presentation is based on my research into children's emotions, which focused on the emotion of fear. Fear is named by nearly all theorists as a basic or innate emotion. While it motivates us to defend ourselves and avoid dangerous situations (Izard, 1977; Ledoux, 1998), it can also limit memory (Darke, 1988), perception and problem-solving abilities (Izard, 1977, 1991), impair social interactions (Dodge, 1991) and threaten the sense of self (Lazarus, 1991)*

*Young children are expected to learn to understand and to exhibit fear and other emotions in socially appropriate ways. Forms of "emotional literacy", these skills effect success or failure in learning and in life in general (Goleman, 1995). The concept of multiple intelligences recognises interpersonal and intrapersonal intelligences, and early childhood guidelines include emotional and social learning, yet curricula mainly address the cognitive domain.*

*This presentation examines teachers' understandings of young children's fears and their practices that facilitate understanding and expression of this and other emotions. It challenges practitioners to reflect upon their own awareness and responses to affective situations and to determine how they can best implement an affective curriculum.*

### **Background Information**

The purpose of my research was to discover which emotions, and particularly which fears are experienced by preschool aged children and what is being done both in the home and in the preschool to address these. I used a Qualitative Research approach, which included written and verbal surveys, observations and a reflective journal. I was a non-participant observer in four early childhood venues for a six month period of time in 1999. Based on Ollendick's (1983) Fear Survey Schedule for Children-Revised and Spence's (1997) Childhood Concerns Survey, I developed surveys for parents, caregivers and children. These participant groups were asked which emotions and fears children experience, how children display fear and how the fears are addressed by parents and caregivers.

The early childhood venues I chose for my research were: a private preschool, a long day care centre, a preschool attached to a public school, and a multifunctional Aboriginal Children's service. I began by interviewing 45 children, 46 parents and 21 caregivers from the four venues, Braddock Preschool, Chelsea Long Day Care Centre, Valley Preschool and

Moorobool Children's Centre. Their privacy was protected by referring to the venues and the people themselves by pseudonyms only. I gave them information about the study before they agreed to participate and kept them informed throughout and following data collection. Their participation was voluntary and they were free to withdraw from the research at any time. This was followed by observation in the centres and implementation of various emotion activities, such as puzzles, posters and emotion lotto. Throughout the data collection I kept a reflective journal. Data analysis is currently in progress in its final stages.

This paper begins with a theoretical overview of emotion, focusing on fear and its link to the education system. This is followed by findings from my research, which include that there are eight kinds of fear, but caregivers may not be aware of the entire spectrum and that some of the ways adults respond to children's fears could actually be invalidating or adding to the fear.

### **Theoretical Overview**

The definition and theory of emotion have been a focus of debate for the past two centuries, with a number of different paradigms of emotion evolving from it. "Historically this term has proven utterly refractory to definitional efforts; probably no other term in psychology shares its nondefinability with its frequency of use" (Reber, 1985). What most theorists do agree upon, is that emotion has psychological, biological and behavioural components. Goleman (1995) defines emotion as "a feeling and its distinctive thoughts, psychological and biological states, and a range of propensities to act" (p. 289). The major paradigms of emotion that have developed from this debate are: Biosocial Theory, Cognitive Theory, Psychoanalytic Theory, Constructivism and Functionalist Theory.

With Darwin's 1872 publication of *The Expression of the Emotions in Man and Animals* (New York: Philosophical Library), Biosocial Theory had its beginnings. Darwin's notion of the evolution of the species, states that emotions began as survival and communication behaviours and over time became habitual (1965). For example, when we cower and become motionless with fear, it stems from the days when people acted this way to protect themselves from dangerous predators. Separation Anxiety (Bowlby, 1971, 1973) stems from the real danger in the past of being separated from the primary attachment figure. Biosocial Theory also includes Physiological Theory, which sees emotion as either motivated or displayed by physiological or neurological processes (Ledoux, 1998); and Behaviourism, which argues that emotions can be manipulated through conditioning (Watson, 1970).

Cognitive Theory sees emotion as developing alongside cognition, but dependent on cognition rather than a structure in its own right (Piaget, 1981). Cognitive Theory argues that emotions are mediated by and can be interpreted or changed through cognitive appraisal, such as verbalising, reasoning and rationalising (Strongman, 1986). Social Learning Theory, a branch of Cognitive Theory, asserts that emotions not only occur through physical and cognitive development, but also through observation, experience and interaction with the social world (Bandura, 1986 in Plutchik and Kellerman, 1990). Thus, others become models for the child's development of both emotional understanding and emotional display.

Psychoanalytic Theory borrows from both Biosocial Theory and Cognitive Theory, viewing emotion as innate stores of instinctive knowledge that shape the child's development (Sulloway, 1979). Conflicts occur when a child's experiences are in contradiction to his/her evolutionary pattern (Oatley and Jenkins, 1996).

Constructivism views emotion as constituted by discourse. Relying heavily on language (Bamberg, 1997; Lutz and Abu-Lughod, 1990), emotion is based on appraisal, behaviour

and feedback from behaviour (Averill, 1982). Bruner saw the culture and the school as playing a large part in the emotion socialisation of the child.

Eventually as the child comes to use the language and to participate in the culture, the affective element becomes so locked in with the knowledge that it requires such major institutions as schooling, science, and a written language to create a new set of rational concepts that can be operated upon by those famous (but non-natural) rules of right reasoning (in Bearison and Zimiles, 1986).

In Functionalist Theory, emotions are viewed as central, adaptive forces of human activity (Berk, 1997) and can be defined by the mental states that cause them and the effects they have on behaviour (Blackburn, 1994). Encompassing most other approaches to emotion, Lazarus and Lazarus contend that emotions are the products of behaviour, sensation, imagery, cognition, biological inputs and the interpersonal context (in Plutchik and Kellerman, 1990b).

This research recognises the contributions of all theoretical perspectives to the understanding of emotions, but takes its approach from Biosocial Theory, Cognitive Theory and Constructivism, viewing emotions as evolutionary, but their expression as based on development, modelling of culturally appropriate emotion display, and the constitution that comes from appraisal and from interaction with the social environment.

Other than some constructivists, who see emotion exclusively as derived from language (Lutz and Abu-Lughod, 1990), all theorists recognise an innate or biological component of emotion (Averill, 1982; Darwin, 1965; Ekman and Friesen, 1975; Freud in Sulloway, 1979; Izard, 1977; James in Strongman, 1987; Lazarus, 1986 in Plutchik and Kellerman, 1990b; 1964; McDougall in Watson and McDougall; Piaget, 1981; Plutchik, 1980; 1928; Sroufe, 1995; Watson, 1970). Whether they name as few as three or as many as nine emotions as innate, fear is always an emotion nearly always named (Darwin, 1965; Ekman and Friesen, 1975; Izard, 1977; McDougall in Watson and McDougall, 1928; Plutchik, 1990b; Sroufe, 1995; Watson, 1970).

The emotion of fear was chosen as the focus of this research for a variety of reasons, firstly because of its frequency in being named as an innate or basic emotion. Secondly, choosing one emotion as a prototype for emotions in general is the approach taken by Averill in his 1982 study of anger, and by Ledoux in choosing fear as his focus in his 1998 publication, *The Emotional Brain*. Finally, fear has strong impacts on learning and development. It can impede cognitive functioning, yet strong emotions can actually increase memory. Fear can also be a motivator to action and to bonding people together.

A fearful experience is remembered for a long time and can be more negative than the pain itself, immobilising and impeding its victims (Denzin, 1984; Izard, 1991). From surveys of seven different cultures, Izard (1991) found that fear was the most dreaded as well as the most infrequent emotion.

Perhaps its dreadfulness helps account for the fact that fear is relatively infrequently experienced. The subjects in the various cultures reported experiencing sadness, anger, disgust, and contempt, and even shame much more frequently than they experienced fear (Izard, 1991, p. 281).

While fear is mainly categorised as a negative emotion, fear can have positive effects, such as motivating people to act. Darwin (1872) noted that extreme fear acts as a stimulant, driving people's strength and power.

Extreme fear often acts at first as a powerful stimulant. A man or animal driven through terror to desperation, is endowed with wonderful strength, and is notoriously dangerous in the highest degree (Darwin, 1965, p. 81).

Fear also has adaptive qualities, motivating people to bond together for protection. Izard and Kobak note that for protection, young children withdraw from the feared object and seek out attachment figures (in Garber and Dodge, 1991).

Cognitive processes such as memory, perception and problem-solving ability may be affected by fear (Izard, 1977; Strongman, 1987). Effects can be both negative, by arresting information processing, or positive, by energising cognitive performance (Dodge in Garber and Dodge, 1991; Goleman, 1995).

Behaviour, involving both cognitive choices and physiological changes, can be limited greatly by fear. Fear reduces thoughts, perceptions and choices of action, as people are compelled to respond only to the perceived threat of (Izard, 1991; Wilder in Mackie and Hamilton, 1993, p. 87). Physiological changes through fear can disrupt performance, leading people to use simpler and less demanding strategies (Mackie and Hamilton, 1993, p. 18).

But fear can also have a more serious impact on a child's functioning.

A significant minority of children evince fears that interfere with their functioning...specific phobias occur in about 5% of the population and in approximately 15% of children referred for anxiety-related problems (King and Ollendick, 1997, p. 397).

Menzies and Clarke (1995, in Kindt, Bierman and Brosschot, 1997) note that phobias in adults are linked to the failure to resolve their childhood fear.

The sense of self, so important to socio-emotional development, can be adversely affected by fear. When guilt, shame or demeaning are consequences of fear, it can threaten children's self-esteem and expectations for future outcomes (Dodge in Garber and Dodge, 1991; Lazarus, 1991).

When children are afraid, they are increasingly likely to interpret the intentions of others as malicious and unwarranted (Dodge in Garber and Dodge, 1991) and to have less positive interactions with peers (Izard and Kobak in Garber and Dodge, 1991). Dodge found that when responses are sped up due to fear, children tended to over-attribute their peers' intentions as hostile (Dodge in Garber and Dodge, 1991, p. 173).

Emotion regulation can often determine the success of social interactions (Eisenberg and Fabes, 1995).

As early as the preschool years, children who have trouble regulating their negative feelings freely vent their anger and frustration, respond with irritation to others' distress, and get along poorly with adults and peers (Berk, 1997, p. 391).

As children mature, their ability to regulate emotions also becomes an important factor in the way they are judged socially competent by others (Eisenberg and Fabes, 1995, p.203). Eisenberg, Fabes, Shepard, Murphy, Guthrie, Jones, Friedman, Poulin and Maszk (1997) showed that high quality social functioning in older children was related to understanding and regulating emotion in the preschool years. Dunn (1995) added that

children's positive perception of their peer experiences, of mixed emotions, and of moral sensibility are related to early emotion understanding.

According to Dunlop (1984), schools are not picking up on this responsibility, leaving the understanding of fear and other emotions to the children themselves and to chance. Goleman (1995) alerts us to the fact that family life no longer guarantees children knowledge of emotional or social competence. Much of this responsibility has been placed on the schools, as all children attend school. This makes the schooling of emotions and important mandate for teachers, who must then go beyond traditional education to involve parents and other community members in programs to develop emotional literacy in children.

### **Fear Awareness**

Children experience a variety of fears, that I have categorised in six major categories:

Fear of separation from the attachment figure, Fear of the Unfamiliar, Fear of being harmed, Fear of failure, criticism and embarrassment, Fear of insects or animals, and Fear of the intangible are descriptive of types of fear. Examples of each of these categories appear in Table 1.

**Table 1 Fear Categories**

| <b>Fear Category</b>                         | <b>Examples</b>  |
|--|--|
| Fear of Separation from Attachment Figure    | Fear of school/ preschool<br>Fear of being lost<br>Fear of being alone<br>Fear of being left with a babysitter   |
| Fear of the Unknown                          | Fear of strange people, places or objects<br>Fear of the dark, fear of loud noises   |
| Fear of Being Harmed                         | Fear of injury, accident, illness or death<br>Medical fears<br>Fear of heights or falling from high places,<br>deep water, fire, rides at fetes and burglary |
| Fear of Failure, Criticism and Embarrassment | Fear of being teased<br>Fear of being in a fight<br>Fear of making mistakes<br>Fear of adults arguing  |

|                            |  |
|----------------------------|--|
| Fear of Insects or Animals | Fear of spiders or other insects<br><br>Fear of snakes<br><br>Fear of dogs<br><br>Fear of cats<br><br>Fear of bats |
| Fear of the Intangible     | Fear of bad dreams or nightmares<br><br>Fear of ghosts, monsters or spirits  |

Fear of heights or falling from high places was the most commonly reported fear by children, with 62% of children reporting this fear. Fear of loud noises was the third most commonly reported fear by parents, with 66% reporting this fear. Caregivers did not report an innate fear as one of the most common fears they had observed in children, which probably points to the lack of breadth of understanding that caregivers have of children's fears rather than that children do not experience this fear. It could also be that the fear of heights or falling from high places is characteristic of infants, and by the time the child reaches preschool is often replaced by social fears (Harlow and Mears in Plutchik and Kellerman, 1983a; Watson, 1970). Eleven percent of caregivers reported a fear of loud noises in the focal children, and only two percent reported a fear of heights or falling from high places.

Fear of separation from the attachment figure

This category now includes only times when the child is actually apart from the primary attachment figure. In this research, items such as fear of being left alone, fear of being left at preschool or with babysitters and fear of becoming lost are included in this category. These items were strongly reported by all three groups. Caregivers most commonly reported fear was fear preschool, which was reported by fifty-nine percent of caregivers. Twenty-six percent of caregivers reported in their focal children a fear of being left alone. This was the fourth most commonly reported fear by caregivers. Fear of being lost was ranked much lower by caregivers, with only seven percent reporting this fear. As there are no opportunities for becoming lost in the preschool setting, the only opportunity caregivers would have to note this fear in their focal children would be through reports by parents or by the children themselves. Parents ranked fear of being left alone as the second most commonly reported fear, with sixty-eight percent of parents noting this fear. Fear of being left at preschool or with a babysitter ranked sixth, with fifty-three percent of parents reporting this fear. While fear of being lost was ranked eleventh by parents, forty percent of parents noted this fear. Being left alone and being lost were ranked fourth and fifth by children, with fifty-three percent of children noting these fears. However, fear of going to preschool or being left with a baby sitter was ranked lower, with thirty-eight percent of children reporting this fear. Situations where the child may be separated from a primary attachment figure are common sources of fear to children. While fewer children reported fears of being left at preschool or with babysitters, adults reported these fears. Children may have reported few fears because they recognise caregivers or babysitters as substitutes for primary attachment figures. Many preschools implement a system whereby each child is assigned to one caregiver, who then becomes that child's primary caregiver when the child attends preschool. This system may address children's fears of being separated from the parental attachment figure, by offering the child a particular caregiver in preschool who then becomes the child's primary



attachment figure during the preschool hours. Babysitters may also be "substitute" primary attachments figures while parents are away.

### Fear of the unfamiliar

Some of the items Bowlby (1973) includes in separation anxiety are actually fears that children can experience even with an attachment figure present. Ollendick (1983) uses the category "the unknown" for these fears. However, some of these fears are actually known by children. So I have reclassified these fears as Fear of the Unfamiliar, because they are fears that children experience not only on the first occasion, but on occasions thereafter. What they have in common is the unfamiliar aspect. For example, fear of the dark could be a fear that children experience because in the dark they cannot see familiar people or objects. Besides fear of the dark, the unfamiliar includes fear of people, places and things that are unfamiliar to the child. Caregivers rank fear of new people or strangers as the third most commonly reported fear, with thirty-two percent of focal children noted as experiencing this fear. Doing something new was ranked fifth, with twenty-four percent of caregivers reporting this fear. Fear of the dark was the most commonly reported fear by parents, with seventy percent of parents reporting this fear. While fear of new people or strangers was ranked eighth by parents, fifty-one percent of parents reported this fear. Fear of the dark was children's eighth most commonly reported fear, with forty-seven percent of children reporting this fear. Forty percent of children reported a fear of new people or strangers and thirty-six percent reported a fear of doing something new.

### Fear of being harmed

There are many items which could be potentially harmful to children. These include: injury, accident, illness or death as well as what Ollendick (1983) calls "Medical Fears" - such as fear of getting a needle from a doctor or having to go to hospital. In this category I have also included fear of deep water, fear of fire, fear of rides at fetes and fear of burglary, as these incidents could be potentially harmful to children. However, the reports of these incidents vary greatly. Caregivers ranked fears of being harmed low, with between two and thirteen percent of caregivers noting each harm category. As has been mentioned earlier, the preschool is a safe environment and many of these items would neither occur nor be discussed in the preschool environment.

Parents, however, reported some of the harm items much more frequently than others. Fear of deep water was reported by fifty-three percent of parents, ranking it the sixth/seventh most commonly reported fear. Thirty-six percent of parents reported fear of rides and thirty-two percent reported fear of accidents, illness and death and fear of doctors, dentist or hospitals. Fear of fire was reported by thirty percent of parents and fear of burglary by seventeen percent. It may be that burglary, fire, doctors, dentists and the hospital do not necessarily guarantee harm to the child. Houses are usually burgled when no one is home, fire observed at campfires and visits to the doctor do not usually mean a lot of pain for the child. Some of the items that parents reported frequently may have been the result of parents' fear of their children being harmed. One parent, Laura, told me that she hoped her child was afraid of traffic. No adult wishes to see children harmed, so their concerns about some situations could both be passed on to children and could influence their perceptions of children's fears of these items.

Children's rankings of items that could harm them also demonstrated some discrepancy. Fear of deep water and fear of fire were the second/third most commonly reported fears, with sixty percent of children reporting these items. Accidents, illness and death ranked sixth/seventh with forty-nine percent of children reporting these fears. However, children's least reported fears were fears of rides at fetes, with twenty-four percent of children

reporting this fear and fears of doctors, dentists and the hospital, with thirty-one percent reporting these fears. Ollendick categorised different kinds of harm: "Minor injury and small animals", "Danger and Death" and "Medical Fears." While this research does not equate minor injury with small animals, it is possible that minor or potential harm should be further differentiated from "Danger and Death " or "Items that could cause great harm."

#### Fear of failure, criticism and embarrassment

To Ollendick's (1983) Fear Survey Schedule for Children - Revised category of fear of "Failure and Criticism" I have added "embarrassment" as I believe that some fears are based not so much on failure or criticism but on how children believe themselves to be perceived by others. However, adding embarrassment at the preschool age may be inappropriate as embarrassment is more commonly reported during the school years, when children fluently report events that precede and follow an emotion (Saarni and Harris, 1989). Items in this category include fear of punishment, fear of being teased, fear of being in a fight and fear of making mistakes. In accordance with Ollendick, I have included fear of adults arguing in this category. All of these items are not so much feared because of their potential harm as because of the verbal response from others that could be critical and cause the child to feel embarrassed and unsuccessful. These fears were reported moderately by participants. Fear of being teased was the second most commonly reported fear by caregivers, with thirty-nine percent reporting this fear in their focal children. Twenty-two percent reported a fear of punishment. Seventeen percent of caregivers reported a fear of making mistakes, while nine percent reported a fear of fighting and four percent reported a fear of adults arguing. Fifty-one percent of parents reported a fear of punishment, while thirty-four percent reported a fear of adults arguing. Fear of being teased and of making mistakes were reported by only twenty-eight and twenty-one percent of parents, and only eleven percent reported a fear of fighting, which was the least commonly reported fear by parents. Fear of failure, criticism and embarrassment was also moderately reported by children, with forty-four percent reporting fears of being in a fight and of adults arguing, thirty-eight percent reporting fears of punishment, thirty-six percent of being teased and only thirty-one percent of making mistakes.

#### Fear of insects or animals

Fear of insects or animals seems to vary with geographical location. While Ollendick (1983) found a strong fear of lizards in his British research, this research in Australia found no fear of lizards but highlighted fears of spiders and snakes, which are common and dangerous here. Fifteen percent of caregivers reported fears of insects, spiders and snakes, and thirteen percent reported fears of dogs or other animals. Thirty-three percent of children reported fears of dogs or other animals, and thirty-one percent reported fears of insects, spiders and snakes. The greatest discrepancy was in parents' reportings. Sixty-two percent of parents reported fears of insects, spiders and snakes, while only forty-seven percent reported fears of dogs or other animals.

#### Fear of the intangible

Fears of ghosts, monsters or spirits were originally thought of as "imaginary fears". However, it was pointed out to the researcher that some cultural groups do not believe these items to be imaginary, but to be real. Nightmares are classified by Ollendick (1983) as fear of "the Unknown." However, I believe that fear of ghosts, monsters, spirits, bad dreams and nightmares are all fears of the intangible and have classified them as such. These items are not the unknown as they can never be known. They are perceived but cannot be touched and are incorporeal. Caregivers report these items similarly, with seventeen percent of caregivers reporting fears of bad dreams and nightmares and fifteen percent reporting fears



of ghosts, monsters and spirits. Forty-nine percent of children reported a fear of bad dreams or nightmares and forty-four percent reported a fear of ghosts, monsters or spirits. Again, the greatest discrepancy was with parents, as fifty-seven percent reported a fear of bad dreams or nightmares, ranking this fear fifth, and only thirty-four percent reported fears of ghosts, monsters or spirits.

To support the six types of fear categorised in this research, I looked at items that were most frequently reported by each participant group and items that were least frequently reported. If items were grouped together in a category, they would generally be reported with the same frequency. Table 2 illustrates the most commonly reported fears across participant groups, and Table 3 the least commonly reported fears.

In general, the most commonly reported fears were separation fear, fear of the unfamiliar, innate fear and fear of being harmed. The least commonly reported fears were fear of failure, criticism and embarrassment, fear of insects and animals and again fear of being harmed. Fear of the intangible generally appeared as a moderately reported fear. As fear of being harmed appears both in the most commonly reported fears and in the least commonly reported fears, perhaps this category needs further consideration and breakdown.

**Table 2 - Most commonly reported fears**

| Care-givers (%)             | Type of Fear                 | Parents (%)                       | Type of Fear                       | Children (%)                            | Type of Fear         |
|-----------------------------|------------------------------|-----------------------------------|------------------------------------|---|----------------------|
| Preschool (59%)             | Separation Fear              | The dark (70%)                    | Fear of the Unfamiliar             | Heights/ falling from high places (62%) | Fear of being harmed |
| Being teased (39%)          | Fear of Failure or Criticism | Being left alone (68%)            | Separation Fear                    | Deep water (60%)                        | Fear of Being Harmed |
| New people/ strangers (32%) | Fear of the Unfamiliar       | Loud noises (66%)                 | Fear of being harmed (Innate Fear) | Fire (60%)                              | Fear of Being Harmed |
| Being left alone (26%)      | Separation Fear              | Insects, spiders and snakes (62%) | Fear of Insects or Animals         | Being left alone (53%)                  | Separation Fear      |
| Doing something new (24%)   | Fear of the Unfamiliar       | Bad dreams or nightmares (57%)    | Fear of the Intangible             | Being lost (53%)                        | Separation Fear      |

**Table 3 - Least commonly reported fears**

| Care-givers (%)                                   | Type of Fear   | Parents (%)                    | Type of Fear                                 | Children (%)  | Type of Fear   |
|---|--|--------------------------------|--|---|--|
| Rides (2%)  | Fear of Being Harmed   | Fear of being in a fight (11%) | Fear of failure, criticism and embarrassment | Rides (24%)   | Fear of Being Harmed   |
| Heights (2%)                                      | Fear of being harmed   | Burglary (17%)                 | Fear of Being Harmed                         | Insects, spiders or snakes (31%)                                | Fear of insects or animals   |
| Fire (4%)<br>Burglary (4%)<br>Adults arguing (4%) | Fear of Being Harmed<br><br>Fear of failure, criticism and embarrassment | Making Mistakes (21%)          | Fear of failure, criticism and embarrassment | Doctors, Dentist or Hospital (31%)<br><br>Making mistakes (31%) | Fear of Being Harmed<br><br>Fear of failure, criticism and embarrassment |

In general caregivers' reported children's fears much less frequently than parents or children themselves. Caregivers' most commonly reported fear, fear of preschool, was only mentioned by fifty-nine percent of caregivers, and their next most reported fear, fear of being teased, by thirty-nine percent. Caregivers' reporting of children's fears dropped dramatically, from fifty-nine percent for the most reported fear to two percent for the least reported fear. On the whole, caregivers seemed to be the group that were least aware of children's fears.

Caregivers' lack of awareness of children's fears is further supported by the kinds of fears they reported. Nearly all fears were in some associated with preschool. The six highest ranking fears according to caregivers were: fear of preschool, fear of being teased, fear of new people or strangers, fear of being left alone, fear of doing something new and fear of punishment. This is natural as caregivers only witness children in the preschool environment. Fears that occur outside preschool environment are only made aware to caregivers through reports from either the child or the parent. Yet there is no guarantee that caregivers will be made aware of these fears.

In the surveys, two caregivers alluded to questions on enrolment forms that ask about children's fears and other emotional issues, no such document was ever produced. Even a parent communication book which was implemented in one of the classrooms I attended was under-utilised and had not at the point of research been used for sharing information about children's fears or other emotional issues. Without this awareness, caregivers cannot be expected to deal with children's fears nor to implement an emotion education program.

To assist caregivers' awareness of children's fears, Table 4 shows the fear categories, items in each category, and how these items were reported by parents and children. The reporting

of these items by parents and children is compared with the reporting of these items by caregivers.

**Table 4 Parents' and children's reporting of fear items, comparing this with caregivers' reporting**

| <b>Fear Category</b>                      | <b>Items</b>                                | <b>Parents who reported item</b> | <b>Children who reported item</b> | <b>Caregivers reports of this item</b> |
|---|---|----------------------------------|-----------------------------------|--|
| Fear of Separation from Attachment Figure | Fear of preschool or babysitter             | 53%                              | 36%                               | 59%                                    |
|   | Fear of being lost                          | 40%                              | 53%                               | 7%                                     |
|   | Fear of being alone                         | 68%                              | 53%                               | 26%                                    |
| Fear of the Unfamiliar                    | Fear of loud noises                         | 66%                              | 62%                               | 11%                                    |
|   | Fear of new people/strangers                | 51%                              | 40%                               | 32%                                    |
|   | Fear of doing something new                 | 34%                              | 36%                               | 24%                                    |
|   | Fear of the dark                            | 70%                              | 47%                               | 9%                                     |
| Fear of Being Harmed                      | Fear of accidents, illness or death         | 32%                              | 49%                               | 7%                                     |
|   | Fear of doctor, dentist, hospital           | 32%                              | 31%                               | 13%                                    |
|   | Fear of deep water                          |                                  |                                   |  |
|   | Fear of fire                                | 53%                              | 60%                               | 7%                                     |
|   | Fear of rides at fetes or fairs             | 30%                              | 60%                               | 4%                                     |
|   | Fear of heights or falling from high places | 36%                              | 24%                               | 2%                                     |
|   | Fear of burglary                            | 28%                              | 38%                               | 2%                                     |

|  |                                     |     |     |     |
|--|-------------------------------------|-----|-----|-----|
|  |                                     | 17% | 44% | 4%  |
| Fear of Failure, Criticism and Embarrassment | Fear of being teased                | 28% | 36% | 39% |
|  | Fear of being in a fight            | 11% | 44% | 9%  |
|  | Fear of making mistakes             | 21% | 31% | 17% |
|  | Fear of adults arguing              | 34% | 44% | 4%  |
| Fear of Insects or Animals                   | Fear of insects, spiders and snakes | 62% | 31% | 15% |
|  | Fear of dogs or other animals       | 47% | 33% | 13% |
| Fear of the Intangible                       | Fear of bad dreams or nightmares    | 57% | 49% | 17% |
|  | Fear of ghosts, monsters or spirits | 34% | 44% | 15% |

The only item reported in similar numbers by caregivers and by other participants was fear of preschool. Fear of separating from a parent and entering into new situations, has been noted by many researchers as a common fear of toddlers and preschoolers (Bowlby, 1973; Gebeke, 1994; Herzog, 1996; Sarafino, 1986). Separation from parents often occurs when a child is left at preschool. Other items are much less visible to caregivers, although reports of their existence by parents and children cannot be ignored.

As Hayley, a parent at Braddock Preschool noted,

I think some of the fears they [caregivers] don't necessarily know about unless they're a visible sort of fear in the sense that someone is crying and it comes out. Maybe they need to talk one on one with children..."Is there anything that concerns you at the moment?" or "Are you enjoying the preschool?" and just get a little bit of feedback themselves because they're the ones who are involved.

### Fear Responses

Some of the approaches that parents and caregivers reported using to respond to children's fears seemed, through their messages, to increase the fear and in some cases to invalidate the child's feelings. For example, Sally, a parent at Braddock Preschool, said she responded to Wade's fears,

I try to tell him not to be afraid, to make him feel secure about it. I always tell him that he's safe when I'm with him.

While on the one hand Sally is telling Wade not to be afraid, she is also giving him two other messages: firstly that his fear is not valid; that he should not be afraid, and secondly that while he is safe with her, he may not be safe when she is not there. Wade's behaviour of refusing to leave Sally when she is in the preschool setting, and continuing to stay close by her at home, could indicate that he is receiving her message and feels safe only in her company. His continued fear behaviour could be partly the result of his fears not being validated by his mother.

Invalidating children's fears seemed to be the message from some parents, who reported they told their children: "There's nothing to be afraid of." For example, Matthew has a fear of the house being robbed and someone stealing the baby. In her frustration and anger with his ongoing fear, Sue Ellen, Matthew's mother, tells him "look, no one's gonna rob our house. It's not going to happen, you'll be alright." Matthew's fears continue, possibly through it continuing to be invalidated by his mother. Minimising fear can disadvantage the child "by making the child see fear as only an emergency response, and the child may come to avoid any situation where any degree of fear is anticipated" (Izard, 1991, p. 304).

Other parents who told their children not to be afraid, added that they would explain the situation to the child. Jaye, Brandon's mother, said that she would,

Just let him know there's nothing to be scared of, that was just whatever it was. You know, if it was a bin lid dropping or something like that, just let him know what it is.

In situations where the fear may not be justified, some parents are taking the time to explicate the situation and so are developing an understanding of the feared object in their child. Kuebli (1994) urges parents to explain to children emotions that may occur in various situations as well as suggesting ways that the child can deal with each emotion.

While metaphors were both reported by some parents and encouraged in the literature (Dunlop, 1984), I would question their impact on young children. When Christa tells Keeran and Toby that thunder is "God playing ten-pin bowling", I wonder whether that metaphor could develop a fear in children of bowling and possibly of God. May's more gentle metaphor of thunder being "like clouds clapping together" may have been easier for Aidan to understand, and may have helped him to deal with his fear.

Fear should not be used to control a child (Berger and Thompson, 1994; Izard, 1991). Yet often it is used in this way by parents. Karen, a caregiver at Moorool Children's Centre, explained that Aboriginal children are taught in the home "not to be afraid of their fear...It's just in their culture." She described her situation at home with her children, saying:

I say to my kids, 'Gunje [an Aboriginal "hairy man" spirit] is gonna get you. He's comin there.' It's just part of them.

While Karen's intentions are good and her words are justified in the fact that the Aboriginal culture encourages children to accept fear, the element of controlling children through fear is unmistakable. In other cultures and families, "Gunje" takes the form of the Bogey Man, or other characters that parents claim will "get" the child for misbehaviour. According to Berger and Thompson (1994) adults must "Not try to scare the preschooler into good behaviour with fantasy untruths" (p. 271).

At times parents seemed to be giving their children mixed messages about fear and fear responses. This seemed particularly true during my interview with Laura, a parent at Braddock Preschool. Her son, Kevin attended the interview because he was reluctant to leave his mother when she was in the preschool. Throughout the interview, Laura often spoke to Kevin, usually in a high-pitched, babyish voice. The following transcript indicates how she responded to a couple of my questions and how she related to Kevin:

Reesa: When your child is afraid of something, how do you respond to this fear?

Laura: Well, give him a cuddle. [*To Kevin: Give you a cuddle?*]

Reesa: What fears does your child experience in Preschool and how are they exhibited?

Laura : Well, it's probably the separation. He was a very good boy last week [*To Kevin: Weren't you? Remember when we came in?*] I actually missed last Monday. He only comes once a week. Missed last Monday, but the Monday before [*To Kevin: you were a very good boy*] for the first time all year. We had to go to work, so he was dropped off early.

Kevin: I didn't cry.

Laura: You didn't cry at all. You didn't cry at all, did you? You were a very happy boy.

By using a babyish voice and manner in talking to Kevin, Laura seemed to be positioning him as a baby, still dependent on his mother's feedback, such as "you were a very good boy" to validate his experiences. He remained a fearful child, as is indicated in this interaction with Melissa, one of his caregivers, weeks later. This occurred in the outdoor play area of Braddock Preschool during morning tea time:

Kevin (*crying*): "I want mummy and daddy."

Melissa: "Finish morning tea and we'll do some woodwork." She gets a tissue and wipes Kevin's nose.

*Kevin continues crying and saying that he wants his parents.*

Melissa: "Don't cry. That's enough. You're going to choke on your food." *She talks to him more about the woodwork the children are doing.*

Kevin: "I want daddy and mummy."

Melissa (*pats Kevin's head*): "You'll see them at 3:00." *She strokes Kevin's back, wipes his eyes and keeps reassuring him. Then she says: "I can see some chooks over there. If you'll eat your banana, we can go look at them."*

*Kevin stops crying and looks towards the chickens. They go to see the chickens together and Melissa talks to him about them. Later, Kevin did some woodwork, played with stilts, and interacted a bit with other children.*



Melissa persevered and was eventually able to distract Kevin. However, his separation fear persisted during my time at Braddock Preschool. This could indicate that the messages Kevin was receiving from his mother were encouraging his fear rather than helping him to understand and deal with it.

Parents who validated their children's fears and explained situations reported more success and less anger towards their children. Ann, a parent at Valley Preschool, described her response to Avral's fears as:

I ask what her fears are and we sit down and talk about why she's afraid of it and I explain, well I tell her that her fears are justified or I explain why she should not be afraid of it.

However, Ann as parent is making the judgment for Avral about whether her fear is justified, rather than working with the child to decide. Other parents gave children more of an opportunity to make judgments about fears themselves. Maggie reported:

We try to encourage the children to consider, for example, spiders as part of the natural world and that we all have our place...while things are dangerous, so long as we're careful and take a responsible attitude.

Including children in assessing and evaluating their fears helps them to take responsibility for their own emotion understanding and expression. It shows acceptance of the fear and support for the child's growing emotion understanding (Arthur et al, 1999).

Empathy, putting yourself in the child's position, is another way of validating the child's fear. Leona, a parent at Braddock Preschool, said she empathises with Cindy's fear and tells her "it's okay to experience her emotion."

Modelling, where the parent acts non-fearful, may be successful in some situations (Walden in Garber and Dodge, 1991), but can also be a way of negating or invalidating the child's fear. Maggie reported that she and her husband have "always tried to not exhibit any fear ourselves, in whatever situation it is. It's a bit hard sometimes." There are some situations that cause all of us to be afraid, and this is a message that should be conveyed to children. Parents who try not to show fear may be invalidating the emotion in much the same way as parents who tell children not to be afraid. "The child's parents or the surrounding culture will often provide a gloss on a particular situation, and that gloss will effectively teach the child what to feel" (Saarni and Harris, 1991, p., 16). Saarni and Harris (1991) add that the outward display of emotion can be different from the underlying effect, but the young child may not pick up this discrepancy. Instead they could read the parents fearlessness in the face of spiders or snakes as a signal that these creatures are not to be feared. It is far better that adults model fear responses such as backing away from spiders or snakes and acknowledging their fear of these creatures due to the danger of being bitten by either one.

Some parents attempt to teach tolerance for fear, encouraging the child not to be overwhelmed by fear but to accept it as an inevitable part of life. Parents who do this are generally people who can accept the fact that they experience fear from time to time and are not themselves debilitated by it. They have enough tolerance for fear to be able to teach tolerance to their children (Izard, 1991, p. 305).

By validating children's fears, adults are in a better position to utilise other techniques to help them to deal with their fears. Jody, a parent at Braddock Preschool, described her initial response to Kyle's fears as "a cuddle and then an explanation why it's okay to be afraid."

However, from there Jody says she tells Kyle that while it's okay to be afraid, "there's no real need to...it can't get you or it won't hurt you or mummy's got hold of you." Here Jody is making the decision that Kyle should not be afraid because she is offering him safety. So while she has begun the process toward independent emotion understanding, she intervenes by making appraisals of the situation on behalf of Kyle, rather than encouraging him to construct his own understandings of the situation.

Norman, a parent at Braddock Preschool, reported that he offers Lewis reassurance and physical affection, but then takes him back to the environment "to show that it's not dangerous and that I will look after him and try and get him reacquainted so he feels safe in there." This is a form of desensitisation within the Behaviourist approach (Watson, 1970). While using a combination of strategies, Norman is still taking responsibility for Lewis' emotion. He is appraising the situation as safe and taking responsibility for Lewis' safety. Like Jody, Norman could be encouraging Lewis to make his own judgements about the situation and to begin to take responsibility for his own well-being in the situation. However, going back to a fearful situation is in itself a big step for a young child, and knowing that the parent is there as support is helpful to the young child.

Other parents took action by turning on the lights in a dark room, or taking the child outside during a storm. Renee, a parent at Valley Preschool, said that when Adam demonstrates a fear of the dark, she has "gone back into the room with him to turn the light on and show him there's nothing there." Rather than Renee showing Adam that nothing is there, she could look around with him and allow him to discover that there is nothing there, to help him to address and understand his fears. When Tim was afraid of thunder, Lyn, a parent at Moorbool Children's Centre, said she desensitised him by taking him outside, holding him and saying, "that's not going to hurt you, especially when you're inside the house." Besides passing a judgment on his fear ("that's not going to hurt you), Lyn qualified her judgment with "especially when you're inside the house." What this could mean to Tim is that every time there is a thunderstorm, he is only safe indoors; if he is outdoors at those times, he may still be in danger.

A form of invalidating a child's fear reported by caregivers was the action of redirecting the child. Some caregivers suggested redirecting fearful children to other activities, which could be a way of temporarily repressing the fear or permanently invalidating it. In Psychoanalytic Theory repression of unresolved emotions in early childhood is a source of anxiety and conflict later in life (Santrock, 1994).

Caregivers may also be invalidating some emotions and emotion expression and making other emotions more appropriate to experience and display. For example, happiness, considered a positive emotion, is an emotion caregivers encourage in children. Ida, a caregiver at Moorbool Children's Centre noted:

If a child's happy, I think everybody's happy. If a child's happy, we always maintain to keep that child happy at all times...We might copy that child in looking at a sad child to try and bring that a child around to make that child as happy.

Not only is Ida encouraging happiness, not as a passing emotion but as a permanent emotion, but she is invalidating the sadness another child feels by attempting to get the sad child to copy the happy child's emotion. This refers to Social Learning Theory, where children are said to learn through observation and experience with others (Bandura, 1986 in Plutchik and Kellerman, 1990). While her intentions are altruistic, she is nonetheless invalidating an emotion, sadness, which she considers unacceptable for the child to experience.

Happiness, surprise, interest and excitement are all emotions that caregivers said they would encourage in children. But sadness, disgust, anger and fear are emotions considered by many to be negative or undesirable. Ida's description above of trying to get the sad child to copy the happy child is an example of how sadness is an emotion often invalidated. Other caregivers said they would try to change sadness to happiness or reassure children that everything is okay. Everything is not okay, or the child would not be experiencing the sadness, so this is another way to invalidate the feeling. Other caregivers spoke of engaging the sad child in discussion about the emotion, which is a way of validating the child's emotion. Redirecting the child to activities or to discussion about what makes the child's which may also be subtle ways of invalidating the feeling which provide temporary relief but do not facilitate the child's overall understanding of the emotion.

Another way to validate a child's emotion is to help a child to verbalise the emotion and to suggest ways the child can use to express the emotion. I recorded an incident at Braddock Preschool that shows this. Ariel was sitting on the floor of the home corner. Her facial expression was one of sadness. She told me that no one would play with her. I said that I would play with her. We went to the puzzle table together and did an emotion puzzle. I asked her how she felt when no one would play with her. She said she didn't know. I offered her words - "sad, angry, afraid?" She said "no." I offered her "lonely" and she nodded.

Hayley, a parent at Braddock Preschool, had also expressed her concern that when a child is feeling sad because he or she has no one to play with, it may be difficult for the child to express or communicate the feeling. This is where caregivers can help by validating the feeling and offering the child ways to express it.

Disgust is an emotion that many caregivers said they would try to change. Speaking in reference to a disgust of certain foods, Simone, a caregiver at Chelsea Long Day Care Centre, said she would tell children,

You may not like the look of it, but you really need to have a taste because sometimes foods taste different.

Other caregivers also said they would try to get children to taste the food. But some caregivers disagreed, saying they would not force a child to eat something that disgusted them. Melinda, a caregiver at Moorool Children's Centre, said that if children are disgusted by some foods she gives them the choice of rejecting the food, rather than encouraging them to taste a food. Melissa, a caregiver at Braddock Preschool, said her response would be to listen to the child's expression of his/her feeling.

I'd stay calm. Like if they were disgusted about something and they were angry about it, then I would stay calm because that's all they need. They only need someone to listen. The don't need advice most of the time.

Both caregivers' responses are validating the emotion of disgust, offering support through listening and empowering children through allowing them to make their own choices.

Anger is an emotion that seems to have gained more acceptance than other "negative" emotions. The incident I recorded in the outdoor climbing area of Braddock Preschool went without notice by caregivers and other children alike. A group of children were arguing about who would be first to climb the hill. Aron made a face and yelled, "I'm angry and I'm not playing." He gritted his teeth, "grrrrr." He walked away in tears, repeating, "I'm angry and I'm not playing."

When responding to anger, caregivers tend to draw upon their teaching strategies to validate or invalidate the emotion. Mikala, a caregiver at Moorool Children's Centre, said:

You'll find out why they're angry and deal with it accordingly. So if they have a reason to be angry, well then you'll discuss why they're angry and it's okay to be angry, but if they've got no reason to be angry because of something, you'll also say, "You know, that's silly. We shouldn't really be angry because of that." We've got to try and understand why.

If the child's reason for being angry is acceptable to Mikala, she will validate it by discussion with the child. However, if the reason is considered unacceptable, Mikala notes she invalidates the feeling, telling the child "that's silly." From an adult's perspective, the reason may sound silly, but from the child's perspective it is a very real concern and should be validated as such and dealt with in a similar manner to anger for a reason the caregiver finds acceptable.

Kelly, a caregiver at Chelsea Long Day Care Centre, reported that she validates the feeling of anger, but teaches children acceptable ways of expressing anger.

Find out where the anger has come from, what the reasons are for it and to always reinforce that there are appropriate ways of showing it. Of showing anger. That it's definitely okay to feel angry, that adults feel angry, lots of people do, but there are only certain ways that we show it, certain acceptable ways that we show it. Hurting your friends is not one of them. Hurting property or damaging property's not one of them. Going for a good run outside or...stamping your feet. They're all appropriate ways of showing it...I say it in a way that they'll understand but I probably use a lot of the same strategies...[as for fear]support, redirection to take them to something else.

Kelly's response is a clear example of how caregivers can validate the emotion, thus helping children to understand it, without necessarily validating the emotion expression. By validating the emotion, Kelly is empowering children to own their emotions and to begin to reflect upon appropriate ways to express the emotion. However, she is telling them what is appropriate, rather than facilitating their choices through discussion and modelling.

In comparing caregivers' responses to fear and to other emotions, fear may be considered an emotion that is not as validated as other emotions. Caregivers reported physical responses more for fear than for other emotions. When children are afraid, many caregivers said they use a physical response, such as a hug or physical proximity, and comfort which, as discussed previously, has both a physical and a verbal component. But the only other emotions to which caregivers said they respond physically were sadness and one caregiver also said that she would respond with hugs to happiness. Comfort was named exclusively as a response to fear, and not even sadness elicited this response from caregivers, although other words such as reassurance and cuddles, when reported together, might imply a response of comfort to sadness. But in most cases, teaching strategies were reported more for other emotions other than fear.

By validating children's emotions, adults are helping children to understand them. However, as we belong to a culture that accepts some forms of emotion expression and rejects other forms, a caregiver's job involves guiding children to appropriate emotion expression. We need to examine and possibly broaden our definitions of what is appropriate emotion expression and to encourage children to use a variety of ways to express their emotions that are empowering to them and not harmful to others.

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