Responding to the fears of early childhood: an investigation of perception and practice in emotion education

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RESPONDING TO THE FEARS OF EARLY CHILDHOOD-
AN INVESTIGATION OF PERCEPTION AND PRACTICE IN
EMOTION EDUCATION

A thesis submitted in fulfilment of the
requirements for the award of the degree

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By

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DECLARATION

I, Reesa S.M. Sorin, declare that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the Faculty of Education, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Reesa S.M. Sorin

21 February 2001
And he went back to meet the fox.

"Goodbye," he said.

"Goodbye," said the fox. "And now here is my secret, a very simple secret: It is only with the heart that one can see rightly; what is essential is invisible to the eye."

"What is essential is invisible to the eye," the little prince repeated, so that he would be sure to remember.

This thesis is dedicated to Ben, for his patience, love and tolerance, and with the hope that some day he, too, will achieve his important goals.
Thank You

To Wilma Vialle, my supervisor, for her patience and help throughout this process and for discovering my learning style and encouraging it.

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iv
Abstract

The focus of this study was to investigate basic emotions, in particular the emotion of fear, as they are reported to be experienced by preschool children and how fear is responded to by parents and caregivers. To accomplish this, it looked firstly at whether eight basic emotions are reported as present in the preschool child. It then focused on fear: which fears are reported as experienced by preschool children and how they are displayed. Parents were surveyed as to how they respond to their child’s fears and all participants were asked to report how caregivers in the early childhood settings respond to children’s fears. Participants were asked to comment on the effectiveness of caregivers' current practices in responding to fear, and to suggest further approaches that could be taken in responding to children's fears.

The study is qualitative in design, using a constructivist framework to examine fear and adults’ responses to fear by collecting individual constructions from preschool children, their parents, their caregivers and the researcher. This was undertaken using a variety of tools, including: Parents' Surveys, Caregivers' Surveys and Focal Group Interviews; observations by the researcher; and a reflective journal kept by the researcher. Data were collected over a six-month period from four early childhood settings available to children aged three to five in the area: a long day care centre, an independent preschool; a preschool attached to a school; and a multifunctional Aboriginal children’s Total participants included forty-five children aged between three and five years old, forty-six parents and twenty-one caregivers.
The eight basic emotions surveyed were reported as present in preschool children, however reports of fears varied greatly between parents, caregivers and the children themselves. Caregivers reported the least awareness of fears in children. This may be accounted for by the limited time and context that caregivers have with children. However, if caregivers’ jobs are to prepare children for learning and for life, they need to be aware of all aspects of child development and of how they can help each child to reach her/his potential.

A variety of methods were reported by both parents and caregivers to respond to children’s fears. However, not all of these methods proved effective; some even seemed to invalidate the emotion of fear in young children. For example, denying fear or modelling non-fearful behaviour may give children unrealistic messages about the emotion.

A discrepancy between parents’ reports of their own responses to fear and of caregivers’ responses was noted, even though many parents reported similarities in parental and caregivers’ approaches. Parents reported that they responded to children’s fears in both verbal and physical ways. Yet parents expected caregivers to respond to children’s fears by talking to them; few mentioned physical responses such as giving the child a cuddle. This may be due to the current social context where child protection is focused on by the mass media.

While caregivers were often reported to be “extensions” of parents in their
responses to fear, some caregivers reported implementing teaching and planning strategies in addressing fear. Many participants reported that caregivers' responses to children's fears could be more effective, and some offered suggestions for further responding to children's fears.

Most participants seemed to view fear as "negative" and in need of eradication. The literature, however, suggests that it is important to understand all emotions and to be able to express them in ways that are both individually and socially acceptable. This means a shift in social/pedagogical thinking to a more "emotion-based" curriculum, supportive of emotion understanding and expression.
RESPONDING TO THE FEARS OF EARLY CHILDHOOD — AN INVESTIGATION OF PERCEPTION AND PRACTICE IN EMOTION EDUCATION

CHAPTER 1 – INTRODUCTION

BACKGROUND TO THE STUDY
SIGNIFICANCE OF THE STUDY
LIMITATIONS
RESEARCH QUESTIONS
DEFINITION OF TERMS

CHAPTER 2 - REVIEW OF LITERATURE

DEFINING EMOTION
HISTORY OF EMOTION THEORY
CURRENT RESEARCH’S PERSPECTIVE
BASIC EMOTIONS
FEAR
FEAR AS A Prototype
FEAR DEFINED
Fear is Innate
Fear is Developmental and Physiological
Fear and Danger
Fear is Negative
Fear is Positive
CAUSES OF FEAR
Separation
Modelled or inherited fear
Maturity or Developmental fear
Other Causes of Fear
FEAR DISPLAYED
Habits of emotion display
Physiological reactions
Facial expressions
External responses
THE EFFECTS OF FEAR
Effects on cognition and behaviour
Effects on social interactions
Positive effects
RESPONDING TO FEAR
AS A PARENT
Acceptance
OTHER EMOTIONS
EMOTION OBSERVATIONS
DISCUSSION
FEARS
CAREGIVERS' RESPONSES
PARENTS' RESPONSES
CHILDREN'S RESPONSES
LEAST NOTED FEARS
OTHER FEARS
FEAR DISPLAYS
APPROPRIATE EMOTION DISPLAYS
DISCUSSION

CHAPTER 5 - RESPONDING TO THE FEARS OF EARLY CHILDHOOD
PART 1 - PRACTICE

PARENTS' RESPONSES
VERBAL RESPONSE
Reassurance
Discussion
Metaphor
Offering Safety
There's Nothing to be Afraid Of
Acknowledgement

PHYSICAL RESPONSE
ACTION
MODELLING

CAREGIVERS' RESPONSES

CHILDREN'S PERSPECTIVES
Action
Verbal Response
Physical Response
Combination Response

PARENTS' PERSPECTIVES
Observed Responses
Verbal Response
Physical Response
Combination Response
Caregivers Unaware

EXPECTED RESPONSES
Verbal Response
Combination Response

CAREGIVERS' PERSPECTIVES
Verbal Response 202
Physical Response 205
Comfort 205
Action 206
Modelling 207
Teaching Strategies 207
Planning 209
CAREGIVERS' RESPONSES TO OTHER EMOTIONS 210
Verbal Response 212
Physical Response 215
Action 215
Modelling 216
Teaching Strategies 216
Planning 217
Similarity to Fear 219

RESPONDING TO THE FEARS OF EARLY CHILDHOOD - PART 2 -
PERCEPTION 221

EFFECTIVENESS OF CAREGIVER'S RESPONSES 221
Children's Responses 221
Caregivers' and Parents' Responses 221
Effective 222
Very Effective 228
Could be more Effective 230
Effectiveness Unknown 234

OTHER APPROACHES 236
PARTNERSHIPS 240
Caregiver-Parent Partnership 241
Caregiver-Child Partnership 244
Caregiver-Caregiver 244
Caregiver-Community Partnership 245
PROFESSIONAL DEVELOPMENT 246
EMOTION EDUCATION 247
CONSIDERATION OF SITUATION AND CULTURE 250
CASE STUDIES 252
THE GIANT UNDER WADE'S BED 253
BRETT AND THE BEAR 261
MICHELLE'S EMOTIONAL CHANGES 265

CHAPTER 6 - ANALYSIS 273

RECONCEPTUALISING FEAR 273
Chapter 1 – Introduction

Background to the study

A massive survey of parents and teachers...shows a worldwide trend for the present generation of children to be more troubled emotionally than the last: more lonely and depressed, more angry and unruly, more nervous and prone to worry, more impulsive and aggressive.

If there is a remedy, I feel it must lie in how we prepare our young for life. At present we leave the emotional education of our children to chance, with ever more disastrous results. One solution is a new vision of what schools can do to educate the whole student, bringing together mind and heart in the classroom...I can foresee a day when education will routinely include inculcating essential human competencies such as self-awareness, self-control, and empathy, and the arts of listening, resolving conflicts, and cooperation. (Goleman, 1995, pp. xii-xiv)

True literacy goes beyond language (Luke in Unsworth, 1993). According to Goleman (1995), to be truly literate involves a number of skills, including being aware of the self as an emotional as well as cognitive being, or emotional literacy and awareness of others within the wider social context, or social literacy. Emotional literacy can be defined as the ability to understand and manage emotions, motivate oneself in the face of discord, and to recognise emotions and emotion display in others (Goleman, 1995). Social literacy involves applying this awareness to social contexts in order to act in effective ways. These literacies are necessary to functioning as literate beings. Luke (1993) advises:

Competence in literacy...not only entails how to read and write identifiable genres of texts. It also requires strategic knowledge of how to 'read' social situations and institutional rule systems and act effectively in order to conceptualise, articulate and achieve social goals, actions and alternatives. (in Unsworth, 1993, p. 10)

Up to ten emotions are reported as innate or basic, and become visible from the early years of life (Campos, Bertenthal and Kermoian in Plutchik and
Kellerman, 1983; Izard, 1977; Plutchik, 1980; Reber, 1996). These emotions include happiness, sadness, surprise, fear, disgust, anger, shame and interest. Up to the age of three, children express both positive (emotions considered by many to be beneficial to children's well-being) and negative (emotions considered to be harmful to children's well-being) emotions freely. They are unable to either mask their feelings or to act in ways contrary to how they feel (Berk, 1997). At the age of three, children can assume emotion "masks" for positive emotions such as happiness and surprise, but cannot feign more negative emotions, such as sadness, disgust and anger. Their understanding of emotion is developing and they are able to identify situations that elicit simple emotional reactions (Stein in Bamberg, 1997; Thompson in Saarni & Harris, 1989). By the age of four, children can envisage situations where familiar emotions will occur (Terwogt & Olthof in Saarni & Harris, 1989). By the age of five, children's discussion of emotion incorporates cause and effect (Berk, 1997), although they still tend to take in some emotion information while ignoring other information (Harter & Whitesell in Saarni & Harris, 1989). Yet by six years of age, children are usually fluent in describing events that precede and follow an emotion (Saarni & Harris, 1989) and are able to feign and switch emotions easily (Harris, 1994). Despite the above developments in emotion understanding, much of this process is unfacilitated; left to the child's own devices.

According to Goleman (1995), children who are emotionally literate, who manage their feelings well and recognise and respond to the feelings of others are at an advantage in all areas of life. Conversely, unresolved
emotion can negatively affect our recall ability, judgement and general learning skills (McKnight & Sutton, 1994). As early as the preschool years, children who have trouble regulating their negative feelings are more prone to displays of anger, frustration and irritation towards others and to poor relationships with both children and adults (Eisenberg & Fabes, 1995). Eisenberg and colleagues (1997) concluded that the understanding and regulation of emotion in the preschool years led to high quality social and emotional functioning in the later school years. Children who were able to cope in constructive ways with negative emotions developed better social skills and emotional functioning than those who showed low levels of coping with negative emotions.

Gardner’s (1984) theory of Multiple Intelligences includes Interpersonal (social) and Intrapersonal (emotional) intelligences among the seven (later increased to nine) intelligences and advocates addressing all intelligences in pedagogy and assessment. Yet school curricula today still focus largely on the academic skills of reading, writing and mathematics. This is exemplified in the Key Learning Areas that frame the primary school curriculum: English, Mathematics, Human Society in its Environment (HSIE), Science, the Arts, and Health and Physical Education (HPE). Emotional and social learning may be addressed in integrated, holistic and inclusive curricula that focus on intrapersonal and interpersonal intelligences, but often academic content is the explicit curriculum and affective understanding the implicit.
The early childhood classroom differs in some respects. It is here that the value of play is recognised and children are encouraged to experiment, to be creative and to learn through play. Even so, most learning focuses on reading, writing and number skills. Many books, games, kits and computer programs have been created to develop reading, counting, sorting and classifying skills. Resources dealing with emotions are much more limited.

While there are teachers who recognise the importance of teaching to the affective domain, and children’s picture books and resources are available that address social or emotional issues, for the most part these areas are left to the child to work through alone. If they are not resolved, these issues are put aside until the child is older and is diagnosed as needing help. When that actually happens, many approaches to emotional problems rely on Cognitive Appraisal, where the written or spoken word is used as a tool to define, categorise and correct emotions. Using this technique, the child is asked to interpret perceived harmful events and to gauge their personal resources to cope with these events (Santrock, 1994). These cognitive skills are still formative in a preschool child, but emotions are not (Berk, 1997).

The culture in which one lives constructs the ways in which emotions are named, understood and displayed (Bamberg, 1997); those deemed “emotionally literate” are those whose expression and management of their emotions reflects the rules of their culture. It has largely become the responsibility of the school to indoctrinate children into the language and
ways of the culture. Bruner linked emotional development to language development and cultural indoctrination as follows:

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 & Zimiles, 1986, p. 15).

My study of emotions, in particular the emotion of fear, began in 1992, when I began work on my Master of Arts Honours Thesis – “The Fears of Early Childhood – Writing in Response to the Work of Maurice Sendak” (Sorin, 1994). Sendak’s work at times addresses young children’s fears and their resolution, such as when Max, in *Where the Wild Things Are* returns from his adventures to the security of his bedroom and a home-cooked meal. However, by the time Ida (*Outside Over There*) saves her baby sister from the goblin kidnappers and returns home to take on her absent father’s responsibility of looking after the family, or Mili (*Dear Mili*) returns home to die with her aged mother, it is questionable whether Sendak is helping to resolve or to create fear in children.

While children’s literature may or may not help to facilitate the understanding of fear and other emotions in young children, as an Early Childhood practitioner I felt that teachers could certainly help this process. Sadly, I observed very little being done in classrooms, and very few resources available to assist teachers to teach emotions to their students. This prompted my 1997 Preliminary Study on emotion understanding, display
and facilitation of emotion, which led to this current research. It seemed that too little was understood about young children’s emotions and very little was being done in the early childhood setting to facilitate children’s understanding of emotion.

**Significance of the Study**

This study recognises the importance of helping children to understand, articulate and display emotions appropriately, beginning in the preschool years. It aims to assist educators to maximise that learning through awareness of the range of emotions and fears that a young child experiences, and through strategies to assist them to actively teach the emotions within their early childhood classrooms. It aims to give parents a broader picture of the role of the early childhood educator and the extensive background in child development and teaching strategies that educators bring to their work. Finally, it aims to effect change at the tertiary level, where teacher preparation courses delve deeply into academic content areas but place less importance on teaching the pedagogy of social and emotion education.

To broaden our understanding of emotions in young children, this study begins by asking participants whether eight emotions, that are described by theorists as innate or basic, are present in preschool children. From this point the study focuses on fear, one of the emotions named as basic. Fear is an important emotion because unresolved fear adversely affects learning and memory (Darke, 1988 in Mackie and Hamilton, 1993; Izard, 1977;
Strongman & Russell, 1986 in McKnight and Sutton, 1994). This study aims to increase awareness of which fears are reported as having been experienced by preschool children and how children are reported as exhibiting those fears.

With increased understanding of emotions and particularly of fear, this study examines current practice, both by parents and caregivers, in responding to children’s fears, examining a range of responses and their effectiveness in helping children to understand, describe and appropriately display fear. Finally, it looks at possibilities for enhancing future practice in emotion pedagogy.

**Limitations**

The methodology employed in this research was characterised by some limitations. These limitations included sample size, time frame, limitations of observer, and limitations of children’s ability to articulate.

While this research has drawn from a wide sample of participants in varying early childhood settings, there was still a size consideration. The minimum requirement per centre was ten children and their parents/guardians. One centre had ten children participate, the others had eleven, thirteen and fourteen respectively. In some instances, a child or parent withdrew from the study. While this only happened in a very small number of cases, the sample size may have been a limitation of the study. It is also noted that four types of
early childhood settings are represented in this study: an independent preschool, a long day care centre, a preschool attached to a school and an Aboriginal children’s service. Family Day Care and children educated in the home are not part of this study.

The time frame for data collection was six months, rather than a longitudinal study of two to three years. During this time, surveys and interviews were conducted, activities implemented, observations made and discussion with participants transcribed. A longer period of time may have illuminated other information or shown a progression in caregivers’ emotion education practice, or in children’s emotion understanding.

Another limitation noted is that young children are formative in their ability to articulate. They may answer questions in exactly the same way as they have heard their friends answer them, and they may not always be able to understand the words used by the researcher. When a child asked me for clarification, I explained the term until I felt that the child understood, but some children may not have vocalised their lack of understanding. I used stories, photographs and long term observations to obtain a richer picture of the child’s understandings. I also interviewed some children on more than one occasion to check if the data I had collected were accurate.

While the above limitations exist within this research, I believe the data and the analysis of data present a clear picture of perceptions and practices in emotion education.
Research Questions

1. Which emotions are reported as present in preschool aged (3 to 5 year old) children?
   - Which emotions do parents and caregivers report they have observed in children?
   - Which emotions do children report they have experienced?

This question is based on the many theorists who name up to ten emotions as being innate or basic (Campos et al in Plutchik and Kellerman, 1983; Darwin, 1872; Ekman & Friesen, 1975; Izard, 1977; Plutchik, 1980; Reber, 1996; Watson, 1970). If this is the case, then these emotions are present in very young children. This question is an attempt to confirm whether eight of these emotions are reported as present in three to five year olds.

Eight emotions were chosen for this study. Izard (1991) looks at the universality of “fundamental emotions” based on Darwin (1872), Ekman and Friesen (1975); and Izard (1971) as providing “a sound basis for inferring that the fundamental emotions are subserved in innate neural programs” (p. 17). Emotions named as fundamental include: interest, excitement (in this reference they are categorised as the same emotion), joy, surprise, distress, disgust, anger, shame and fear. Some theorists have noted that emotions such as shame or embarrassment are not innate, but appear in the first few years of life (Dunn in Ekman & Davidson, 1994). However, the six emotions - happiness, surprise, sadness, disgust, anger and fear - were “found by every
investigator in the last thirty years who sought to determine the vocabulary of emotion terms associated with facial expression” (Ekman & Friesen, 1975, p.22). The emotions of interest and excitement, also named by many theorists as innate (Izard, 1977; Tomkins, 1962 in Plutchik, 1980) were added to these original six emotions to make eight basic emotions that were investigated in this study.

There has been much discussion about whether emotions can be recorded, or merely the reporting of emotion can be recorded. Vanman and Miller (in Mackie & Hamilton, 1993) state “the ability to measure emotions sets limits on the theoretical questions that can be addressed” (p. 217). McCathie and Spence (1991) questioned whether it is the fear or the idea of fear that is actually being recorded:

> We do not know what the Fear Survey Schedule for Children - Revised (FSSC-R) is measuring and it is possible that the information produced merely reflects an affective reaction to the thought of stimuli if they were to occur, rather than reflecting the child’s fearful behaviour in terms of frequency of fear thoughts or avoidance behaviours. (p. 502)

Stevenson-Hinde and Shouldice’s (1995) multi-method approach to studying children’s fears suggested that fearful behaviour and reports of fears should be treated as distinct. They noted that “observed approach/withdrawal behaviour was not correlated with fears and worries reported by either mothers or children” (p. 1027). In this current research, reports from parents, caregivers and children were considered as well as observations by the researcher. However, most of the data came from reports
as very few incidents of fearful behaviour were observed during my time in the early childhood settings.

2. **Which fears are reported as present in preschool aged children?**
   - Which fears do parents and caregivers report they have observed in preschool children?
   - Which fears do preschoolers report they have experienced?

3. **Which fears are reported as having been experienced by preschool – aged children in the early childhood setting, and how are they reported as having been demonstrated?**
   - Which fears do parents and caregivers report that children have experienced in the preschool setting?
   - How do parents and caregivers report that fears have been demonstrated in the preschool setting?
   - How do children report that they demonstrate fear?

4. **How do parents report that they respond to their child’s fears?**

5. **How is it reported that caregivers respond to children’s fears?**
   - How do parents report that caregivers respond to children’s fears?
   - How do parents expect caregivers to respond to children’s fears?
   - How do caregivers report that they respond to children’s fears?
   - How do children report that caregivers respond to children’s fears?
6. How do participants rate the effectiveness of the ways caregivers currently respond to children’s fears?

- How effective do parents report current responses by caregivers to children’s fears to be?
- How effective do children report current responses by caregivers to children's fears to be?
- How effective do caregivers report their current responses to children’s fears to be?

7. What other methods for responding to children’s fears are suggested by participants?

Definition of Terms

- **Affective Domain** - the part of the self that is emotional, as opposed to cognitive.
- **Caregiver** - for the purpose of this study, a caregiver is an educator in a Preschool environment. This includes: University - trained Early Childhood teachers, TAFE-trained Child Studies teachers, mothercraft nurses, untrained assistants and centre administrators.
- **Early Childhood Education** - While this area generally covers the age range of birth to eight years, this study undertakes to investigate the preschool years; three to five years of age.
- **Emotion-Based Curriculum** - Curricula that recognises the affective domain as a key aspect of teaching all curriculum areas.
- **Emotion Education** - Planning activities to address issues of emotion understanding, expression and articulation in explicit and implicit ways within the curriculum.

- **Holistic Education** - dealing with all aspects of the child and the learning, including physical, social, emotional, cognitive and language development using approaches and within contexts that relate in realistic ways to all aspects of the child's life.

- **Fear** - on the of emotions considered by many to be innate or basic, it is characterised as a strong reaction, both mentally and physically, to stimuli considered to be potentially harmful.

- **Negative Emotions** - Emotions considered by many to be harmful to well-being.

- **Parent** - This includes biological parents, adoptive parents, and children's primary guardians in the home environment.

- **Positive Emotions** - Emotions considered by many to be beneficial to well-being.

- **Whole Child** - looking at the child from developmental and environmental perspectives as a being whose cognitive and affective processes interrelate.
Chapter 2 - Review of Literature

This chapter begins by defining emotion, then summarises the history of emotion theory, culminating in the perspective of emotion utilised in this research. This is followed by a discussion of basic emotions and their role in early childhood. Fear is the emotion chosen for this research because it is an emotion almost universally named as innate; in its unresolved form it can have devastating effects; and studies of one emotion as a prototype for emotions in general has proven successful in past research (Averill, 1982; Lkedoux, 1998). As fear is the focal emotion of this research, it is discussed as an emotion prototype and defined. The causes of fear, fear displays and the effects of fear are examined, then followed by suggestions from the literature of ways that parents, caregivers and clinicians can respond to children’s fears.

Defining Emotion

*Emotions are basic psychological systems regulating adaptation to important environmental and personal demands. They are closely interrelated with physiological, cognitive, and behavioural processes, and are thus of great importance for teaching, learning and educational achievement. However, because psychological research has been dominated by behaviourist and cognitive approaches, scientific knowledge about emotional development is still rather limited.* (Pekrun in De Corte & Weinert, 1996, p. 213)

To define emotion is a difficult task because it is a concept that crosses disciplines and, even within one particular discipline, is conceptualised in a variety of ways. As Reber (1985) states:
Historically this term has proven utterly refractory to definitional efforts; probably no other term in psychology shares its nondefinability with its frequency of use. (p. 234)

Coming from the Latin “emovere” which means to move, to excite, to stir up, or to agitate, “emotion” is a word used to label subjective, affective experiences or the study of the environmental, physiological and cognitive factors of these experiences (Reber, 1985, pp. 234-235). Goleman (1995) defines emotion as "a feeling and its distinctive thoughts, psychological and biological states, and range of propensities to act" (p. 289). Mandler (1975 in Garber & Dodge, 1991) noted that emotion is often defined as a state of arousal to act, a focuser of energy, a psychological feeling and an expressive behaviour (p. 169). Drever (1961) emphasises the biological state of emotion, while recognising the cognitive state as well. He defines emotion as:

A complex state of the organism, involving bodily changes of a widespread character - in breathing, pulse, gland secretion, etc.- and, on the mental side, a state of excitement or perturbation, marked by strong feeling, and usually an impulse towards a definite form of behaviour. If the emotion is intense there is some disturbance of the intellectual functions, a measure of dissociation and a tendency towards action of an ungraded or protopathic character. (pp. 80 - 81)

**History of Emotion Theory**

The discourse of emotion has evolved over many centuries, with philosophers such as Aristotle, Descartes and Spinoza and writers such as Homer describing emotion in great detail. Prior to the nineteenth century, emotions were considered a by-product of cognition and unworthy of study in their own right (Drever, 1961), a view held by many Cognitive Theorists to the present day. The onset of the nineteenth century, however, saw
renewed interest in the study of emotion, with theories generated along four lines: Biosocial Theory, Cognitive Theory, Psychoanalytic Theory, Constructivist Theory and Functionalist Theory. These theories are elaborated in detail in Appendix 1 and summarised below.

With Darwin’s 1872 publication, *The Expression of the Emotions in Man and Animals*, Biosocial Theory had its beginnings. Darwin’s notion of the evolution of the species said that emotions began as survival and communication behaviours, and over time became habitual (1965). For example, the behaviour of cowering and becoming motionless with fear stems from the days when people acted in this way to protect themselves from dangerous predators. Within this paradigm, Separation Anxiety (Bowlby, 1971, 1973) comes 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 asserts that emotions can be manipulated through conditioning (Watson, 1970).

Cognitive Theory sees emotion as developing alongside cognition, but dependent on cognition rather than as 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, 1987). Social Learning Theory, a branch of Cognitive Theory, views emotion as occurring not only through
physical and cognitive development, but also through observation, experience and interaction with the social world (Bandura, 1986 in Plutchik & Kellerman, 1990). In this perspective, other people become models for the child’s development of both emotion understanding and emotion 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 & Jenkins, 1998).

Constructivism views the understanding of emotion and its manifestation in behaviour as constituted by discourse. Relying heavily on language (Bamberg, 1997; Lutz & Abu-Lughod, 1990), emotion understanding is based on appraisal, behaviour and feedback from behaviour (Averill, 1982). During the childhood years, much of this discourse occurs within educational contexts such as preschools, child care centres and primary school. Bruner saw the culture and the school as playing a 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 & Zimiles, 1986, p. 15)

In Functionalist Theory, emotions are viewed as central, adaptive forces of human activity (Berk, 1997) that 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 & Kellerman, 1990).

**Current Research’s Perspective**

“Emotion is not the opposite of intellect, rather both are complementary in the child’s and adult’s personalities”

*(Landau, 1998, p. 4)*

The theories presented here all attempt to explain emotion; many also include emotion expression and regulation. Emotions are seen by many as multi-dimensional and multifunctional and comprised of a number of systems, such as physiological, biological and psychological (Goleman, 1995; Pekrun in De Corte & Weinert, 1996; Plutchik, 1980). Thus to view emotion from a single paradigm is very limiting, as there are so many aspects to the conceptualisation and understanding of emotion. A multiple paradigm view of emotions, far from being disparate, supports a deeper insight into the concept.

Different approaches to emotional development can be assumed to complement rather than contradict each other. Some authors therefore try to combine elements of different origins. (Pekrun in De Corte & Weinert, 1996, p. 214)

This research acknowledges the contributions to emotion understanding of the major theoretical paradigms, but draws primary upon Biosocial Theory and Constructivism for its perspective, which could be termed “Biosocial Constructivism”. It assumes that basic emotions are innate or habitual,
having evolved over time. In support of this view, Pekrun notes that while basic emotions are not all visible at birth, they emerge at similar developmental stages cross-culturally (in De Corte & Weinert, 1996). This research takes from Constructivism that emotion experience and expression are socially constructed syndromes (Averill, 1982). While people universally experience the same basic emotions, their understanding and expression of emotion is largely determined by the society in which they live and the social rules of that society (Averill, 1982). Social construction occurs largely through discourse and interaction with others.

Unlike Cognitive Theory, this research views emotions as structures in their own right. However, it notes that emotion expression, regulation and understanding are linked to and develop alongside cognitive processes. Greenspan (1997 in Rodd, 1999) says “emotional development is a key factor in the growth of cognitive understanding and the survival of human beings” (p. 3). Social Learning Theory, a branch of Cognitive Theory, asserts that emotion and emotion display occur through observation, experience and interaction with the social world and this is a belief held in this research. Much of the way children express their emotions seems to be on the basis of behaviour modelled by other people, such as parents, caregivers and more experienced children.

This research further asserts that developing the emotions is critical to improving the quality of learning, relationships and life in general (Goleman, 1995; Rodd, 1999). However, it notes that the components of emotional
literacy have to be learned, much the same as traditional literacy skills such as reading and writing (Rodd, 1999) and that the early childhood years are an opportune time to learn these skills (Goleman, 1995; Kuebli, 1994; Landau, 1998; Rodd, 1999).

**Basic Emotions**

*“Although most of our expressive actions are innate or instinctive, as is admitted by everyone, it is a different question whether we have any instinctive power of recognizing them.”* (Darwin, 1965, p. 356)

Almost every theory of emotion acknowledges some degree of genetic or evolutionary significance of emotion; most theorists list a number of emotions that they consider to be innate or basic. Table 2.1 below summarises the major theorists’ views of emotion and the emotions each of them name as innate or basic. These theoretical perspectives support the notion of the innateness of emotion gleaned from the Biosocial Constructivist approach that frames this research.

<table>
<thead>
<tr>
<th>Theorist/source of information</th>
<th>Ideas</th>
<th>Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darwin (Darwin, 1965)</td>
<td>Except for gestures such as holding the hands together in prayer, or kissing,”the far greater number of the movements of expression, and all the more important ones, are, as we have seen, innate or inherited and such cannot be said to depend on the will of the individual” (Darwin, 1965, p. 352).</td>
<td>Anger, fear, sadness, happiness, contempt (disgust), surprise, shame, pain.</td>
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<tr>
<td>James (Strongman, 1987)</td>
<td>Discrete emotions that have an instinctive base exist.</td>
<td></td>
</tr>
<tr>
<td>Watson (Watson, 1970)</td>
<td>Young children have many reactions to objects and situations that haven’t been learned. “The world of objects and situations surrounding people brings out more complex reactions than the efficient use or manipulation of the object or</td>
<td>There are three forms of emotional responses present from birth: fear, rage and love.</td>
</tr>
<tr>
<td>Author/Reference</td>
<td>Statement/Description</td>
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</tr>
<tr>
<td>McDougall (Watson and McDougall, 1928; Strongman, 1987)</td>
<td>Real, or primary emotions appeared much earlier on the evolutionary scale</td>
<td></td>
</tr>
<tr>
<td>Piaget (Piaget, 1981)</td>
<td>While Piaget states that he leaves the question of innateness unanswered, he notes: &quot;Every drive is inserted into a context that goes far beyond it and this context includes both intellectual and acquired elements&quot; (Piaget, 1981, p. 17). He adds: &quot;Every instinct, even the most incontestably hereditary, is manifested in complex behaviours where the most diverse and alien elements intermingle; and these integrated wholes undergo transformations&quot; (Piaget, 1981, p. 20).</td>
<td></td>
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<tr>
<td>Freud (Sulloway, 1979) and Erikson (Miller, 1993)</td>
<td>Children are born with instinctive knowledge; conflict arises through experiences contradictory to evolutionary patterns</td>
<td></td>
</tr>
<tr>
<td>Jung (Jung, 1964)</td>
<td>“Emotion…is involuntary” (p. 49).</td>
<td></td>
</tr>
<tr>
<td>Izard (1977)</td>
<td>Innate emotions are discrete, subjective, changed through evolution and individual development, and reflected in facial and bodily activity. Interrelated they form a hierarchy that becomes personality traits.</td>
<td></td>
</tr>
<tr>
<td>Ekman and Friesen (Ekman and Friesen, 1975)</td>
<td>Emotions are displayed through involuntary facial expressions and basic emotions appear cross-culturally.</td>
<td></td>
</tr>
<tr>
<td>Plutchik (Plutchik in Plutchik and Kellerman, 1990b, p. 9)</td>
<td>Emotions are genetic and evolutionary but are based on reactions to circumstances. They are multi-dimensional having degrees of intensity, similarity and polarity to other emotions.</td>
<td></td>
</tr>
<tr>
<td>Averill (Averill, 1982)</td>
<td>Emotions are social systems or transitory rules, but have a biological and cognitive base as well</td>
<td></td>
</tr>
<tr>
<td>Lutz and Abu-Lughod (1990)</td>
<td>Emotion is constructed through discourse</td>
<td></td>
</tr>
<tr>
<td>Lazarus, A. (1986, in Plutchik and Kellerman, 1990b)</td>
<td>&quot;Affect is the product of the reciprocal interaction of behaviour, sensation, imagery, cognitive factors, and biological inputs, usually within an interpersonal context&quot; (p. 200).</td>
<td></td>
</tr>
<tr>
<td>Sroufe (1995)</td>
<td>There are three innate emotion states.</td>
<td></td>
</tr>
<tr>
<td>Watson, 1970; Wellman, Harris, Banerjee &amp; Sinclair, 1995). As</td>
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Many studies have shown that basic emotions are present from birth or in the very early stages of development (Bowlby, 1973; Izard, 1991; Sroufe, 1995; Watson, 1970; Wellman, Harris, Banerjee & Sinclair, 1995). As
demonstrated in Table 2.1 above, discussion of which emotions are basic varies. Because of the variety of suggestions about which emotions are innate or basic, I chose eight emotions that were frequently described as innate or basic in the literature, and attempted to find out not whether these emotions are present at birth but whether these emotions are at least present by the time the child reaches the preschool years. The emotions chosen were: happiness, sadness, anger, surprise, fear, disgust, excitement and interest.

**Fear**

In the discussion of emotions above, it is noted that while theorists have varying ideas about whether emotions such as interest, surprise and shame are innate or basic, (Johnson-Laird and Oatley, in Ledoux, 1998), fear is an emotion almost universally named by theorists as innate or basic (Darwin, 1965; Ekman & Friesen, 1975; Izard, 1977; McDougall, in Strongman, 1987; Plutchik, 1980; Sroufe, 1995; Watson, 1970). No matter whether only three emotions are considered innate (Watson, 1970) or as many as nine (Izard, 1977), fear is named amongst them.

As with other innate responses, Darwin considered the fear response to be at first a conscious response which, through the course of evolution, became habitual. He said that some of these physical expressions of fear, “may be accounted for through the principles of habit, associations, and inheritance” (Darwin, 1965, p. 306).

**Fear as a Prototype**
After presenting a constructivist view of emotion, Averill (1982) focuses on anger as a prototype, or paradigm case. He asserts:

> At first anger might seem to be an inauspicious choice for such a purpose. More than most emotions, anger is often condemned as antisocial…Yet anger is among the commonest of emotions. How can that be, unless anger is indeed an uncontrollable (instinctive) remnant of our phylogenetic past? (p. 31)

Averill uses the prototype of anger to deal with issues such as the biological basis of emotion and cross-cultural variations in emotion experience. Fear, said to be the antithesis of anger (Harlow & Mears in Plutchik & Kellerman, 1983), is also among the most common emotions linked to our evolutionary past, and can be equally used as a prototype for the purpose of inquiring about a range of issues of emotion.

Ledoux (1998) adopts the study of one emotion as a prototype for emotions in general in his book, *The Emotional Brain*. However, he also states that each emotion is linked to a different part of the brain system. Similar to this current research, his study is of the emotion of fear. He states that the purpose of his book is to explain:

> what we know about the brain mechanisms of fear, especially what we’ve learned from research on fear behaviour in nonhuman animals, and then seeing to what extent this knowledge can help us understand ‘emotion’ in the broader sense of the term (especially human emotion). (Ledoux, 1998, p. 106)

**Fear Defined**

> *Fear is an inauthentic state of mind. The meaning of fear lies in the past, as the past comes forward to threaten the subject in the present. Fear is fearing in the face of a threatening force that draws near... The waiting for what is fearful is part of what the subject fears. Fear fears fear. The fear that fear fears cuts to the*
heart of the subject and leaves him open, empty, and without defence. He backs away from fear fearfully, as if backing into an abyss that is empty and dark. Fear is pushing him into fear. Fear turns back on itself, frightening him in the present and leaving him unable to act. He retreats into the past, but fear draws back with him. It comes around him from behind and engulfs him. He is surrounded by fear. Every way he turns, fear stands. The future is closed off to him. (Denzin, 1984, p. 221)

Drever defines fear as “one of the primitive, violent, and usually crippling emotions, marked by extensive bodily changes, and by behaviour of the flight or concealment character” (1961, p. 92). Viewing fear as innate or primitive, developmentally or physiologically based, negative, and associated with danger are common characteristics in the fear literature. Not so frequently, theorists views fear in a more positive way, as an emotion that motivates and warns us of impending danger (Izard & Kobak in Garber & Dodge, 1991).

When defining fear, many theorists linked it with other emotions. Hebb’s (1946, 1949, in Strongman, 1987) studies of fear and aggression noted an interrelationship between anger and fear. He said that “anger to the point of aggression is but the other side of the coin of fear” (Harlow & Mears in Plutchik & Kellerman, 1983a, p. 182). Jolley and Mitchell (1996) link fear to anxiety, stating that fear is the reaction to specific objects or situations, while anxiety is a general state of arousal to non-specific events. Ledoux notes that fear is present in other emotions. For example, Ledoux espouses that courage is the ability to overcome fear. Laws and morals are based on a fear of what will happen if they are broken. War is avoided because the weak fear the strong (Ledoux, 1998).
Fear is Innate

The expression of fear, according to Darwin, “may be accounted for through the principles of habit, associations, and inheritance” (Darwin, 1965, p. 306). Based on Darwin’s theories, other theorists looked at fear as innate, biological responses, with sources further back in the evolutionary scale (Bowlby, 1973; Freud in Bowlby, 1973; Izard, 1991; Ledoux, 1998; Ohman in Ledoux, 1998).

Evolution has equipped contemporary humans with a propensity to associate fear with situations that threatened the survival of our ancestors. To the extent that this propensity evolved, it must be based in our genes, and genetic variation must therefore exist. As a result, although humans are in general prepared to acquire fears of ancestral dangers easily, some individuals must be more prepared than others to acquire specific fears. (Ohman in Ledoux, 1998, p. 237)

Fear affects all ages and stages of life in animals as well as in humans (Bowlby, 1973). Bowlby considered fear - from infants' fear of loud noises to fears of strangers, of animals, of rapid approach, of darkness and of being alone - to be a result of genetics (1973).

Fear is Developmental and Physiological

Linked to development and physiology, fear is considered a developmentally appropriate response to either objective or subjective situations, arising from traumatic experiences or occurring in the absence of an apparent triggering event (Eisen & Kearney, 1995). Physiologically, fear is made up of bodily changes, expressive behaviours, and feelings that result from the threat of danger (Izard, 1991). Ledoux (1998) states that the fear system is a system of
defensive behaviour that represents brain system functioning which has been programmed by evolution to deal in set ways with danger (Ledoux, 1998). This defence system interacts with the consciousness to produce feelings of fear (Ledoux, 1998). Goleman (1995) stated that the amygdala, a part of both brain hemispheres, is central to fear. He noted that a patient who had her amygdala surgically removed was unable to experience or express fear or to identify fear in others.

While viewing fear as developmental (Bowlby, 1973; Gebeke, 1994; Harlow & Mears in Plutchik & Kellerman, 1983; Izard & Kobak in Garber & Dodge, 1991), not all theorists view fear as evolutionary. King and Ollendick (1997) describe fear as:

Short-lived and not of sufficient magnitude to be problematic. Also many of these fears are adaptive, emanate from day-to-day experiences of the child, and reflect emerging cognitive and representational capabilities. (p. 389)

They see fears as transient and based on present-day situations.

**Fear and Danger**

Fear is usually defined in relation to danger. As Darwin notes:

The word ‘fear’ seems to be derived from what is sudden and dangerous…fear is often preceded by astonishment, and is so far akin to it, that both lead to the sense of sight and hearing being instantly aroused. (Darwin, 1965, p. 289)

Describing fear as a “preparedness to meet real dangers” Bowlby (1973, p. 86), named fear items as conditions associated with increasing risk of danger. He believed that our responses to fear were natural clues to danger (Bowlby, 1973). In a similar manner, Freud described fear as a natural
preparation for danger. He believed that only fear of external objects was acceptable; fear of intangible items was neurotic (in Bowlby, 1973).

Fear is perceived as a threat to security and safety (Izard, 1991; Lazarus, 1991; Robinson and Rotter, 1997; Stein and Trabasso in Saarni and Harris, 1989). Lazarus said that fear, which is more primitive than anxiety, involves sudden, concrete reactions to threats including the immediate prospect of pain, injury, death and loss (Lazarus, 1991; Robinson and Rotter, 1997). Izard’s studies of infants and young children showed that fear is usually linked with threat or danger to the comfort and well-being of the physical self through physical harm or injury (Izard, 1991). But threats can also be abstract, such as threats to one’s goals. “Fear and anxiety result when a threat to a valued goal is present. Fear occurs when the threat is well defined and relatively certain” (Stein & Trabasso in Saarni & Harris, 1989, p. 75).

**Fear is Negative**

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). Usually associated with emotional conflict, fear is said to come both from within and from external objects and events.

> The emotionally divided self has no inner defence against fear. Fear destroys and leaves only the nothingness of fear, the remains of which linger in the present. Hence the divided self is trapped within a circle of fear. (Denzin, 1984, p. 222)

Others categorise fear as a negative reaction based on the meaning of the event and drawing on affective memories (Sroufe, 1995, p. 102). From
surveys of seven different cultures, Izard (1971, in 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)

**Fear is Positive**

While fear is mainly categorised as a negative emotion, fear can have positive effects, such as motivating people to act.

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)

Yerkes and Dodson’s (1908) experiments showed that performance is best at a moderate level of stress. When stress is too low, people do not care about what they are doing, and perform poorly; when stress is too high, people become anxious and their performance suffers. Transferring this notion to fear, moderate fear may prove to be a motivator to action, rather than an inhibitor.

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).

**Causes of Fear**

*The causes of fear are influenced by their contexts, by individual differences in temperament or predisposition, and by experience or person-environment interactions. Finally,*
The causes of fear are in part a function of age or maturation. (Izard, 1977, p. 356)

The literature suggests three main causes of fear: separation, modelling or inheritance, and maturity or development. At times these categories seem inconsistent and over-generalising; therefore possibly inadequate. They are reported below and critiqued in Chapter 6.

**Separation**

*The fear of the unfamiliar has become one of the most familiar fears for human and nonhuman primates alike, as well as many other species. (Harlow and Mears in Plutchik and Kellerman, 1983a, p. 182)*

The emotional state produced by separation from a primary caregiver is a fear that manifests itself in many forms and appears to be a central issue of fear.

Fear of being separated unwillingly from an attachment figure at any phase of the life-cycle ceases to be a puzzle and, instead, becomes classifiable as an instinctive response to one of the naturally occurring clues to an increased risk of danger. (Bowlby, 1973, p. 86)

In Gardner's (1978) view, events such as separation from parents and loss are stimuli that arouse fear in the child. If these events are difficult or impossible to assimilate, the child shows fear.

Attachment and separation are major themes that run through Bowlby’s work and which he considered to be the underlying causes of fear. Both Izard and Bowlby stated that secure attachments make one less susceptible to fear, while insecure attachments, through threats of abandonment and loss, can trigger fear or phobias in young children (Izard, 1991).
Children and adolescents who are prone to fear probably actually experienced a great deal of insecurity in the attachment relationship, the attachment figure proving to be inaccessible or unresponsive at critical times. (Izard, 1991, p. 293)

Separation fear takes many forms. It can include fear of strange people, events or objects, fear of the dark, or injury or of death, fear of being alone, and fear of school (Bowlby, 1971; Izard, 1991; Sarafino, 1995). Strange people, familiar people in strange guise, strange objects and strange places elicit fear in young children, particularly in the transition from infancy to toddlerhood (Bowlby, 1973; Flatter, 1996; Harlow & Mears in Plutchik & Kellerman, 1983; Izard, 1991; Reed, in Eisen & Kearney, 1995). Harlow and Mears add that experiences early in life impact upon aspects of fear such as "the time of onset of the fear, the intensity of the fear, and the duration of the fear of strangers" (in Plutchik & Kellerman, 1983). Fear of strangers can come from a maladaptive attachment relationship to a primary caregiver (Sroufe, 1995). Unexpected events can also be perceived as fearful (Arnold, 1990; Flatter, 1996).

During the preschool period, separation fear manifests itself in school phobia or death phobia. “The child and the parent – usually the mother – appear to have a mutually dependent relationship, and separation is disturbing to both” (Sarafino, 1986, p. 27). Izard noted that fear can be caused either by the presence of strange objects or the absence of familiar objects. Strangeness or weirdness, where the individual is presented with something out of the ordinary, such as a head without a body, can produce a fear response (Izard,
Being alone may create fear, but realistically, this could be because there is greater danger in being alone; for example in walking alone in some urban areas late at night (Izard, 1991).

Fear of the dark and of being alone in the dark surfaced in the reports of mothers and in observations of children conducted by Bowlby (1973), with their incidence rising with age. Bowlby's findings contradict Freud's work on childhood phobias. Freud found that fears of being alone, in the dark or with strangers decreased with age, as the child outgrew these fears (Freud in Bowlby, 1973).

Fear of animals is included with separation fears as animals are often grouped with strangers in fear categories (Bowlby, 1973). Bowlby found that not only did animals commonly elicit fear in children, but the presence of an animal was the experimental situation that aroused fear most frequently (1973). Other theorists have noted a fear of animals and insects (Herzog, 1996; Izard, 1977; Kindt, Bierman and Brosschot, 1997; Sarafino, 1995).

When Darwin took his two-year-old son to the London Zoological Gardens, he was surprised to observe the child’s fear of the larger and more exotic animals. He wrote:

May we not suspect that the vague but very real fears of childhood, which are quite independent of experience, are the inherited effects of real dangers and abject superstitions during ancient savage times? It is quite conformable with what we know of the transmission of formerly well-developed characters, that they should appear [in the descendants] at an
early period of life, and afterwards disappear. (1877, in Sulloway, 1979, p. 245)

Modelled or inherited fear

Perhaps man is one of the most fearful creatures, since added to the basic fear of predators and hostile conspecifics come intellectually based existential fears. (Eibl-Eibesfeldt in Ledoux, 1998, p. 129)

While acknowledging that some fears are learned through simple conditioning or associative learning, Izard cites observational learning as responsible for many fears. People do not need to have direct experience with dangerous stimuli to fear them. Parents can signal fears to their children through facial expressions, gestures and words (Herzog, 1996). Izard (1991) pointed out: “When a young child observes fear in a parent, a sibling, or even a stranger, the object, event or surrounding situation may become a source of fear” (p. 291). While we may have a biological tendency to fear certain stimuli, modelling fear to these stimuli facilitates fear learning by those who observe the behaviour (Izard, 1991).

At times, even without modelling fearful behaviour, parents may pass on their fears to their children. Robinson and Rotter (1991) noted that a percentage of children are pre-disposed to fear, and their perception of their vulnerability to the object or concept determines the degree of fear felt by the child. Saarni added that children can take on the fears of their parents even without witnessing their parents’ fear reactions (in Saarni & Harris, 1989).
But pain does not have to be experienced for a fear to be created. “Many fears are based on vicarious learning experiences, in which no pain or trauma is involved” (Charlesworth, 1974, in Izard, 1977, p. 360). Fear of snakes does not necessarily come from being bitten by a snake; fear of planes from being in a plane crash. It can be the anticipation of pain, without an observable cause, that creates the fear and the avoidance response to the feared object (Izard, 1991). This is supported by Kindt, Bierman and Brosschet’s (1997) study of spider fear in children. While cognitive processing tends to create fear in adults, they found that the same is not true for children. Both fearful and control children demonstrated a processing bias for threatening (spider-related) information. They also found that unpredictable stimuli and movements evoked alertness and wariness in children (Kindt, Bierman & Brosschot, 1997).

**Maturity or Developmental fear**

*Emotional maturity...contributes to the integration of all the aspects of man’s personality and the fulfilment of his intellectual, emotional and social needs...The road to emotional maturity involves the integration of various aspects of man’s personality, forms of his self. (Landau, 1998, p. 2)*

Sroufe (1979, in Lazarus, 1991) proposed three innate emotion states: fear, anger and joy. As cognition increases, the ability to express and cope with emotion increases. While stating that fear is non-existent in infancy, Sroufe (1995) believes that it develops in early childhood.

Fear does not exist in the newborn period and yet develops from precursors early in infancy. Moreover, fear, like other emotions, continues to evolve through the toddler period and
beyond, with advances in cognitive development. (Sroufe, 1995, p. 101)

Sroufe said that fear begins with wariness, based on an inability to assimilate unfamiliar events. Proper fear reactions begin around 9 months of age and are more immediate than wariness (Sroufe, 1995).

Other theorists said that fear can be a function of age and maturity (Bowlby, 1973; Izard, 1982, 1991; Izard & Kobak in Garber & Dodge, 1991; Saarni and Harris, 1991). Izard and Kobak give the example that children are unable to fear a stranger until they know the difference between familiar and unfamiliar persons and are unable to be reassured that their mothers will return until they have long term memory and the ability to anticipate events (in Garber & Dodge, 1991). Physiological maturation as well as cognitive maturation are attributable to fear immersion.

The emergence of fear into the developing lives of human and nonhuman primates is neither a suddenly occurring event nor a totally predictable and invariable sequence of gradual developmental changes. Some fears depend more than others on physiological maturation of specific motor skills, such as those necessary for the manipulation of objects by the fingers and hands or for the skills required in crawling and walking. (Harlow & Mears in Plutchik & Kellerman, 1983, p. 178)

As children mature in their thinking, fears seem to extend from the sensory to the concrete and later the abstract. While children outgrow some fears they become susceptible to others. For example, as children grow, fear of strangers gives way to fear of monsters (Gebeke, 1994). As a demonstration of the developmental nature of fear and other emotions, Smiley and Huttenlocher suggested a sequence for the acquisition of emotion concepts.
Children begin by naming emotion words like “sad” and “mad” to define states in themselves. Next they begin to notice external clues to emotion, such as facial and bodily expression. From these clues, children begin to describe people who look or act in a certain way as “sad” or “mad”. Finally, children understand that people can experience a certain emotion in a variety of circumstances, and can transfer this understanding to new people and new situations. They become able to link their own emotion experiences to those of others (in Saarni & Harris, 1989).

Unexpected or sudden changes in physical circumstances often trigger fear responses, particularly in young children. Loud noises, unexpected events, natural disasters, darkness, heights, sudden or rapid approach, movement or change of illumination, or a sudden change of stimuli are all noted as causing fear in very young children (Bowlby, 1973; Harlow & Mears in Plutchik & Kellerman, 1983; Izard, 1977; Reed, in Eisen & Kearney, 1995; Watson, 1970).

Neonates' fear responses to loud noises or loss of support decrease as they mature, but social fears become more apparent (Harlow & Mears in Plutchik & Kellerman, 1983; Watson, 1970). The visual cliff study, where a baby is placed on a glass-topped table with the height of the table apparent to the infant has shown a natural fear of heights in babies (Campos & colleagues, 1978, in Izard, 1991; Walk & Gibson, 1961 in Bowlby, 1973).
Between nine and twelve months, emotional reactions become more intense and during this time infants' reactions to new things change. For example, they hesitate noticeably before reaching for new objects. Sroufe (1995) observed, “Fear reactions emerge at the conclusion of ‘socialisation’ imprinting, the time when social preferences are established” (pp. 105-106).

Arnold (1990) noted that reasoning in very young children is intuitive and subject to error. For this reason, it is possible for children to find unfamiliar events frightening. Woolfolk (1990) suggests that children should begin childcare before seven months or after 18 months because from 7 to 18 months children develop a natural fear of strangers.

While fears such as that of loud noises seem to decrease with age, other fears stay the same or even increase. Schacter and McCauley (1988) found that children under two fear separation from the primary caregiver, loud noises, sudden motion and sudden approach (in Gebeke, 1994). Toddlers were shown to initially classify facial expressions as either “good” or “bad” rather than by emotion (Saarni & Harris, 1989). But young children have little or no understanding of mixed or conflicting emotions, even though their behaviour may demonstrate them. “At best, the child has an awareness of emotions that shift back and forth, as one aspect and then another of a total situation enters awareness” (Saarni & Harris, 1989, p. 22).

Jersild’s studies of age-related fear (1933, 1935, in Bowlby, 1973) found that a larger percentage of one year olds than four year olds showed a fear of
loud noises, whereas the same percentage of one and four year olds showed a fear of animals. Bowlby’s studies showed that at three years of age, children may be afraid of certain animals, but this fear declines after age four. His research supported Jersild’s findings that children's fear of loud noises gradually decreases between one and six years of age. However, he found that fear of imaginary situations increased with age and cognitive ability (Bowlby, 1973).

Researchers have found that by two and a half years of age, many children use the emotion words “happy”, “sad”, “mad” and “scared” to describe states of self, or in response to an event and the behaviour of others. From describing the self and observable aspects of others’ behaviour, children grow to use words to describe others’ behaviour and internal states as well (Smiley & Huttenlocher in Saarni & Harris, 1989). By the third year, children can identify situations that elicit simple emotional reactions (Thompson in Saarni & Harris, 1989).

Three year olds can remember changing emotion states and make the correct inferences about the causes of emotions. Moreover, these children distinguish their own emotional reactions and beliefs from those of other people. Thus, the ability to understand changes in internal states is present quite early…what changes as a function of development is children’s knowledge about other people and themselves, and their knowledge about plans and actions that lead to successful adaptation to situations. (Stein & Trabasso in Saarni & Harris, 1989, p. 76)

Arthur, Beecher, Dockett, Farmer, and Death (1999) note that feelings themselves may be a source of fear to toddlers. "For example, being very worked up by a problem or a situation that results in a tantrum can be a
frightening experience for the child” (p. 64). They suggest that caregivers accept and respect the child’s feelings, as well as offer options to the child about how to deal with them.

Between the ages of two and four, a child may be afraid of the dark, baths, thunder, lightning, toilet training, monsters, animals, doctors, strangers, separation and the loss of a parent. Between four and five years of age fears include bodily harm, falling, dogs, the dark, death and parents not returning home (Gebeke, 1994). Herzog (1996) found that preschoolers are afraid of concrete items such as the toilet, large animals (especially dogs), bodily injury, death, and vague stimuli such as the dark, monsters and separation. He said that preschoolers are also afraid of the outside world. Herzog (1996) also noted that some fears in preschoolers are generated by their parents’ facial expressions, gestures and words. As they begin to focus on physical appearance, children can become troubled by people in costumes or with physical abnormalities (Berger & Pollman, 1994).

According to Stein and Trabasso, fear of harm decreases with age while fear of unfamiliar situations increases. Fear of harm may be strongest in younger children, aged three to five, because they are more vulnerable than older children (in Saarni & Harris, 1989). However, some theorists note that fear of physical injury actually increases with age (Sarason, Lighthall, Davidson, Waite & Ruebush, 1960; Stevenson-Hinde & Shouldice, 1995).
Imaginary fears are common in the preschool period. “The so-called fears of children are of an ‘imaginary’ nature, that is they are obviously remote from the child’s personal experiences” (Sarason, Lighthall, Davidson, Waite & Ruebush, 1960, p. 40). Fears of monsters, dragons and ghosts are common, along with fears of falling out of bed, scary dreams, noises, traffic, being poisoned, the dark, getting lost, and someone scaring them (Berger & Pollman, 1994; Sarafino, 1995; Stein & Trabasso in Saarni & Harris, 1989; Stevenson-Hinde & Shouldice, 1995). But imaginary fears may be substitutes for other fears. Bowlby (1973) suggested: “Fear of imaginary monsters, burglars, or ghosts, for example may be a rationalisation of the fear of the darkness” (in Izard, 1977, p. 359).

Another way of looking at fear, and at emotions in general, is through Erikson’s Psychosocial stages of development. From birth to the end of the preschool period, children go through three stages, each of which involves emotional conflict: Trust vs Mistrust, Autonomy vs Shame or Doubt and Initiative vs Guilt (Catron & Allen, 1999; Santrock, 1994). During the preschool period, children go through the “Initiative vs Guilt” stage, described by Catron and Allen as follows:

Children who frequently experience failure or blame during this stage will become hesitant to initiate activities or relationships. On the other hand, children who experience a reasonable number of successful, positive experiences will be able to reach out and attempt new challenges consistently. (Catron & Allen, 1999, p. 217)
During these stages of psychosocial development, if caring adults meet children's emotional needs, their emotional growth and competence will be nurtured (Catron & Allen, 1999).

**Other Causes of Fear**

Sex and ability differences have been noted in fear studies. Primary school aged girls and boys exhibit different kinds of fears. Girls are more fearful than boys about the unknown, animals, minor injuries, danger and death. Boys are more worried about their own performance. However, in studies conducted by Stevenson-Hinde and Shouldice (1997) of preschool-aged children, no difference in types of fears was shown between boys and girls. Autistic children’s fears are different from their non-autistic peers. This may be due to developmental delays, as autistic children’s fears are similar to fears of non-autistic children younger than them (Matson & Love, 1990).

Other emotions may cause or enhance fear. “Any of the other emotions may also become learned activators of fear. Fear itself may be an innate amplifier of fear” (Izard, 1991, p. 284). Cognitive processes such as appraisal can also produce fear but cognitive construction may be inaccurate, causing an individual to fear the wrong situation, or many situations (Izard, 1991).

**Fear Displayed**

_The heart beats quickly and violently, so that it palpitates or knocks against the ribs...the skin instantly becomes pale...perspiration immediately exudes from it...the surface [of the skin] is cold...the hairs also on the skin stand erect; and the superficial muscles shiver. In connection with the_
disturbed action of the heart, the breathing is hurried. The salivary glands act imperfectly; the mouth becomes dry, and is often opened and shut...One of the best-marked symptoms is the trembling of all the muscles of the body; and this is often first seen in the lips. (Darwin, 1965, p. 290)

There is a number of ways that fear is displayed. The literature describes the display of fear in terms of the habitual or evolutionary factors, physiological reactions, facial expressions and gestures, and external responses. Yet as observers, this research questions whether we notice the variety of fear displays or rely on only some of the signs to alert us to fear in young children. The types of fear display described in the literature are discussed below.

**Habits of emotion display**

Not only the emotion of fear, but also the expression or display of fear is considered by many theorists to be innate and inherited from early evolutionary times. This idea had its roots with Darwin who, in 1872 asserted that the fear response is based on earlier generations either escaping or confronting danger.

Men, during numberless generations, have endeavoured to escape from their enemies or danger by headlong flight, or by violently struggling with them; and such great exertions will have caused the heart to beat rapidly, the breathing to be hurried, the chest to heave, and the nostrils to be dilated. As these exertions have often been prolonged to the last extremity, the final result will have been utter prostration, pallor, perspiration, trembling of all the muscles, or their complete relaxation. And now, whenever the emotion of fear is strongly felt, though it may not lead to any exertion, the same results tend to reappear, through the force of inheritance and association. (Darwin, 1965, pp. 306-307)
Other theorists support this idea (Izard, 1991; Ledoux, 1998). In describing the way the body freezes in fear, Izard (1991) noted the feasibility of Darwin's explanation:

Perhaps it is something inherited from animal ancestors who had to cope with predators who liked moving targets! This is really not so far fetched. There are carnivorous predators in the wild today that seem to require a moving target for successful predation. Thus it is safe to conclude that both fleeing and freezing serve a protective function. (p. 303)

The universality of fear expression is another indicator of the evolutionary nature of fear (Darwin, 1965; Ledoux, 1998; Plutchik, 1980). Ledoux (1998) said that in all humans, fear expression is similar because evolution has preserved the neural system of defence. Any differences in fearful behaviour are due to genetic variations that predestine people to act in certain ways. Citing studies of twins, Ledoux noted that identical twins, who share the same genetic makeup, even when raised separately, have more similar fear reactions than fraternal twins (Ledoux, 1998).

In linking the display of fear in historical times to the display of fear in modern times, Darwin noted that in prehistoric times, fear display may have been a reaction to something physically threatening; today it is an automatic response.

We may likewise infer that fear was expressed from an extremely remote period, in almost the same manner as it now is by man; namely, by trembling, the erection of the hair, cold perspiration, pallor, widely opened eyes, the relaxation of most of the muscles, and by the whole body cowering downwards or held motionless. (Darwin, 1965, pp. 360-361)

**Physiological reactions**
Our bodies respond internally to fear by the brain communicating messages to other systems in the body (Darwin, 1965; Ledoux, 1998). Darwin (1965) described this as “the disturbed or interrupted transmission of nerve-force from the cerebrospinal system to various parts of the body, owing to the mind being so powerfully affected” (p. 307). This is further defined by Goleman as a hormonal reaction.

Circuits in the brain’s emotional center trigger a flood of hormones that put the body on general alert, making it edgy and ready for action, and attention fixates on the threat at hand, the better to evaluate what response to make. (Goleman, 1995, p. 6)

Sweating, trembling, increased heart rate, rapid breathing, and paled skin are among the manifestations of fear produced by body systems (Darwin, 1965; Ekman & Friesen, 1975; Goleman, 1995; Ledoux, 1998; Watson, 1970). Goleman (1995) described this process. “With fear, blood goes to the large skeletal muscles, such as in the legs, making it easier to flee – and making the face blanch as blood is shunted away from it” (p. 6).

Other theorists described the pallor and coolness of the skin as a fear response, along with sweating, trembling, and even hair standing on end (Darwin, 1965; Ekman & Friesen, 1975; Spencer in Darwin, 1965; Tomkins in Arnold, 1970).

In fear, the heart pounds or palpitates (Ekman & Friesen, 1975; Spencer in Darwin, 1965; Sroufe, 1997). Breathing becomes rapid (Darwin, 1965; Ekman & Friesen, 1975; Watson, 1970). Queasiness in the stomach and loss of bladder or bowel control can follow, along with utter exhaustion.
The skin of a terrified person may become pale. He may sweat. His breathing may become rapid, his heart pound, his pulse throb, his stomach may become queasy or tense. His bladder or bowel may open, and his hands tremble. You cannot be extremely afraid for long periods of time, for this state of terror depletes and exhausts you. (Ekman & Friesen, 1975, p. 48)

**Facial expressions**

It is largely through the face that the emotion of fear is displayed (Charlesworth, 1974, in Izard, 1977; Ekman & Friesen, 1975; Fewtrell & O’Connor, 1995; Izard, 1977). The mouth, eyes, eyebrows and forehead instantly take on a look that communicates fear universally (Darwin, 1965; Ekman & Friesen, 1975; Izard, 1977).

The mouth becomes dry and often opens (Darwin, 1965; Ekman & Friesen, 1975). The lips tremble or become tense and drawn back (Bell in Darwin, 1965; Ekman & Friesen, 1975; Izard, 1977). Eyes widen in fear, blinking is forceful, the upper eyelid is raised and the lower eyelid is tensed in a fixed stare (Ekman & Friesen, 1975; Fewtrell & O’Connor, 1995, Izard, 1975; Moreau in Darwin, 1965; Tomkins in Arnold, 1970). “Intensity of fear is shown in the eyes, with the raising of the upper lid and the tensing of the lower lid increasing as the intensity of the fear increases” (Ekman & Friesen, 1975, p. 55).

Eyebrows appear raised and straightened, but drawn together in the inner corners. There are usually horizontal wrinkles across the central forehead.
Ekman & Friesen, 1975; Izard, 1977). The shoulders are stooped and hunched to protect the body (Fewtrell & O’Connor, 1995).

While the facial expression of fear is largely recognised cross-culturally (Ekman & Friesen, 1975), Izard (1977) noted that fear is sometimes confused with surprise.

**External responses**

While the face is a strong indicator of fear, there are also external responses to fear that have been noted by theorists. These include: vocalisations, immobilisation, withdrawing from the feared stimuli and going towards an attachment figure.

Vocalisations, in the form of cries, have been observed in adults as well as infants and young children (Bowlby, 1973; Spencer in Darwin, 1965; Watson, 1970). These are often followed by immobilisation while the body readies itself for action (Bowlby, 1973; Charlesworth, 1974 in Izard, 1977; Ekman & Friesen, 1975; Frijda, 1986; Goleman, 1995; Izard, 1991).

The body freezes, if only for a moment, perhaps allowing time to gauge whether hiding might be a better reaction. Circuits in the brain’s emotional centres trigger a flood of hormones that put the body on general alert, making it edgy and ready for action, and attention fixates on the threat at hand, the better to evaluate what response to make. (Goleman, 1995, p. 6)

Blanchard and Blanchard said that people generally respond instantaneously to unexpected events such as loud noises or sudden movements. Their response is to cease current activity, focus on the event and try to assess it...
for danger. Further they claim: "this happens very quickly, in a reflex-like sequence in which action precedes any voluntary or consciously intentioned behaviour" (in Ledoux, 1998, p. 131).

Immobilisation of the body may be in contrast to the brain’s plan to escape. This can be seen in the posture, where the body moves backward in withdrawal, even as the body remains immobilised (Ekman & Friesen, 1975). Yet the tendency to escape the fearful stimuli is overwhelming.

The subjective experience of fear is awesome. Paradoxically, it can freeze you in seemingly helpless immobility or send you fleeing with all your might, totally abandoning all thought and action not relevant to escape. (Izard, 1991, p. 282)

Fortunately, the body usually catches up with the brain and the person tries to hide or escape (Bowlby, 1973; Darwin, 1965; Frijda, 1986; Ledoux, 1998; Tomkins in Arnold, 1970; Watson, 1970). The brain function of protection against danger is the body’s response to fear. It takes the form of escape – running away from the dangerous situation (Ledoux, 1998). Appraisal Theory names inhibition, where there is action readiness in the absence of action, and avoidance, where there is a tendency to run away and protect oneself as external responses to fear (Frijda, 1986).

Escape or flight responses, particularly in children, are accompanied by moving towards an attachment figure, seeking contact and often clinging to that person (Bowlby, 1973). Bowlby gave the example that when a child is afraid of a barking dog, while withdrawing from the situation, she/he also
moves towards the safety of the primary attachment (parent) figure (Bowlby, 1973).

Bowlby described three distinct kinds of fear behaviours: immobilisation, distancing from the feared object and increasing proximity to the attachment figure (Bowlby, 1973). He believed that the intensity of the fear evoked the behaviour. “At high intensity crying and clinging are common; at low intensity withdrawing from the object and backing towards mother” (Bowlby, 1973, p. 109). What is being communicated by these fear actions is impending danger where the person needs protection (Lazarus, 1991; Parkinson, 1995).

While external responses to fear have been observed in young children (Bowlby, 1973; Watson, 1970), the children themselves do not necessarily recognise the fear expression. In research where children were asked to identify emotions, fear was the emotion least recognised by 3 year old children. “The emotion showing the most change across age was fear, with 3 year old children having only 50% correct responses and 6 year olds about 90%” (Lewis in Saarni & Harris, 1989, p. 356).

The effects of fear

*Fear is an emotion that affects everyone from time to time and can impact very strongly on the individual. “Fear is the most toxic of all the emotions. Intense fear can even kill.” (Izard, 1977, p. 355)*

No emotion should go unrecognised in favour of a cognitive focus. However, some emotions, such as happiness or interest, are seen to have
mainly positive effects and so, in some ways, may be more accepted or taken for granted. Emotions such as fear have been noted to have both positive and negative effects that are dramatic and can affect not only learning and development but also behaviour, social interactions and general well-being. It is because of the impact of this emotion, along with the alleged innateness of fear and the appropriateness of fear as an emotion prototype, that fear has been selected as the focus of this research. The effects of fear are examined below.

**Effects on cognition and behaviour**

“Emotional development is a key factor in the growth of cognitive understanding and the survival of human beings (Greenspan, 1997, in Rodd, 1999, p. 3). Cognitive processes such as memory, perception and problem-solving ability may be affected by fear (Izard, 1977, 1991; Strongman & Russell, 1986, in Strongman, 1987). Effects can be both negative, by arresting information processing, or positive, by energising cognitive performance (Dodge in Garber & Dodge, 1991).

Darke (1988) found that anxiety, which is a mild form of fear, reduces the brain's capacity to store and process information (in Mackie & Hamilton, 1993, p. 19). Izard (1977) said that high levels of anxiety reduce memory capacity and information that is not consciously accessible to us may come through, instead, in our dreams.
Perceptual problems may be a result of fear. One such problem is termed “tunnel vision” (Izard, 1977, 1991). Izard saw fear as a greatly potent emotion.

The most constricting of all the emotions. In extreme fear the effects on perception have been characterised as ‘tunnel vision’, a condition in which the victim becomes functionally blind to a large proportion of the potential perceptual field. (Izard, 1977, p. 365)

Problem-solving ability and learning in general can deteriorate through fear (Gur et al, 1988, in Mackie & Hamilton, 1993). Clearly, fear and anxiety have a detrimental effect on learning.

Negative arousal-inducing stimuli are known to impair children’s resistance to temptation, their ability to delay gratification, and their problem-solving accuracy. Similar stimuli are known to affect children’s selectivity of attention. (Dodge in Garber & Dodge, 1991, p. 173)

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 danger (Izard, 1991; Wilder in Mackie & Hamilton, 1993). Physiological changes through fear can disrupt performance, leading people to use simpler and less demanding strategies (Mackie & Hamilton, 1993).

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 & Ollendick, 1997, p. 397)

Menzies and Clarke (1995, in Kindt, Bierman & Brosschot, 1997) note that phobias in adults are linked to the failure to resolve their childhood fears.
Psychological problems, in the form of phobias, can result from fear, particularly unresolved fear. Fear accounts for many psychological and psychiatric problems, including anxiety, phobias, obsessive-compulsive disorder, panic disorder and post-traumatic stress disorder (Ledoux, 1998), as well as everyday uneasiness in the form of apprehension, uneasiness and feelings of impending disaster or physical and psychological threat (Izard, 1977, p. 365).

**Effects on social interactions**

The sense of self, so important to socio-emotional development, can be adversely affected by fear. When guilt, shame or embarrassment are consequences of fear, it can threaten children's self-esteem and expectations for future outcomes (Dodge in Garber & 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 & Dodge, 1991) and to have less positive interactions with peers (Izard & Kobak in Garber & 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 & Dodge, 1991).

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

**Positive effects**

Yet fear is not entirely bad. Fear can facilitate social bonds by drawing people together in a collective defence. It can warn us of danger, or of things that are not right for us (Eibl-Eibesfeldt in Ledoux, 1998). Stranger fear in young children often keeps the child from entering into a dangerous experience.

In contradiction to Darke (1988, in Mackie & Hamilton, 1993), who noted the negative effects of fear on memory, some theorists say that fear situations can stabilise and strengthen memories. Goleman (1995) states:

> The amygdala arousal seems to imprint in memory most moments of emotional arousal with an added degree of strength…the more intense the amygdala arousal, the stronger the imprint. (p. 21)

Children tested with two stories, one emotional and one non-emotional, remembered more of the emotional story (Ledoux, 1998). “It is obviously very useful for our brain to be able to retain records of those stimuli and situations that have been associated with danger in the past” (Ledoux, 1998).

Understanding and regulation of fear and other emotions increases social performance. 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.

Izard (1977) pointed out that fear is not bad, because it is an adaptive response that facilitates social bonds and helps us to produce a collective defence. Justified fear helps us to gather our energy to protect ourselves (Izard, 1991). He summarised the effects of fear as follows:

> Fear has essential adaptive functions as do other human emotions. Fear should not be considered as something terrible and dreadful, at least as long as it can be kept within bounds and as long as it is appropriate to the reality of the situation. When Franklin Roosevelt said, ‘The worst thing we have to fear is fear itself,’ he may not have spoken an absolute or universal truth, but he did convey a measure of wisdom. (Izard, 1991, p. 304)

### Responding to Fear

#### As a Parent

A variety of suggestions for parents to implement in dealing with their children’s fear and other emotions are available in the research literature, but fewer in the popular media through parenting magazines and online parent sites. Even less is written about parents effectively using techniques to respond to their children’s emotions. This section describes techniques suggested mainly in research books and journals that parents can use to respond to children’s fears and other emotions. They include: acceptance, language, action, modelling and behaviours to avoid.
Acceptance

Parents are advised not to try to eliminate negative emotions, but to teach children acceptable forms of expression. Izard and Kobak caution:

The total suppression or elimination of negative emotions is neither a desirable nor a feasible strategy…No parents want their children to be unable to feel anger at injustice, disgust with degradation, or fear in the face of life-threatening danger. On the contrary parents would have a difficult time with safety training without invoking anticipatory fear. (in Garber & Dodge, 1991, p. 307)

Acceptance of fear as an unavoidable part of life, an emotion that is experienced both by the child and by the parent, is a strategy recommended for parents. Izard (1991) recommends:

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)

Respect and understanding of the child’s fear, and strong bonds with primary caregivers are suggestions for helping a child to deal with fear (Bowlby, 1973; Harlow & Mears in Plutchik & Kellerman, 1983; Herzog, 1992). Children should be given the time to gradually work through their fears (Herzog, 1992) and parents should encourage a positive outlook in their children, through providing predictable experiences that give the child a sense of control (Seligman, 1995). Finally, parents should be a source of comfort and security, and should make a special effort to teach children some degree of tolerance for the fear experience (Izard, 1991). Reber (1996) similarly suggests:
Children who have secure attachments – the ability to internalise safety and security and to have full access to emotions – are ‘inoculated’ from adverse outcomes throughout development (p.2).

Language

There are many ways that language can be used, both by parents and caregivers, as a medium to help a child to understand fear. Flatter (1996) advises:

As children mature psychologically and physically, they learn from experience what is actually possible or likely to happen. They can use language as a tool for understanding not only external reality but also the workings of their inner world; once fears are spoken, they lose some of their power (p. 2).

One way suggested to parents to use language to help children is to praise their efforts to understand and work through their fears (Seligman, 1995). Parents can help children to cope with emotional situations by explaining the emotions that may occur in various situations, and by suggesting ways of dealing with these emotions (Kuebli, 1994). Language can be taken further, through the use of fairy tales and fantasies where the child and the forces of good can metaphorically triumph over evil, fearful sources (Herzog, 1996).

Action

Berger and Thomson (1994) encourage parents to use actions as a response to their children's fears. For example, if a child thinks there is a rhinoceros under the bed, the parents should turn the light on, look under the bed and announce that nothing is there (Berger & Thompson, 1994; Sorin, 1994). Parents should encourage free choice projects that develop initiative and should encourage make-believe play, where children take on a variety of
roles. These situations give the child opportunities to experience success (Pender, 1997).

**Modelling or Social Referencing**

Social referencing, where children adopt the responses of others, particularly their parents, is a common way that children learn how to react in fearful situations (Izard & Kobak in Garber & Dodge, 1991; Rotenberg & Eisenberg, 1997; Saarni & Harris, 1991; Walden in Garber & Dodge, 1991).

One way in which young children use interpersonal information to regulate affect is by referring to others’ reactions to events. They may then use this information about others’ responses to guide their own responses. (Walden in Garber & Dodge, 1991, p. 69)

Children reference their parents in ambiguous situations, and this referencing may reflect individual differences in the temperament and personality of the child, particularly in relation to fear and shyness (Izard & Kobak in Garber & Dodge, 1991).

From infancy to three years of age children’s affective responses to objects and events intermittently reflect their parents’ responses, but by their third year they consistently respond in ways that their parents have modelled (Walden in Garber & Dodge, 1991). Children of preschool age may also believe that adults or other authority figures not only model appropriate emotional responses, but can also modify the child's emotional experience (Rotenberg & Eisenberg, 1997).

Seligman (1995) suggests that parents should model optimism as this helps children to deal with negative emotions such as fear. “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 & Harris, 1991). But the outward control of emotions can be different from the underlying emotion effect (Saarni & Harris, 1991), so modelling or social referencing is ideally used along with other techniques.

Citing Tomkins (1963), Izard noted that some parents teach their children ways to confront and manage fear. This includes sharing their own fear experiences and coping strategies with the child. He said parents should help children to confront the fear source, and encourage them to develop coping strategies, including avoiding dangerous situations (Izard, 1991).

**Avoidance**

Some parental practices may have negative effects on children’s fears. Parents are advised not to exaggerate an imaginary fear, as most children can distinguish between reality and fantasy (Berger & Thompson, 1994; Izard, 1991). “This may prove to be self-defeating and cause the child to be more afraid of fear than is necessary” (Izard, 1991, p. 304).

Parents should also not go to extreme efforts to minimise the fear (Izard, 1991). Minimising fear “may have the disadvantage of 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).
Fear should not be used to control a child (Berger & Thompson, 1994; Izard, 1991). Adults must “not try to scare the preschooler into good behaviour with fantasy untruths” (Berger & Thompson, 1994, p. 271).

If a child is unnecessarily exposed to fear, parents should make amends for the situation. They should teach the child both tolerance of fear and coping techniques and should be emotionally accessible as the child is developing these techniques (Izard, 1991).

However, there are some concerns that may prevent parents from always responding in suitable ways to children’s fears. These include parents being unaware of children’s fears, the difficulty of responding to extreme fear and gender differences in responding to fear. Citing Lapouse and Monk’s (1959) study of child-reported and mother-reported fears in children, Matson and Love (1990) reported that parents do not necessarily know about children's fears unless they are observable or children tell them about the fear. Parents need to develop strategies for tuning in to their children’s fears, and for responding appropriately to them. Fear not recognised and responded to can become extreme.

Once extreme emotion – for example, terror or panic – has become the usual response to a threatening situation, it is very difficult to bring it under control so that the adaptive function of the underlying emotion of fear can be harnessed. (Izard & Kobak in Garber & Dodge, 1991, p. 307)

Gender differences in responding to fear can affect how children learn to cope. Mothers and fathers report different emotion socialisation practices
with their children, and in some cases, different practices depending on the child’s gender (Garner, Robertson & Smith, 1997). Emotion socialisation by mothers and fathers has a great impact on preschoolers' abilities to cope in emotionally-charged situations (Garner, Robertson & Smith, 1997) and so must be addressed by parents through awareness of their own responses as well as appropriate strategies for responding to their children's fears.

**As a Caregiver**

*“Parents and educational writers have constantly criticised schools for failing to put the ‘hearts’ of their pupils ‘in the right place’, or – in modern terms – for failing to educate the emotions.”* (Dunlop, 1984, p. 1)

Dunlop’s 1984 statement of the failure of education to address the emotions was, for its time, a voice in the wilderness. While Gardner’s (1982) work on multiple intelligences named intrapersonal intelligence among the seven that children can possess, it was not until Goleman’s (1995) work, *Emotional Intelligence*, that this area of learning and development became a focus in education research. Practice in “educating the emotions” was even more sparse, with Goleman citing only a handful of American primary and secondary schools as implementing emotion education in their programs. Yet, notes Goleman (1995), if emotion understanding and expression are not taught in the home, teachers and peers become models of empathy and values. Schooling of the emotions, while not exclusively a task of educators, has been largely relegated to the classroom context. He added that successful emotion teaching is linked with the quality of the teacher.

How a teacher handles her class is in itself a model, a de facto lesson in emotional competence - or the lack thereof.
Whenever a teacher responds to one student, twenty or thirty others learn a lesson. (Goleman, 1995, p. 279)

While literature in the area of emotion pedagogy is still very limited, and examples of the implementation of emotion education programs in early childhood settings almost non-existent, what is written suggests that to provide a model which will contribute to children’s understanding of fear, and indeed their entire emotional growth, teachers must first of all have an understanding of their own fears and emotions. They must listen and be aware of what students are afraid of, within and beyond the classroom context, and they must plan and implement emotion education. Rodd (1999) cautions,

It is essential that early childhood professionals understand that the way in which they include and respond to emotional or affective processes in care and educational settings will influence young children’s capacity for learning. (p. 2)

If emotion education is taught at all in preschools and schools, it is largely taught implicitly, through modelling and “hidden” curricula (Dunlop, 1984). Emotion instruction comes in the form of responding to acting out behaviour based on negative emotions such as anger (Eisenberg & Fabes, 1997). Teachers tend to expect more emotion regulation as children get older, so do not expect much from preschool aged children (Eisenberg & Fabes, 1997, p. 224). However, planned emotion instruction is advocated as better practice by many theorists (Catron & Allen, 1999; Dunlop, 1984; Goleman, 1995; Landau, 1998). Teachers need to not only model emotion behaviour but also describe models of effective emotion behaviour and help children to develop these behaviours (White, 1998).
For children to value and appropriately express their emotions, they need to interact with emotionally literate adults. Teachers should understand their own fears and emotions as a basis for understanding their students’ fears (Dunlop, 1984; Izard, 1997). Teacher self-awareness is an issue reflected in others’ views as well.

A teacher who has become more thoughtful in dealing with the affairs of his (sic) own life can be more thoughtful in his (sic) relations with students and colleagues. The teacher who is alert to his (sic) own anger, anxiety and self-reproach is better able to detect symptoms and appreciate the meaning of these conditions in the lives of others. (Jersild, Lazar & Brodkin, 1962, p. 115)

Pearson and Nolan (1991) suggested that when working with children, adults often carry with them unresolved emotional issues from their own childhood. They offer adults reflection exercises in recognising past issues and evaluating their current practice in relation to teaching and emotion education. One such exercise, “What Do I Want to Give?” is described in Table 2.3.
Once fear and other emotion self-awareness is established, it is important for early childhood educators to understand young children’s emotions and emotional behaviour and to help them, through everyday lessons, to express their emotions in socially acceptable ways (Arthur et al, 1999; Kuebli, 1994). Educators need to understand the role of emotions in children's inner worlds as well as in their experiences with adults and other children (Lambert & Clyde, 2000).

Understanding of both the cognitive and affective states of mind is critical. Bruner stressed the importance of both domains to mental activity:

We must study how children learn to regulate the balance between the two main modes of using mind: the metonymic, syntagmatic, stance-marked context sensitive, and the metaphoric, paradigmatic, ritual zero, context free. If we fail to do this, we shall think of emotion as somehow interfering with or being antithetical to thought. In fact, they are features of a common stream of mental activity. (Bruner in Bearison & Zimiles, 1986, p. 19)

**Emotion Education**

“The ability of students to know and be aware of their own needs and feelings, and the ability to know how others feel, is at the root of caring about others.” (Goleman, 1995, in White, 1998, p. 4)
Academic or factual knowledge alone is not sufficient material for teaching children to meet the challenges of an ever-changing world.

What’s the use of teaching facts? Facts become obsolete so fast. Can we convey knowledge which our children want and need, and help them at the same time to combine the facts into something new? Can we challenge them to become comfortable with change, daring to face with confidence, strength and courage, new situations of which they’ll have no forewarning? (Landau, 1998, p. 9)

Knowledge and understanding of the emotions is necessary for enriching the lives of all children. Early childhood educators need to attend to the development of social and emotional skills within the curriculum to help children to develop skills of self awareness and living in a caring and cooperative way with others (Rodd, 1999). Adult intervention should include activities that help children "develop a sense of control, security and self-worth and activities that help children’s exploration of normative childhood fears" (Robinson & Rotter, 1997, p. 4).

Emotion education, where the teaching of and about emotions is included in curriculum planning, is a dynamic way to help children to understand and express emotion (Dunlop, 1984; Goleman, 1995; Landau, 1998; Woolfolk, 1990). Encouraging emotional autonomy and self-management is an important aspect of emotion education. Children should experience value and dignity, self-acceptance and respect and teachers should get children thinking about their responsibility for their own feelings (Dunlop, 1984). Teachers must consider the whole child - their intellectual, emotional and
social development - and education must be suited to their needs and developing sense of self (Dunn, 1995; Landau, 1998).

The aims of the ‘education of the emotions’ are to provide a suitable environment for the unfolding of the affective aspects of the person; it will involve the direction of impulse and feeling towards objects that will deeply satisfy, sometimes by channelling and redirecting them where they have fastened on less ultimately satisfying or inadequate objects; it will also involve taking steps to prevent occasions of emotional outburst; and over and above all this will be the endeavour to help children to take ultimate responsibility for themselves, not allowing themselves to become completely passive ‘victims’ of feeling or letting the life of feeling simply ‘find its own level’, but actively ‘managing’ their own inner lives as befits responsible persons. (Dunlop, 1984, p. 88)

Catron and Allen (1999, pp. 219-220) list the main emotion tasks that children from birth to five years face as follows:

- Distinguishing the self as a separate person
- Forming positive, trusting attachments to objects and adults
- Establishing reciprocal, loving relationships with others
- Developing independence and autonomy as creative individuals
- Taking initiative to explore, play, learn and grow
- Establishing a unique identity with the ability to express emotions, related to others, cope with change, and develop self-esteem.

While emotion education is advocated in the early childhood years, strategies for its implementation are few. Play, planning, language, the arts and social / moral education are discussed briefly in the literature.

Play is suggested as a way to promote emotional well-being in children (Catron & Allen, 1999; Harlow & Mears in Plutchik & Kellerman, 1983; Van Hoorn et al, 1999). Through play children increase their awareness, acceptance, and expression of emotions. They learn to identify feelings in themselves and in others. While playing, children can explore ways of
coping with emotional conflict and issues and through this work towards autonomy and a positive self-concept. Through play they are also building values as they develop empathy, trust and respect (Catron and Allen, 1999). Play is said to increase children’s awareness, expression and acceptance of emotions (Catron and Allen, 1999), allow children to express and gain master of emotions in a safe environment (Catron and Allen, 1999; Dockett and Fleer, 1999) and offer children the opportunity to act out tension, anxiety, fear and anger (Milne, 1997). Pender (1997) suggests that teachers encourage make-believe play where children take on a variety of roles and experience success as ways of developing emotion understanding through play.

Play promotes children’s inner growth and self-realisation, supports mastery of developmental conflicts, and lessens emotional pain and trauma...Through play, young children learn to accept, express, and cope with feelings in a constructive, positive manner. (Catron & Allen, 1999, p. 24)

An understanding of child development combined with an understanding of the value of play is important to emotion education.

Knowledge of the important milestones in children’s development and consideration of the many ways a creative-play classroom supports positive emotional growth enables teachers to nurture young children’s emotional development and plan a curriculum to foster the development of emotional well-being. (Catron & Allen, 1999, p. 216)

Planning can be used to avoid negative emotional situations as well as to explore fear and emotions in general. Arthur et al (1999) suggest that early childhood educators plan to avoid anger and frustration, to meet the physical
needs of children and to allow sufficient space to move freely and responsibly in the environment.

Planning can also take the form of planning for the affective domain of learning. Krathwohl’s taxonomy of the affective domain divides affective learning into five steps: Receiving, or becoming aware of something in the environment; Responding, or showing new behaviours from the experience; Valuing, or showing commitment; Organisation, or integrating new values into existing priorities; and Characterisation by value, or acting according to the new values (Krathwohl and Masia, 1956). These steps can be used as guidelines for the planning, implementation and evaluation of emotion education lessons.

Some of the research suggests using language as a tool to develop fear and emotion understanding as well as teaching children the language of emotion (Arthur et al, 1996; Bhavnagri & Samuels, 1996; Bruner in Bearison & Zimiles, 1986; Catron & Allen, 1999; Dunlop, 1984; Flatter, 1996; White, 1995). Flatter (1996) suggests:

As children mature psychologically and physically, they learn from experience what is actually possible or likely to happen. They can use language as a tool for understanding not only external reality but also the workings of their inner world; once fears are spoken, they lose some of their power. (p.2)

Children should be taught to recognise and verbalise emotions (Catron and Allen, 1999). As cognitive skills increase, teachers can provide simple, clear explanations of events prior to their occurrence (Arnold, 1990). Through
language, children can vent their feelings and stay in contact with the whole range of their emotions.

While some theorists believe that emotions can be “cognitively changed” by reasoning through language (Arnold, 1970; Dunlop, 1984), others advocate accepting the emotion as a more supportive way of contributing to the child’s growing emotion understanding.

Fears are real, and telling a child that they are not real, or that there is nothing to worry about, probably will not help a great deal. Supporting the child and, where possible, discussing the fear is a preferable alternative. (Arthur et al, 1996, p. 63)

Bruner (in Bearison & Zimiles, 1986) and White (1995) advocate discourse as a way of enhancing emotion understanding. Negotiation with others helps children to acquire the implicit knowledge of the culture, as they learn about emotions and their management. Engaging children in conversations provides them with the opportunity to master the pragmatics of language while building knowledge and understanding that contribute to their sense of self (Kuebli, 1994; White, 1995).

Teaching the language of emotion can help children to understand and express their fears and other emotions verbally (Dunlop, 1984). The language of emotion can be used with children to describe emotional states such as sad, happy, envious and so on. Teachers can extend the language of emotion through the use of metaphor and poetic language, quotations, proverbs and myths (Dunlop, 1984).
When children undertake academic work they should be asked how they feel about it (Landau, 1998). Children’s literature and support activities are ways of developing emotional and social understanding and language (Bhavnagri & Samuels, 1996).

The arts are mentioned by a few theorists as strategies to help children understand fear and other emotions.

Art, which balances the choice of form (to suit our own situation) and the objective limitations of the medium (which provides us with our problem), provides the perfect answer, and thus enables us to express ourselves as whole persons with "the intelligence of feeling." (Dunlop, 1984, p. 93)

The arts are considered by some to be pathways into the affective domain, whereas words alone may fail to do so (Dunlop, 1984; Fontana, 1993). “Truth did not come into the world naked, but it came in types and images. One will not receive the truth in any other way” (Fontana, 1993).

At times, traumatic experiences persist in the consciousness through people's fears. In these instances the brain can be re-educated through games, role plays, retelling stories, fantasy and art. “Sometimes art can open the way for children to talk about a moment of horror that they would not dare speak of otherwise” (Goleman, 1995, p. 209).

Quality emotion education comes from a positive school atmosphere and the presentation of the positive side of community and popular culture (Dunlop, 1984). “Much of education – particularly moral education – consists of learning the rules of feeling, that is, how to feel the right way toward the
right objects in the right circumstances” (Averill, 1982, p. 23). Social or moral education is often included in planned and hidden early childhood curricula, as the school is now responsible for much of the socialisation process of young children.

Man is not just an individual; he is also a social being, and this means not that he merely lives harmoniously alongside other individuals but that he experiences the world to some extent as they do. (Dunlop, 1984, p. 106)

This is done largely through teaching children socially acceptable ways to express their feelings.


The uniqueness of each child is an important consideration in emotion teaching and learning. Individuals have different responses and degrees of emotion expression and control, depending on their biological makeup and genetic endowment, so a situation that might make one person irritable or apprehensive might make another feel rage or panic (Izard & Kobak in Garber & Dodge, 1991). But if each child is treated sensitively, and the bond with primary caregivers remains secure, emotion learning should be a positive and successful experience.
Sometimes, classroom practice and interactions in the home are not enough to help children to deal with their fears or other strong emotions. Often, in these cases, children are referred to clinical settings for various forms of intervention. Some of these forms include Play Therapy, Cognitive Appraisal Therapy, Visualisation/Emotive Imagery, Behaviour Modification, Desensitisation and Narrative Therapy. Many of these approaches rely on fairly advanced language and cognitive abilities, so their applicability to early childhood aged children is questionable. These interventions are elaborated in Appendix 2.

Before the fear reaches clinical proportions, parents and early childhood educators can intervene and encourage affective understanding and expression. Catron and Allen (1999) describe emotional competence as follows:

> Young children who develop emotional competence usually recognise emotions and express them appropriately; develop self-esteem; establish warm, empathic relationships with others; cope effectively with life’s stressful events; become unique, positive, autonomous individuals; and understand the value of life. Children who thrive emotionally have high levels of self-esteem and feel good about themselves, their relationships with others, and their abilities. (p. 216)

**Conclusion**

For the past two centuries, theorists have debated the definition and origin of emotions. Biosocial Theory contends that emotions are states that have evolved from their functions of survival to habits that we universally experience today. Cognitive Theory sees emotions as by-products of cognition, developing alongside cognition but having no structure in their
own right. Emotions, in Psychoanalytic Theory, are born of conflict that arises when experiences are contradictory to their evolutionary pattern. Constructivism views emotion as constituted by discourse and interactions with the environment. Finally, Functionalist Theory looks at emotions through the mental states that cause them and the effects they have on other mental states and on behaviour. No one paradigm of emotion is considered to be entirely valid, and many modern theorists combine approaches to address this problem. Elements of Biosocial Theory, Cognitive Theory and Constructivism come together to form an understanding of emotion that I term "Biosocial Constructivism" for the purposes of this research.

One of the key issues addressed by theorists is whether emotions are innate, and if so how many emotions are innate. By and large, theorists acknowledge an innate or evolutionary element to some emotions. The theorists reviewed for this research name between three and nine emotions as basic or innate. Every theorist who named innate emotions mentioned the emotion of fear. For the purposes of this research, eight emotions were selected for study of their existence in young children.

Fear is the focus of this research for many reasons, one of which is that it is named as an innate emotion so frequently. It is also considered to be "the most toxic of all emotions" (Izard, 1977), one that can seriously impair learning and development in general. It can occur through modelling or inheritance, through fear of separation, and at various stages of development can assume various forms. Yet children are expected to learn fear and indeed emotion display rules implicitly, without much, if any formal instruction.
Dunlop (1984) saw schools as well as parents as neglecting to provide emotion education to children.

A number of theorists suggest the importance of teaching the emotions, yet few, if any, offer examples of emotion education practice. Goleman (1995) cites Augusta Lewis Troup Middle School in New Haven as an infrequent example of a school that teaches "emotional literacy." It is a special program for children in grades five to eight, drawing children from the entire city. It does not address the early childhood years and is not a mainstream school. Schaps' "Child Development Program" described by Goleman (1995) addresses emotional issues, but begins with Grade One as part of the reading program. Early childhood educators are encouraged to address emotional issues, but other than through play are given few strategies about how to address them. There is a notable lack of documented emotion education programs implemented in early childhood education settings in the research literature.

The importance of dealing with fear is made explicit in the literature, and a few strategies are suggested to help both parents and caregivers to address this issue. However, no examples were given of emotion education in early childhood settings. Children are still being referred for therapy to deal with fear and other strong emotions. According to Oatley and Jenkins (1998):

The prevalence of psychiatric disorders among children in Western societies is between 15 and 22 percent… Externalizing disorders and anxiety disorders are the most common psychiatric problems of childhood including adolescence…Separation anxiety disorder occurs in between
3 and 5 percent of children, overanxious disorder in between 1 and 3 percent and simple phobias in between 2 and 9 percent of children. (p. 228)

This research senses the deficit in strategies for parents and teachers to use to respond to fear, and the lack of models of acceptable fear responses and emotion teaching. Thus it aims to firstly identify whether basic emotions are indeed present in preschool aged children, which fears they experience and how they demonstrate these fears, and how the important adults in their lives - their parents and caregivers - respond to their fears. It seeks to determine whether current practice reflects the suggestions from the literature, and how effective current practice is seen to be. Finally, as suggestions in the literature are fairly minimal, it seeks to determine whether there are other strategies that can be used to more ably respond to the fears of early childhood.
Chapter 3 - Methodology

Research Questions

As indicated in the first chapter, the research questions for the current study were as follows:

1. **Which emotions are reported as present in preschool aged (3 to 5 year old) children?**
   - Which emotions do parents and caregivers report that they have observed in children?
   - Which emotions do children report that they have experienced?

2. **Which fears are reported as present in preschool aged children?**
   - Which fears do parents and caregivers report that they have observed in preschool children?
   - Which fears do preschoolers report that they have experienced?

3. **Which fears are reported as having been experienced by preschool-aged children in the early childhood setting, and how are they reported as having been demonstrated?**
   - Which fears do parents and caregivers report that children have experienced in the preschool setting?
   - How do parents and caregivers report that fears have been demonstrated in the preschool setting?
   - How do children report that they demonstrate fear?

4. **How do parents report that they respond to their child’s fears?**
5. How is it reported that caregivers respond to children’s fears?
   - How do parents report that caregivers respond to children’s fears?
   - How do parents expect caregivers to respond to children’s fears?
   - How do caregivers report that they respond to children’s fears?
   - How do children report that caregivers respond to children’s fears?

6. How do participants rate the effectiveness of the ways caregivers currently respond to children’s fears?
   - How effective do parents report current responses by caregivers to children’s fears to be?
   - How effective do children report current responses by caregivers to children’s fears to be?
   - How effective do caregivers report their current responses to children’s fears to be?

7. What other methods for responding to children’s fears are suggested by participants?

Design

Background

In order to address these research questions, a qualitative design was deemed appropriate because it looks at the way reality is socially constructed, attempting to make meaning through the values of the researcher and the
participants (Denzin & Lincoln, 1994). It was conducted through prolonged contact in the everyday situations of four early childhood classroom (Miles & Huberman, 1994).

Within the qualitative research framework, this research adopts a constructivist paradigm, where it “aims at understanding and reconstructing knowledge with the goal of moving toward consensus and more informed ways of knowing” (Anderson & Arsenault, 1998, p. 120). This position asserts:

Realities are apprehensible in the form of multiple, intangible mental constructions, socially and experientially based, local and specific in nature (although elements are often shared among many individuals and even across cultures), and dependent for their form and content on the individual persons or groups holding the constructions. Constructions are not more or less ‘true,’ in any absolute sense, but simply more or less informed and/or sophisticated. Constructions are alterable, as are their associated ‘realities’. (Denzin & Lincoln, 1994, pp. 110-111)

This research attempts to make meaning through insights into the perspectives of participants in the study (Bogdan & Biklen, 1992), such as how parents perceive that caregivers respond to children’s fears and how caregivers perceive children as experiencing or demonstrating fear. To capture these perspectives in this research, parents and caregivers filled in their surveys through writing, and then the open-ended questions in the surveys were asked of them verbally and their answers audiotaped as well as written in point form by the researcher.
The process of collecting data in a variety of forms was implemented to make data and interpretation of data more trustworthy. This triangulation of data appears in graph form in Table 3.1, Parts A and B. Firstly, data were collected from five sources: parents, caregivers, children, the literature and the researcher. Data were gathered from four sources: participant observation (carried out by the researcher as a non-participant observer about children and caregivers), open-ended surveys and interviews (carried out by the researcher with parents and caregivers), focal group interviews (carried out by the researcher with children), and prior research, review of literature and personal knowledge. Triangulation of processes was employed with the open-ended surveys and interviews and the focal group interviews, as described above, in that interviews were audiotaped, parents and caregivers pre-wrote answers, and the researcher took notes while conducting the interview.

Audiotapes were transcribed and then compared with the tape and the written information, looking for any discrepancies. Finally, some of the transcripts were presented to participants for feedback about accuracy. The children’s interviews were audiotaped only, but some children were re-interviewed at a later date to check for any discrepancies, and were found to give almost entirely the same responses again.
This research was set in the naturalistic settings – settings in the participants’ territories - of early childhood classrooms, playgrounds and meeting rooms, where the researcher spent six months collecting data and observing practice and interactions amongst staff, children and parents. While focused on the
area of fear and how it is responded to in the early childhood setting, a larger picture of the classroom dynamics and partnerships within the centre became visible through direct participation. To have been removed to an interview room located either on or off the premises would have elicited a very limited picture of the environments studied (Denzin & Lincoln, 1998).

The research design is illustrated in Table 3.2 below:
Table 3.2 Research Design

DATA COLLECTION

PARTICIPANTS

Parents
Caregivers
Children

Parent Survey
Caregivers’ Survey
Ongoing Informal Interviews

Appropriate Emotion Expression Survey

Focal Group Interview

Ongoing Informal Interviews

Observations

Observation

DATA ANALYSIS

Transcribe Data

Present to Participants

Coding, Patterns, Matrices

Reporting of Results

Analysis of Results

Emergent Issues

Recommendations

Emerging Issues
Tools

This research utilised a variety of methods to gather as full a description as possible. These were:

Parent Surveys
Caregiver Surveys
Focal Group Interviews with children aged 3 to 5
Observations
Reflective Journal

Table 3.3 illustrates the tools used for each of the research questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Tools</th>
</tr>
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| Which emotions are reported as present in preschool-aged children?       | 2. Parents’ and Caregivers’ Surveys  
|                                                                          | 3. Focal Group Interview  
|                                                                          | 4. Observations by researcher |
| Which fears are reported as present in preschool-aged children?          | 5. Parents’ and Caregivers’ Surveys  
|                                                                          | 6. Focal Group Interview  
|                                                                          | 7. Observations by researcher  
|                                                                          | 8. Emergent case studies |
| Which fears are reported as having been experienced by preschool-aged children in the early childhood setting, and how are they reported as having been demonstrated? | 9. Parents' and Caregivers' Surveys  
|                                                                          | 10. Focal Group interview  
|                                                                          | 11. Observations by researcher  
|                                                                          | 12. Emergent case studies |
| How do parents report that they respond to their child’s fears?          | - Parents' Survey |
| How is it reported that caregivers respond to children’s fears?          | 13. Parents' and Caregivers' Surveys  
|                                                                          | 14. Focal Group Interview  
|                                                                          | 15. Observations by researcher |
| How do participants rate the effectiveness of the ways caregivers currently respond to children’s fears? | 16. Parents' and Caregivers' Surveys  
|                                                                          | 17. Focal Group Interview  
|                                                                          | 18. Reflective Journal |
| What other methods of responding to children’s fears are suggested by participants? | 19. Parents' and Caregivers' Surveys  
|                                                                          | 20. Focal Group Interview  
|                                                                          | 21. Reflective Journal |
Surveys were based on my reading and pilot survey, which was a trial of the research instrument. The pilot survey was conducted in an informal manner and I encouraged participants to comment on the questions and any other aspect of the interview (eg. one parent commented on a fear her child has of strangers, referring to me delivering the survey as a potentially fearful event for the child). This caused me to modify the original questions and to offer counselling support in case it was needed by participants. This was considered by the university ethics committee and included in letters of permission in the actual study.

At all times the research was undertaken in a sensitive manner with the best interests of the participants and Early Childhood Education in mind (Stonehouse, 1998). The multi-method approach at times offered opportunities for more intensive case studies, which appear in Chapter 5, Part 2.. These were completed to further the understanding of the research; confidentiality and dignity of participants were always considered. Academic in its approach, this research is committed to the general advancement of knowledge in hope that it will extend Early Childhood pedagogy in the area of affective learning.

Field notes were taken in the form of observations and were later recorded in my journal, along with thoughts, ideas and plans for further research. For example, one caregiver in her interview told me that she would encourage the appropriate expression of emotions. This led me to question her as to what she considered to be appropriate expression, and from this I developed
a checklist that many caregivers completed about what they consider to be appropriate emotion expression.

Physical artefacts, in the form of children’s drawings and paintings, as well as some photographs and audiotapes were collected during the course of the research. Some of the art work was solicited by me, in activities where I asked children to draw a feeling. In another case, a child who was very articulate in his description of emotion and very demonstrative of emotion facial expressions was photographed displaying each of the eight basic emotions named in this study. A small number of children presented exceptional circumstances, such as extreme fear. From my interviews with them I have developed case studies which are hoped to aid early childhood practitioners to understand the intensity of some children’s emotional experiences.

Participants

In order to try to include children from as wide a variety of backgrounds as possible, children between the ages of three and five were chosen from the four different early childhood services available to preschoolers: an independent Preschool, a Long Day Care Centre, a School-Based Preschool and a Multipurpose Aboriginal Children's Service. It was hoped that data collection in these varied settings might satisfy the notion of “transferability”, where readers are able to transfer information from the research to their own settings (Denzin & Lincoln, 1994; Miles & Huberman, 1994). One limitation of this study was that children who attend Family Day
Care and children who do not attend an Early Childhood service were not included.

All four early childhood services are located in Manawaka (pseudonym), a medium-sized city in regional NSW. The three to five year old age group was chosen because the early childhood years are an opportune time to develop emotional understandings and skills. Eisenberg et al (1997) concluded that the understanding and regulation of emotion in the preschool years led to high quality social and emotional functioning in the later school years.

Parents who participated in this research were parents of the focal children. Caregivers were adults who worked in these settings and had known the children involved for a period of time.

Braddock Preschool (pseudonym) is located in a fairly affluent suburb of Manawaka and operates during school hours only, from 9 am to 3 pm. Children between three and five years attend this venue one or two days a week. The centre is closed during school holidays and has no facilities for after hours or vacation care. Run by the Kindergarten Union of NSW, it has long been regarded as a quality early childhood education provider. When children reach school age, they attend a variety of local schools, both in the private and public sector. Most families are two-parent families and many mothers are not part of the paid labour force. Inside the centre there are two preschool classrooms, each delivering programs to twenty children. Each
room contains a children’s toilet area, an office, a parent room with toys and
a library, a small kitchen for staff use, an adults’ toilet and a storage room.
The outdoor environment is limited by the size of the yard, but consists of a
covered sand area, a climbing area, an outdoor stage area, a small garden, a
storage shed, a covered area with tables for morning tea or craft and a small
landscaped hill. Activities and equipment are set out each day to maximise
use of the space and encourage children’s interest and activity. The staff of
the centre consists of three qualified teachers and two teacher aides, as well
as a number of parent volunteers who performed administrative and assistant
duties. For the purpose of this study, all paid staff are called “caregivers”.

Chelsea Long Day Care Centre (pseudonym) is located next to a shopping
complex, community swimming pool and public library in a middle class
suburb of Manawaka and, as its name indicates, operates long hours from 7
am to 6 pm, fifty weeks of the year. Catering for children from birth to five
years, the centre allows children to attend from one to five days per week.
Children come from a variety of family situations; quite a few are from
single parent families. Most parents or guardians work; many work long
hours and their children are cared for from early morning until late in the
afternoon. When children reach school age they attend mainly public schools
in the suburbs adjacent to the preschool. There are two classrooms in this
centre, one for infants and toddlers (this room contains a sleeping area for
babies and a change area); the other for preschoolers. The infants room caters
for infants and toddlers, while the preschool room caters for 20 children
between the ages of 3 and 5. Both rooms have storage rooms and children’s
toilets. The indoor area also contains a kitchen, an administration office, a staff room and an adults’ toilet. The outdoor area contains a shaded area, a lounge, tables and chairs, a sand area, climbing apparatus and a bicycle path. This research involved mainly children from the preschool classroom, as most children in the infants and toddlers room were not yet three years of age. Staff at this centre consist of a teacher-director, two qualified teachers, four college-trained assistants, a cook and a secretary.

Valley Preschool (pseudonym) is located in the southeast corner of the Valley Public School playground. It offers a half-day, five days a week program for twenty-five children, aged four to five, in the year before they enter kindergarten. Staffed by one qualified teacher and one college-trained assistant, its students are generally from families where a parent or relative is available so other child care is not generally utilised. Children line up with their parents for 9:00 am or 12:30 pm entrance, and are dismissed at 12:00 pm or 3:00 pm when their parents are expected to come and collect them. Families who attend this preschool are mainly from the Valley area, which has a large migrant population. Many children speak languages other than English in the home. The indoor environment consists of one large classroom with a reading area at one end, a reception area with children’s lockers, a small kitchen, an office, a storage room, children’s toilets and an adult’s toilet. The outdoor area is fenced off from the rest of the school playground, and is larger than many other preschools’ outdoor areas. It has fixed climbing equipment and a storage shed.
Moorobool Children’s Centre (pseudonym) is located in a working class suburb in southern Manawaka. Catering primarily for Aboriginal children, it is a service utilised by non-Aboriginal people in the area as well. Children from birth to five years are enrolled in the centre, where they attend up to five days a week. The centre’s bus picks up many of the children in the morning and drops them off in the afternoon; however those who attend the centre by other means arrive from 7:30 am and leave by 4:00 pm. Children come from a variety of family lifestyles, including living with relatives and in extended families. Some parents work, others are unemployed. Parents are often seen at this centre, where they are welcome to attend as they wish. Community meetings and events are often held at this centre after preschool hours. Many children, parents and staff at Moorobool are related and caregivers are generally referred to as “Aunty”. Staff at Moorobool consists of one administrator, one secretary, two qualified teachers, a mothercraft nurse, two assistants, a cook and a bus driver. The indoor environment contains two classrooms: an infant-toddler room, which caters for three babies and up to twelve toddlers and includes an infants sleeping room and a changing room; and a preschool classroom which caters for up to twenty children. Both classrooms have storage rooms and children’s toilets. There is also an office, a staff room and a kitchen in the centre. The outdoor area contains climbing equipment, a covered sand area, a bicycle trail, a storage shed and picnic tables and chairs. A fenced area beside the playground is in the process of being designed as a preschool room for children in the year before kindergarten.
As I attended four centres for this research, I allocated one half-day per week to each centre, and recruited participants based on those children who attended the centre on that day. While this limited my sample somewhat, each centre had a minimum of ten children and their parents participating. All caregivers at each of the four centres also agreed to participate.

I attended each centre for a half day a week for three months, after which I attended two centres for another six weeks and the other two centres for the last six weeks of the research. Data collection was carried out over a six month period, from mid April to mid October, 1999.

**Procedure**

I began this research with a literature review, which led to a research proposal and approval to implement my study. Following the literature review, I developed my methodology, including the Parents' and Caregivers’ Surveys and the Focal Group Interview and arranged a venue to pilot my methods.

To begin data collection, I applied for approval from the University of Wollongong Human Ethics Committee. Having received this, I implemented a Pilot Study, the results of which combined with a variety of feedback, guided the final surveys and research design. To recruit participants for the current study, I approached four early childhood centres. My first contact was by telephone, followed by a formal letter inviting the centre to participate (Appendix 3). When the centre responded in writing indicating
their interest in participating, I then attended the centre with a letter of introduction, consent forms for parents and children (Appendix 4) and consent forms for caregivers (Appendix 5). I was available to answer any questions and also provided contact telephone numbers for further questions.

While recruiting participants, I attended the centres for two weeks, getting to know children, parents and caregivers. I arranged interview times and participated in activities that occurred during my visits. After two weeks, I began the Parent Surveys. These mainly occurred before or after preschool hours, so during preschool hours I began interviewing the children. Upon completion of parent interviews, I began caregivers’ interviews. However, I found that caregivers were often very busy during the time I attended the centre and many requested the written surveys to complete after school hours and before their interview. I agreed to this and found that it helped to triangulate data and made for a smoother running interview.

All interviews were completed by the end of June, 1999, and preschools were closing for semester break. When they returned in Semester 2, I attended two centres for the first six weeks and the other two for the next six weeks, assuming the role of observer as participant, as discussed above. During this time I introduced emotion activities, such as an Emotion Lotto game, emotion storybooks, emotion puppets, naming emotions flannel board activities and emotion picture cards. I observed caregivers’ practice in facilitating emotion understanding, both planned and informally, and I
observed children’s responses and interactions, looking for evidence of emotion understanding and display.

Throughout the six-month period of research, a very good rapport was built with each centre. In all centres, I was welcomed to return at any time to conduct further research or just to visit. Participants and venues were given codes when data were collated, and where they are referred to in the data analysis, they have been given pseudonyms.

Data collection ended after the six month period. Lincoln and Guba (1985, in Anderson & Arsenault, 1998) note four reasons to end data collection. The first is that the sources have been exhausted. In all four venues I had completed interviews, extensive observation and informal discussions with participants. The second reason cited to end data collection is that new information comes in very small amounts only, and ample information had already been collected in the categories pertinent to this study. There were very few events in the venues I was observing where fear or other emotions were being expressed and it was getting to the point where caregivers were planning emotion activities, almost to give me something to observe. The third reason, the emergence of regularities, came about through caregivers responding in similar ways to any emotion display and then actively constructing emotion activities to facilitate emotion discussion with the children. Finally over-extension seemed to be occurring as caregivers seemed to be creating situations for me to observe, or asking me to do an
activity with the children, as nothing particularly new and spontaneous was happening.

A period of thoughtful consideration, reflection and brainstorming followed my data collection time. Moustakis (1990 in Anderson & Arsenault, 1998) called these periods times of “incubation” and “illumination”. I started to chart my data and found connections and patterns evolved, such as the comparison of what parents observed or expected of caregivers in response to children’s fears and what caregivers reported they did to respond to children’s fears. Through writing and discussion I developed further insights and prepared to communicate my findings through categories defined by the questions themselves. I then went back to my data to look for negative cases, which went against what I had found. These were particularly the case where children were reported as being very fearful. The final stage of research, termed “Creative Synthesis” was completed when findings were written up and suggestions for further research and practice were communicated (Moustakis, 1990, in Anderson & Arsenault, 1998).

Data Collection

Preliminary study

A preliminary study (Sorin, 1997) noted the following:

- Open-ended questions to parents were too broad and it was difficult for them to articulate answers. They said that they preferred questions that give several choices, or face to face interviews as a means of eliciting more specific information.
- Most caregivers did not have the time to respond in detail to a number of open-ended questions. Some indicated that they would have preferred multiple choice questions.

- Children found it difficult to name and describe emotions and the situations that caused them. If one child did come up with a name for an emotion or a situation that caused the emotion, the other children, who were interviewed in a group situation, would echo the original response.

**Pilot Study**

What was gleaned from the Preliminary Study was the limited effectiveness of using only open-ended questions. Upon reviewing more formal test procedures, I chose to base data collection on items in two standardised tests that most closely fit the parameters of this research: the Fear Survey Schedule for Children-Revised (FSSC-R) (Ollendick, 1983) and the Childhood Concerns Survey (CCS) (Spence, 1997). Items from these surveys were included in checklists, followed by some open-ended questions.

A Pilot Study was conducted at Children’s College, a long day care centre, in March, 1999. The sample included four children, four parents and four caregivers. Some observations and follow-up discussion with caregivers was also conducted.
The results of this study helped shape the written surveys, interview and observation style and the overall direction of the research. It also helped focus on technical aspects, such as what to do if the tape recorder stops working.

The Pilot Caregivers’ Survey and its results appear in Appendix 6. Appendix 7 is the Pilot Parents’ Survey and the results and Appendix 8 the Pilot Focal Group Interview and results.

The pilot study helped me to refine questions for the final draft of the surveys. I omitted some areas that were inapplicable to this geographical region and age group. For example, the Fear Survey Schedule for Children-Revised included items such as lizards, ants, beetles and mice. While these may be scary to a child from a country such as England or the United States, here in Australia these creatures are everyday occurrences in our back gardens. FSSC-R was designed for children from five years onward, so some of the fears were inappropriate to the preschool age group and were omitted in my surveys. I was also concerned that some of the items in FSSC-R may cause children to think about fear and experience fear, so omitted some items. On the permission notes to parents, I offered support and counselling to any participant who might be adversely effected by the items on the surveys or any other part of the research.
The Pilot Study resulted in changes to questions in my Parent and Caregiver Surveys and Focal Group Interview. Table 3.3 below shows the original item and the change in the revised formats.

<table>
<thead>
<tr>
<th>Table 3.3 Changes in Original Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Original Item</strong></td>
</tr>
<tr>
<td><strong>Parent Survey</strong></td>
</tr>
<tr>
<td>In the past two months, my child</td>
</tr>
<tr>
<td>Has had fears or nightmares about ghosts, monsters or other imaginary things</td>
</tr>
<tr>
<td>Has been worried about being punished by mum or dad</td>
</tr>
<tr>
<td>Has been afraid of being lost in an unfamiliar place</td>
</tr>
<tr>
<td>Has been sad for an extended period of time.</td>
</tr>
<tr>
<td>Has shown a fear of being embarrassed by something he/she said or did.</td>
</tr>
<tr>
<td>Are there any other emotions your child has exhibited in the past two months?</td>
</tr>
<tr>
<td>Can you suggest other approaches that the adults in the preschool could be taking to more effectively respond to your child’s fears?</td>
</tr>
<tr>
<td><strong>Caregivers’ Survey</strong></td>
</tr>
<tr>
<td>In the past two months, this child</td>
</tr>
<tr>
<td>Has mentioned fears of nightmares, ghosts, monsters or other imaginary things</td>
</tr>
<tr>
<td>Has demonstrated a worry about being punished</td>
</tr>
<tr>
<td>Has been afraid of being lost in an unfamiliar place</td>
</tr>
<tr>
<td>Has been sad for an extended period of time.</td>
</tr>
<tr>
<td>Has shown a fear of being embarrassed by something he/she said or did.</td>
</tr>
<tr>
<td><strong>Focal Group Interview</strong></td>
</tr>
<tr>
<td>Roller coaster or carnival rides</td>
</tr>
<tr>
<td>Being alone; being lost in a strange place; being in a crowd</td>
</tr>
<tr>
<td>Dark rooms or closets; going to bed in the dark; closed places</td>
</tr>
<tr>
<td>Strange looking people</td>
</tr>
<tr>
<td>Nightmares</td>
</tr>
<tr>
<td>Sharp objects</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Guns</td>
</tr>
<tr>
<td>Cats; strange or mean looking dogs</td>
</tr>
<tr>
<td>A burglar breaking into our house</td>
</tr>
<tr>
<td>Fire; getting burned</td>
</tr>
<tr>
<td>High places like mountains; Falling from high places</td>
</tr>
<tr>
<td>Not being able to breathe</td>
</tr>
<tr>
<td>Going to the doctor; going to the dentist</td>
</tr>
<tr>
<td>If you are ever afraid in preschool, what do your teachers do?</td>
</tr>
</tbody>
</table>

**Parent and Caregiver Surveys**

While termed “surveys,” the Parents’ and Caregivers’ Surveys involved three distinct components: a written checklist, written open-ended questions and a verbal interview based on open-ended questions. A copy of the Parents’ Survey is in Appendix 9 and the Caregivers’ Survey in Appendix 10.

Ten to twenty minutes were allocated for the administration of each survey. Ideally, Parents and Caregivers were to fill in both parts of the survey, then to be interviewed and taped answering the open-ended questions. However, options were given to all participants, to respond to the open-ended questions either in a written way, a verbal way, or in a written and verbal way. This option was designed to consider participants who were uncomfortable with either verbal or written responses, as well as any breakdown in recording equipment or time problems. As it turned out, a few participants preferred to give their answers in writing only. I took notes while the participant was speaking. This proved helpful when, on a couple of
occasions the recording equipment malfunctioned, so the verbal interviews were lost. Having the written information, plus the notes I’d taken while they were speaking was invaluable.

The items on the checklist were strongly based on the Fear Survey Schedule for Children-Revised (Ollendick, 1983) and the Childhood Concerns Survey (Spence, 1997). These surveys are described as follows:

**Fear Survey Schedule for Children-Revised (FSSC-R) (Appendix 11)**

- the original Fear Survey Schedule for Children, was developed in 1965 by Scherer and Nakamura. It was revised in 1983 by Ollendick.

The five fear categories are: fear of failure and criticism; fear of the unknown; fear of injury and small animals; fear of danger and death; and medical fears.

Reliability and generalisability of the FSSC-R across gender, age and nationality were examined by Ollendick, King and Frary (1989), using a sample of 594 children from the United States and 591 children from Australia. The schedule was found to be internally consistent across the subject parameters. According to Hersen & Bellack (1988), Ollendick, Matson and Helsel (1985) and Ollendick and Mayer (1984) tested for validity of the FSSC-R through comparison of match-control groups and found the relationships between higher levels of trait anxiety, lower levels of self-concept, and greater externality to be supportive of the "convergent and discriminant validity of the FSSC-R." (Hersen & Bellack, 1988).
Criticisms of this schedule include that subjects tend to respond to the ideas elicited from the image or thought itself rather than their actual fear response (McCathie & Spence, 1991) and that it is designed for children seven years and older. While many of the items in this survey informed items in the Parents’ and Caregivers’ Surveys and the Focal Group Interview, some items were excluded because of a lack of age or cultural appropriateness. Items such as “fear of giving an oral report” were not utilised because they were more applicable to the primary grades than to preschool. Other items, such as “fear of lizards”, were not utilised because lizards are common in most Australian gardens and from informal discussion with young children and adults, no fear of lizards was mentioned. However, lizards are relatively uncommon in other places, such as Britain and North America, so fear of them may be more prevalent there.

**Childhood Concerns Survey (CCS) (Appendix 12)** - developed by Spence (1997), this parent survey focuses on characteristics and behaviours of preschool children who display anxiety. At the point that I accessed this survey, it was still unpublished and no data on reliability or validity were available. Many of the items are predicated by the use of the words “extremely afraid” or “extremely scared”, suggesting problematic behaviour. For example, Item 11 reads: “Suddenly becomes extremely distressed when in particular places (e.g. cries, has a tantrum or wants to immediately leave), even though there is nothing to fear” (Spence, 1997). As my research
targets children in educational, rather than clinical settings, many items were modified for use in my surveys. For example, CCS item #18 states: “Is extremely afraid of meeting or talking to unfamiliar people” (Spence, 1997). In my parent and caregiver surveys this item is rewritten as “Has shown a fear of meeting or talking to unfamiliar people”.

Checklists on my Parents’ and Caregivers’ Surveys contained thirty items: twenty-three were fear items and seven were items about the other seven emotions, happiness, sadness, anger, surprise, interest, disgust and excitement. While I was interested in whether the eight basic emotions were reported as present in young children, my research focused on the emotion of fear and it was on this emotion that I required more descriptive data.

The thirty items on the checklist were responded to by ticking either “yes”, “no” or “unsure”. Following these was a section where participants could add comments to support each of their thirty responses. Many participants took advantage of this section to embellish their answers and give examples of the behaviour upon which they were making comment. Table 3.4 and 3.5 below show the links between FSSC-R and/or CCS and the thirty items on my Parents’ and Caregivers’ Surveys:

<table>
<thead>
<tr>
<th>Item</th>
<th>Parents’ Survey</th>
<th>Link to FSSC – R and/or CCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Has been cheerful and happy for various reasons</td>
<td>CCS #15 – “Is cheerful and happy”</td>
</tr>
<tr>
<td>2.</td>
<td>Has been afraid of being alone in a dark place.</td>
<td>FSSC-R - Fear of the Unknown – “Being alone” and “Dark rooms or closets”</td>
</tr>
<tr>
<td>3.</td>
<td>Has been surprised by something</td>
<td><em>The Emotion of Surprise. This was one of the</em></td>
</tr>
<tr>
<td>New in the Daily Routine</td>
<td>Eight Basic Emotions Chosen for This Current Research</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>4. Has been anxious about leaving me to attend preschool or to be minded by a babysitter.</td>
<td>FSSC-R - Fear of danger and death - “Having to go to school” and Fear of injury and small animals – “Being left at home with a sitter” and CCS #37 – “Has frequent and severe fears about you leaving him/her at preschool or with a babysitter”, #9 – “Is extremely scared of asking the teacher a question or for help” and #41 – “Is extremely worried about working or playing with a group of children”.</td>
<td></td>
</tr>
<tr>
<td>5. Has been afraid of meeting or talking to unfamiliar people.</td>
<td>FSSC-R- Fear of the unknown- “Meeting someone for the first time” and “Strange looking people” and CCS #18 - “Is extremely afraid of meeting or talking to unfamiliar people.”</td>
<td></td>
</tr>
<tr>
<td>6. Has shown anger when things haven’t gone his/her way.</td>
<td>The emotion of anger. This was one of the eight basic emotions chosen for this current research.</td>
<td></td>
</tr>
<tr>
<td>7. Has been afraid of insects, spiders or snakes.</td>
<td>FSSC-R – Fear of injury and small animals- “Spiders, worms or snails” and CCS #35 - “Is extremely afraid of insects or spiders.”</td>
<td></td>
</tr>
<tr>
<td>8. Has had bad dreams or nightmares.</td>
<td>FSSC-R – Fear of the unknown – “Nightmares” and CCS #43 – “Has nightmares about being apart from you.”</td>
<td></td>
</tr>
<tr>
<td>9. Has had fears about ghosts, monsters or spirits.</td>
<td>FSSC-R – Fear of Injury or Small Animals- “Ghosts or spooky things” and CCS #10 – Frequently becomes distressed by thoughts or images in their head. The term “spirits” was added upon request from members of the Aboriginal community, who felt that this was a more appropriate term for Indigenous children.</td>
<td></td>
</tr>
<tr>
<td>10. Has shown a fear of making mistakes.</td>
<td>FSSC-R – Fear of Failure and Criticism – “Making mistakes” and CCS #3 – “Frequently checks that they have done things right”, #34 - “Has frequent and severe worries that he/she will do something embarrassing in front of other people”, and #2- “Has frequent and severe worries that he/she will do something to make them look stupid or foolish in front of other people”.</td>
<td></td>
</tr>
<tr>
<td>11. Has shown an interest in games, toys, television programs or videos</td>
<td>CCS #39 - “Is interested in games and toys” and Emotion of Interest. This was one of the eight basic emotions chosen for this current research.</td>
<td></td>
</tr>
<tr>
<td>12. Has been afraid of real or potential illness, accidents or death.</td>
<td>FSSC-R - Fear of Danger and Death - “Being sent to hospital”, “Being hit by a car or truck”, “Getting a shock from electricity”, “Germs or getting a serious illness”, “Not being able to breathe” and “Death or dead people” and Fear of injury and small animals – “Getting a cut or injury” and “Sharp objects”.</td>
<td></td>
</tr>
<tr>
<td>13. Has been sad for some reason.</td>
<td>The emotion of Sadness. This was one of the eight basic emotions chosen for this current research.</td>
<td></td>
</tr>
<tr>
<td>14. Has been frightened of dogs, cats or other animals.</td>
<td>FSSC-R - Fear of Injury and small animals - “Strange or mean-looking dogs” and “Cats” and CCS #42 - “Is extremely frightened of dogs.”</td>
<td></td>
</tr>
<tr>
<td>15. Has been afraid of being punished.</td>
<td>FSSC-R - Fear of Failure or Criticism – “Getting punished by mom”, “Getting punished by my father” and “Being criticized by others” and “My parents criticizing me”.</td>
<td></td>
</tr>
</tbody>
</table>
16. Has been afraid of loud noises. (eg. thunderstorms) | FSSC-R - Fear of the unknown - “Thunderstorms” and “Loud sirens” and CCS #20 – “Is extremely scared of thunderstorms”.

17. Has been disgusted by something she/he experienced. (eg. A new food). | Emotion of Disgust. This was one of the eight basic emotions chosen for this current research.

18. Has been afraid of going to the doctor, dentist or hospital. | FSSC-R - Medical Fears – “Getting a shot from the doctor”, “Going to the dentist”, “Going to the Doctor” and ‘Having to go to the Hospital” and CCS #6 – “Is extremely afraid of doctors and dentists”.

19. Has been afraid of becoming lost. | FSSC-R - Fear of Danger or Death–“Getting lost in a strange place” and CCS #11”Suddenly becomes extremely distressed when in particular places, even though there is nothing to fear” and #17 “Is extremely afraid of being in places where escape may be difficult or embarrassing”.

20. Has been afraid of being teased or picked on by other children. | FSSC-R – Fear of Failure and Criticism–“Being teased” and “Being criticised by others” and CCS #7 – “Is popular with other children”.

21. Has become excited by some event or circumstance. | The emotion of excitement. This was one of the eight basic emotions chosen for this current research.

22. Has been afraid of becoming involved in a fight. | FSSC-R – “Fear of Injury and Small Animals – “Being in a fight”

23. Has been afraid of adults arguing. | FSSC-R – Fear of Failure and Criticism – “Having my parents argue”.

24. Has been afraid of doing something new. | FSSC-R – Fear of the Unknown – “Doing something new”.

25. Has been afraid of rides at fetes or fairs. | FSSC-R – Fear of Injury and Small Animals – “Rollercoaster or carnival rides”.

26. Has shown a fear of the dark. | FSSC-R – Fear of the Unknown – “Dark rooms or closets” and “Dark places”

27. Has been afraid of deep water or the ocean. | FSSC-R – Fear of the Unknown – “Deep water or the ocean” and CCS # 29 – Is extremely nervous of going swimming.

28. Has been afraid of burglary or home invasion. | FSSC-R – Fear of Injury and Small Animals – “A burglar breaking into our house”

29. Has been afraid of fire or getting burned. | FSSC-R – Fear of Danger and Death – “Fire – getting burned”

30. Has been afraid of heights or falling from high places. | FSSC- R – Fear of Danger and Death – “Falling from high places” and Fear of injury and small animals – “High places” and CCS #17 – Is extremely afraid of being in places where escape may be difficult or embarrassing.

Table 3.5 Links between Caregivers' Survey and FSSC-R or CCS

<table>
<thead>
<tr>
<th>Item</th>
<th>Caregivers’ Survey</th>
<th>Link to FSSC – R and/or CCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Has been happy for various reasons.</td>
<td>CCS #15 – “Is cheerful and happy”</td>
</tr>
<tr>
<td>2.</td>
<td>Has demonstrated or discussed a fear of being left alone.</td>
<td>FSSC – R - Fear of the Unknown – “Being alone” and “Dark rooms or closets”</td>
</tr>
<tr>
<td>3.</td>
<td>Has shown surprise at something new in the daily routine.</td>
<td>The Emotion of Surprise. This was one of the eight basic emotions chosen for this current research.</td>
</tr>
<tr>
<td>4.</td>
<td>Has been anxious about leaving the</td>
<td>FSSC – R - Fear of danger and death -“Having to</td>
</tr>
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<td></td>
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<tr>
<td><strong>parent to attend preschool.</strong></td>
<td>go to school” and Fear of injury and small animals – “Being left at home with a sitter” and CCS #37 – “Has frequent and severe fears about you leaving him/her at preschool or with a babysitter”, #9 – “Is extremely scared of asking the teacher a question or for help” and #41 – “Is extremely worried about working or playing with a group of children”.</td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td><strong>Has shown a fear of meeting or talking to unfamiliar people.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FSSC - R- Fear of the unknown- “Meeting someone for the first time” and “Strange looking people” and CCS #18 - “Is extremely afraid of meeting or talking to unfamiliar people.”</td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td><strong>Has shown anger when things haven’t gone his/her way.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The emotion of anger. This was one of the eight basic emotions chosen for this current research.</td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td><strong>Has demonstrated or discussed a fear of insects, spiders or snakes.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FSSC-R – Fear of injury and small animals- “Spiders, worms or snails” and CCS #35 - “Is extremely afraid of insects or spiders.”</td>
<td></td>
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<tr>
<td><strong>8.</strong></td>
<td><strong>Has mentioned having bad dreams or nightmares.</strong></td>
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<td>FSSC – R – Fear of the Unknown – “Nightmares” and CCS #43 – “Has nightmares about being apart from you.”</td>
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<td><strong>9.</strong></td>
<td><strong>Has mentioned being afraid of ghosts, monsters or spirits.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FSSC-R –Fear of Injury or Small Animals- “ Ghosts or spooky things” and CCS #10 - Frequently becomes distressed by thoughts or images in their head. The term “spirits” was added upon request from members of the Aboriginal community, who felt that this was a more appropriate term for Indigenous children.</td>
<td></td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td><strong>Has shown a fear of making mistakes.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FSSC-R – Fear of Failure and Criticism – “Making mistakes” and CCS #3 – “Frequently checks that they have done things right”, #34 - “Has frequent and severe worries that he/she will do something embarrassing in front of other people”, and #2- “Has frequent and severe worries that he/she will do something to make them look stupid or foolish in front of other people”.</td>
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<td><strong>11.</strong></td>
<td><strong>Has shown an interest in games, toys or other activities.</strong></td>
<td></td>
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<tr>
<td></td>
<td>CCS #39 – “Is interested in games and toys” and Emotion of Interest. This was one of the eight basic emotions chosen for this current research.</td>
<td></td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td><strong>Has discussed or demonstrated a fear of real or potential illness, accidents or death.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FSSC-R - Fear of Danger and Death - “Being sent to hospital”, “Being hit by a car or truck”, “Getting a shock from electricity”, “Germs or getting a serious illness”, “Not being able to breathe” and “Death or dead people” and Fear of injury and small animals – “Getting a cut or injury” and “Sharp objects”</td>
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<tr>
<td><strong>13.</strong></td>
<td><strong>Has been sad for some reason.</strong></td>
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<td></td>
<td>The emotion of Sadness. This was one of the eight basic emotions chosen for this current research.</td>
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<tr>
<td><strong>14.</strong></td>
<td><strong>Has mentioned or demonstrated a fear of dogs or other animals.</strong></td>
<td></td>
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<td></td>
<td>FSSC-R - Fear of Injury and small animals - “Strange or mean-looking dogs” and “Cats” and CCS #42 - “Is extremely frightened of dogs.”</td>
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<td><strong>15.</strong></td>
<td><strong>Has been afraid of being punished.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FSSC-R- Fear of Failure or Criticism – “Getting punished by mom”, “Getting punished by my father” and “Being criticized by others” and “My parents criticizing me”</td>
<td></td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td><strong>Has shown a fear of loud noises (eg. planes, cars backfiring, heavy machinery).</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FSSC-R - Fear of the unknown- “Thunderstorms” and “Loud sirens” and CCS #20 – “Is extremely scared of thunderstorms”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has shown disgust at something she/he experienced (eg. a new food).</td>
<td>Emotion of Disgust. This was one of the eight basic emotions chosen for this current research.</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>17</td>
<td>Has talked about being afraid of going to the doctor, dentist or hospital.</td>
<td>FSSC-R - Medical Fears – “Getting a shot from the doctor”, “Going to the dentist”, “Going to the Doctor” and ‘Having to go to the Hospital” and CCS #6 – “Is extremely afraid of doctors and dentists”.</td>
</tr>
<tr>
<td>18</td>
<td>Has mentioned a fear of becoming lost.</td>
<td>FSSC-R - Fear of Danger or Death- “Getting lost in a strange place” and CCS #11”Suddenly becomes extremely distressed when in particular places, even though there is nothing to fear” and #17 “Is extremely afraid of being in places where escape may be difficult or embarrassing”.</td>
</tr>
<tr>
<td>19</td>
<td>Has discussed or demonstrated a fear of adults arguing.</td>
<td>FSSC-R – Fear of Failure and Criticism – “Having my parents argue”.</td>
</tr>
<tr>
<td>20</td>
<td>Has been afraid of doing something new.</td>
<td>FSSC-R – Fear of the Unknown – “Doing something new”.</td>
</tr>
<tr>
<td>21</td>
<td>Has become excited by some event or circumstance.</td>
<td>The emotion of excitement. This was one of the eight basic emotions chosen for this current research.</td>
</tr>
<tr>
<td>22</td>
<td>Has been afraid of becoming involved in a fight.</td>
<td>FSSC-R – “Fear of Injury and Small Animals – “Being in a fight”</td>
</tr>
<tr>
<td>23</td>
<td>Has mentioned being afraid of rides at fetes or fairs.</td>
<td>FSSC-R – Fear of the Unknown – “Deep rooms or closets” and “Dark places”</td>
</tr>
<tr>
<td>24</td>
<td>Has discussed or demonstrated a fear of the dark.</td>
<td>FSSC-R – Fear of the Unknown – “Deep water or the ocean” and CCS # 29 – Is extremely nervous of going swimming.</td>
</tr>
<tr>
<td>25</td>
<td>Has discussed or demonstrated a fear of heights or falling from high places.</td>
<td>FSSC-R – Fear of Danger and Death – “Fire – getting burned”.</td>
</tr>
<tr>
<td>26</td>
<td>Has mentioned or demonstrated a fear of deep water or the ocean.</td>
<td>FSSC-R – Fear of Danger and Death – “Fire – getting burned”</td>
</tr>
</tbody>
</table>

The questions in both the Parents’ and Caregivers’ surveys were open-ended to elicit thoughtful responses to specific questions from participants (Glesne & Peshkin, 1992). At times the questions drew further discussion from participants. Sometimes these were taped, but more often I took notes. Glesne and Peshkin (1992) describe open interviewing as a process where
“you are prepared to follow unexpected leads that arise in the course of your interviewing” (p. 92).

It was hoped that by participants responding in both a verbal and written way, that any contradictions in their answers could be noted and discussed with them. This would help to triangulate data. Glesne and Peshkin (1992) suggest that when contradictions occur, to ask the following: “Is the topic generating the contradictions worthy of clarification? If so, then you need to probe further into the respondent’s most recent statement, right then and there” (p. 90).

Whereas the checklists for parents and caregivers contained almost identical items, the open-ended questions varied. This decision was based on the fact that parents were answering for only one child whereas caregivers were answering for several children. Parents were asked if their child had exhibited any other emotions or fears that were not mentioned on the checklist. These questions were not included in the caregivers’ surveys, as they would have to answer for many children and may not have been able to provide a concise response. Both groups were asked to describe how children display fear, although the parents’ question was framed within the preschool setting, so it could be compared to how caregivers reported that children display fear.

As parents observe children in a variety of contexts, they were asked about fears in general as well as fears specific to the classroom. Caregivers were
only asked about fears in the classroom. While both parents and caregivers were asked to describe how caregivers respond to children’s fears, only parents were asked how they, as parents, respond to their child’s fears. Caregivers were asked how they respond to all eight emotions, whereas parents were asked how they and caregivers respond to fear. It was hoped that in discussion of their responses to other emotions, caregivers would describe the similarities and differences in the way they respond to fear and to other emotions. For example, Jane (caregiver at Braddock Preschool) was asked how she responds to other emotions and whether it is different to how she responds to fear. She said she felt that her response was similar for all emotions:

I think it is important to talk about all their emotions and say “Look, it’s okay” or “that’s great that you feel happy about that” or “I’m sorry you’re feeling sad but I’m glad you’ve told me or shown me that you’re sad”. And we can talk about that and follow it through with the parents if you feel it’s necessary as well, which it generally is. It’s good to share the good times and the bad times.”

Parents and Caregivers were asked to comment on the effectiveness of caregivers’ responses to children’s fears and to suggest other approaches that could be taken in the preschool setting to more effectively respond to children’s fears.

Caregivers had ongoing informal interviews during the time I was present in the class. These interviews are described by Glesne and Peshkin (1992) as open, where the researcher follows unexpected leads, and depth-probing, where points of interest are pursued. “The intent of such interviewing is to capture the unseen that was, is, will be, or should be; how respondents think
or feel about something; and how they explain or account for something (Glesne & Peshkin, 1992, p. 92). At times these interviews were taped, and often their content was written up in my reflective journal.

Focal Group Interviews

Greig and Taylor (1999) note that in the past, research training has been “generic, with little consideration given to the differences between undertaking research with child or adult subjects” (p. 5). However, they suggest distinct differences in children and adult subjects. For one, “the social and emotional relationships of the child are stronger than at any other time of the lifespan and cannot be ignored” (p. 6). They suggest conducting research in naturalistic settings to account for this. This research has been undertaken in the preschool environment, with the children surrounded by peers and familiar adults in keeping with this notion.

All children in the selected classrooms were invited to participate. To participate, the child’s parent or guardian had to provide me with written consent, after reading a description of the study. This provided me with a range of abilities and emotional and social needs.

Focal group interviews, like Parent and Caregiver surveys, contained both checklists and open-ended questions (see Appendix 13). However, because preschool children have very limited reading and writing skills, these interviews were conducted verbally, with responses audiotaped and recorded in writing by me. Where questions needed further explanation for the child, it
was given. If a child said “I don’t know”, “no” or did not respond, I went on to the next question.

The interview began with two open-ended questions: “What is a feeling?” and “What feelings do you have?” Children were asked these questions to determine their understanding of the word “feeling” and how they might relate it to their own experiences. Some children interpreted the word "feeling" to be the tactile use of the word, where you touch something and it feels soft, hard, scaly, cold and so on, rather than "feeling" as an emotional experience.

A checklist of the eight emotions followed these questions. Children were asked whether they ever feel happy, sad, afraid, etc. If they responded with “no”, I went on to the next emotion. But if they responded with “yes”, I asked them what makes them feel happy, sad, afraid and so on and then how they show people that they feel happy, sad, afraid and so on.

Upon completion of the emotion checklist, and whether or not the children had said that they have experienced fear, I asked them about their fears, using a thirty-seven item fear checklist. While Parents’ and Caregivers’ checklists contained only twenty-three fear items, some of those items were complex, containing more than one element. For example, Parents Survey item 18 says: “Has been afraid of going to the doctor, dentist or hospital” and Caregivers’ Survey Item 18 says: "Has talked about being afraid of going to the doctor, dentist or hospital.” In the Focal Group Interview fear checklist,
this is broken down into separate items. They are: “Going to the doctor or Dentist” and “Having to go to hospital.” Other items, such as fear of knives or guns, were included in the Focal Group Interview. In the adult surveys, the item was much more general, such as a fear of accident or illness.

The fear checklist was followed by three open-ended questions about Early Childhood Practice: “If you or other children are ever afraid in preschool, what do your teachers do?”, “Does what they do help?” and “What else could your teachers do when children are afraid?”

**Observations**

Observations were an instrumental tool in data collection for this research in that through a child’s behaviour with other children and with adults, much information about emotion understanding and communication can be recorded. Brown, Odom and Holcombe (1996) “believe that observational assessment of young children’s social goals and behavioural strategies to achieve those goals will provide a richer understanding of young children’s peer interactions and their emerging peer relations” (p. 27). While Brown and colleagues’ research focused on peer social interactions, observations also inform understanding of emotions.

“Many fieldworkers complement data from participant observation with information taken from interviews” (Burns, 1991, p. 24). Survey questions asked participants to elaborate on how children communicate fear, how caregivers facilitate emotion learning, how parents respond to their child’s
fears and how parents expect caregivers to respond to children’s fears. Participants were also observed through the researcher being present in the preschool setting during interactions between parents, caregivers and children. Upon completion of the interviews, I attended the four preschool venues for a number of weeks, conducting observations within the classroom settings. These observations were done as anecdotal and running records. Described as brief narratives of incidents that are considered important to an observer, anecdotes “describe what happened in a factual, objective manner, telling how it happened, when and where it happened, and what was said and done” (Beaty, 1994, p. 18). Unlike running records, anecdotal reports are written after the incident has occurred by someone who witnessed it informally. Although with the passing of time between the incident and the recording of it, some details may be forgotten, an advantage of anecdotal records is that behaviours that are not planned for can still be recorded.

Running records are richly detailed accounts of incidents that are written as events occur by someone who is formally observing the child or children. It includes all behaviour and conversation as it happens (Beaty, 1994). “Perhaps the greatest asset of observational techniques is that they make it possible to record behaviour as it occurs” (Burns, 1991, p. 238). The immediacy and accuracy of this technique is supported by the fact that those who cannot, or will not, verbalise their feelings and understandings can nonetheless be observed for their behaviours and responses. A limitation is that spontaneous behaviour cannot be planned for, so an observation might be missed (Burns, 1991).
Burns (1994) suggests a model where the observer can assume one of four stances: the complete participant, whose observations are done in secret; the complete observer, who is entirely removed from the situation; the observer-as-participant, whose identity is known but who stays unknown in the setting; and the participant-as-observer, who “becomes more closely involved and identified with the actors” (p. 258). My role in the setting was that of observer-as-participant. I have many years of experience as an Early Childhood, Art and Primary teacher, as well as qualifications as an Early Childhood and Art teacher. As an Early Childhood teacher, when I am within an early childhood context, I willingly become a part of the classroom environment, helping to set up and pack away activities, and interacting with children. This approach gained me entry and welcome by the gatekeepers of the settings - the caregivers and parents. But my attendance of one half day per week and my focus on data collection positioned me as a “relative stranger in the setting” (Burns, 1994, p. 258).

Observations focused on emotion display and discourse by children, and caregivers’ practice in responding to emotion and facilitating emotion education. On several occasions, I brought in stories, puzzles, games and activities to do with emotion. While children were participating in the activities, and as soon afterwards as possible, I wrote observations of their conversation and behaviours, which I later interpreted in my reflective journal.
Reflective Journal

Throughout the research I kept a reflective journal. Begun when the proposal was formative, it became more detailed during data collection, as it was used as a place to interpret observations as well as reflect upon the direction of the research. It also served to support other methods of data collection, such as the surveys and interviews. “Research combined with reflection enables us to understand our rationale and actions, and helps us communicate this to others” (Arthur et al, 1999, p. 342).

In this qualitative study, where as the researcher I became a research instrument, caused me to reflect on my own biases, based on my knowledge, experience, perceptions, feelings and values. An important part of this journal were my reflections about myself, the researcher. Some excerpts from my journal illuminate these ideas as follows:

Who am I and what business do I have undertaking this research? Firstly, I am an Early Childhood Teacher. I like teaching in this area because it is so free and creative, although during my teacher training days I remember thinking otherwise. Who cared about Piaget then? Who wanted to out one hundred index cards with book reviews scribed in perfect printing? I wanted to created dramas, make art, play and explore, both as a teacher and co-learner. I always learn through play, so I have always been able to understand how children learn…

After my second year of teaching I was given a scholarship to study art and become an art teacher. Having these two areas of expertise has really been good for me, but it is tempered by the number of years I spent as a casual early childhood and primary teacher, meeting and teaching different children each day. That's the time I learned a lot about teaching, about students and about myself. I believe that every student is good and has great potential, they just have to be supported in ways that they understand. They need to feel valued, as we all do.
Yet so often I've seen just the opposite, where students are treated like a great burden by their teachers…

This is my second major study of fear. The first was my Honours Masters Thesis, where I looked at Maurice Sendak's stories and how they addressed fear in children. Why am I so concerned about fear? I feel that all work is autobiographical. I was a fearful child. I stayed close to my parents or grandparents and I wouldn't go to sleep in the dark. I thought about all the things that frightened me before I fell asleep as a way of warding off bad dreams about them. When I was in primary school, my father signed me up for summer camp. The girls in my class told me that they were going too, and that we would do overnight canoeing trips. I was afraid and refused to go, and probably never told my parents the reason. As an adult, while I am fearful in many ways, I have also travelled alone around the world for a year at a time on a number of occasions. I am a contradiction within my self - afraid of the unknown but somehow venturing forward. But sometimes, my adult fears hold me back. I avoid work and study in large cities, instead looking to smaller places with less people and traffic. I don't like speaking to groups of people - I prefer to write articles or talk to one person or small groups in discussion format. I can see that sometimes my fear is creative, causing me to venture forward and explore unknown territory. But sometimes it holds me back from participating in activities. I can see that fear can do the same for others. I particularly look towards children because I have seen the fearful child grow up and feel that fear, and emotions in general, are areas that need to be co-explored by learners and teachers in the early years of school.

Data Analysis

Background

Qualitative data are generally analysed in inductive ways; from the data and the evidence they present, patterns and theories emerge (Bogdan & Biklen, 1992). As emergent theory, this research has taken shape through the processes of reviewing the literature, preliminary and pilot studies and the data collection itself. It presents a picture of young children’s understanding and expression of fear, as well as current practice in responding to fear, based on participants’ responses to survey questions and observations and
reflections by the researcher. It may challenge current practices in pedagogy through its analysis of findings and suggestions for further practice.

Descriptive methods were utilised to present and analyse findings. The data collected from the checklists in the surveys were put into matrices and the frequency of responses to various items was collated. Rank order tables were created to show the prevalence of responses for each emotion and fear (Anderson & Arsenault, 1998). However, rather than this information undergoing various statistical analyses, it was transformed into narrative and used along with anecdotal responses to contribute to the findings for questions 1 and 2, which asked: “Which emotions do parents and caregivers report that they have observed in children?”; “Which emotions do children report that they have experienced?”; “Which fears do parents and caregivers report that they have observed in preschool children?”; and “Which fears do preschoolers report that they have experienced?”

**Coding**

The approach to coding in this research was inductive, or grounded (Miles & Huberman, 1994). Rather than beginning data collection with codes in mind, the codes emerged from the data, generated from notes in the margins of each paragraph of transcripts, observations and reflections.

Beside or below the paragraph, categories or labels are generated, and a list of them grows. The labels are reviewed and, typically, a slightly more abstract category is attributed to several incidents or observations. (Miles & Huberman, 1994, p. 58)
Through trial, codes were revised and other codes emerged to suit the data. Transcripts were checked and re-checked throughout analysis for consensus. An example of how codes were created appears in Appendix 14.

Miles and Huberman (1994) name three levels of codes. “Descriptive” codes are ones that describe without interpreting the data. “Interpretive” codes come from a deeper, more inferential understanding of the situation and the underlying motivations of the words or behaviour. The third type of codes, the “Pattern” codes, is more inferential and explanatory, as it “illustrates an emergent leitmotif or pattern that you have discerned in local events and relationships” (p. 57). All three types of codes have been used in my process of data reduction.

Upon first reading of the data, I highlighted key words and wrote them in the margin as descriptive codes. In the following example, the word “dark” was highlighted and written in the margin as a descriptive code:

He’s afraid of, he’s particularly afraid of the dark. (Jody, parent at Braddock Preschool)

This same datum was coded in an interpretive way as “BAS/F”, or “Basic Fear” to differentiate between fear items already mentioned in the survey checklist. The other possible interpretive code was “OTH/F” or “Other Fear” to identify a fear that had not been included in the survey checklist.

Pattern codes make large amounts of data more manageable, while getting the researcher analysing while still collecting (Miles & Huberman, 1994).
They helped me to focus on the behaviours and interactions that were emerging as I visited each venue. They also helped me to relate the information I was collecting at each venue, to see the similarities and differences in the responses of participants. An example of a pattern code was the coding used to describe children’s exhibition of fear. Behaviours such as crying, clinging and aggression were pattern coded as “Phys/E” or Physical Exhibitions of fear; behaviours such as talking, discussing and questioning as “Verb/E” or Verbal Exhibitions of fear. Where a response did not fit into either category, for example when the parent reported the fear to the caregiver, the exhibition was recorded as “Oth/E”. Some children were noted to have more than one response to fear, and thus more than one code:

Well, he looks really worried. Like he looks anxious and he says he doesn’t want to go to preschool. Or he’ll stand close to me rather than running off and then starting to play. (Sue Ellen, parent at Braddock Preschool)

The pattern code in the margin of this entry was “Verb/E, Phys/E”. A complete list of pattern codes used in this research is included in Appendix 15.

From the coding stage, I began to create data displays, to group the information in ways that made meaning and told stories. Miles and Huberman (1994) suggest:

You begin with a text, trying out coding categories on it, then moving to identify themes and trends, and then to testing hunches and findings, aiming first to delineate the ‘deep structure’ and then to integrate the data into an explanatory framework. (p. 91)
Matrices were constructed first to display responses by a group to a question, and then to compare responses between groups and at times between questions. An example of a matrix that displays a response to a question is Table 3.6 below, which shows an example of my coding of Caregivers’ reports of how they respond to children's fears. I included the pattern code, and some of the words the caregiver used to describe the response.

**Table 3.6 Example of my coding of Caregivers' reports of how they respond to children's fears**

<table>
<thead>
<tr>
<th>Caregiver</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Combination (Verbal, Modelling, Teaching Strategy, Planning)- “I think it’s important that you don’t suddenly rush up and overwhelm the child, but just be calm and talk to the child about what’s worrying them. And then make a note of that and follow through later in the program through stories or maybe they just need very calming activities that you can talk to them while they’re working with finger paint. Or sometimes I’d put figures out that they can just work through themselves. You may not necessarily be listening all the time but they can just work through that with dolls in the home corner, figures in a small playhouse or in the block area. Or just follow through suggestions that they might make cause often they say that they’d like to play with something and they’re telling you that they need to work that through.</td>
</tr>
</tbody>
</table>

**Matrices**

There were many occasions where two or more groups of responses were compared through the use of matrices. For example, parents were asked “What fears does your child exhibit in Preschool?” and “How does s/he exhibit this/these fears to the adults and other children in the Preschool?” Table 3.7 gives two examples from a matrix I designed to compare how parents reported that they respond to their child's fears and how they reported they had observed or expected caregivers to respond to children's fears.
Table 3.7 An example of a comparative Matrix of how Parents respond to children's fears and how they observed or expected caregivers to respond to children's fears

<table>
<thead>
<tr>
<th>Parent</th>
<th>How Parent responds to fear</th>
<th>How Parent observed or expects caregivers to respond to fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jody</td>
<td>Combination (Verbal - &quot;explain&quot;, Physical - &quot;cuddle&quot;)</td>
<td>Verbal - explain Same as Parent - “I’ve noticed them doing basically the same thing that I’m doing”</td>
</tr>
<tr>
<td>Norman</td>
<td>Combination (Verbal - &quot;reassure&quot;, Physical - &quot;cuddle&quot;, Action - &quot;take him back&quot;)</td>
<td>Modelling - Authority, Trust Same as Parent - “it’s much the same way, the same qualities a parents would show”</td>
</tr>
</tbody>
</table>

Narratives of the research evolved from matrices and were enhanced with textual quotations, reflections and notes from observations. These narratives attempted to describe and explain the fears reported to be experienced by young children and the responses to these fears by the adults in their lives. From these descriptions it is hoped that the reader is provided with a glimpse of what the society in which we live constructs as appropriate fear display, and what early childhood educators can do to help children to understand this display. “There is no clear or clean boundary between describing and explaining; the researcher typically moves through a series of analysis episodes that condense more and more data into a more and more coherent understanding of what, how and why” (Miles and Huberman, 1994, p. 91).

**Trustworthiness of Research**

**Trustworthiness**

Constructivist research is evaluated by the “authenticity criteria of fairness, ontological authenticity (enlarges personal constructions), educative authenticity (leads to improved understanding of constructions of others), catalytic authenticity (stimulates to action), and tactical authenticity (empowers action)” (Guba & Lincoln, 1989, in Denzin & Lincoln, 1994, p. 120.)
In the tradition of the Constructivist paradigm, the fairness and authenticity for this study revolves around trustworthiness of data. It has been argued that “trustworthiness” is a better word to use in research than validity because validity:

simply reflects concern for acceptance within a positivist concept of research rigour…Trustworthiness…is a more appropriate word to use in the context of critical research…because it signifies a different set of assumptions about research purposes than does validity. (Denzin & Lincoln, 1994, p. 151)

Within the construct of trustworthiness are four sub-constructs: credibility, which parallels internal validity in positivist and postpositivist research; transferability, which parallels external validity; dependability, which parallels reliability; and confirmability, which parallels objectivity (Denzin & Lincoln, 1994). Table 3.8 below illustrates these parallels.

<table>
<thead>
<tr>
<th>Postivist and Postpositivist Criteria for Quality (Validity)</th>
<th>Constructivist Criteria for Quality (Trustworthiness)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal validity</td>
<td>Credibility</td>
</tr>
<tr>
<td>External validity</td>
<td>Transferability</td>
</tr>
<tr>
<td>Reliability</td>
<td>Dependability</td>
</tr>
<tr>
<td>Objectivity</td>
<td>Confirmability</td>
</tr>
</tbody>
</table>

**Credibility**

Credibility of portrayals of constructed realities is in keeping with the Constructivist paradigm, whereas internal validity, which is based on the assumption that a tangible reality can be portrayed accurately and truthfully is rejected (Anderson and Arsenault, 1998; Denzin and Lincoln, 1994). Credibility is awarded only when:

The constructions are plausible to those who constructed them, and even then there may be disagreement, for the
researcher may see the effects of oppression in the constructs of those researched – effects that those researched may not see. Thus it becomes extremely difficult to measure the trustworthiness of critical research; no TQ (trustworthiness quotient) can be developed.” Strategies to increase credibility include prolonged field engagement, persistent observation, triangulation, peer debriefing, negative case analysis, referential analysis (eg. Audio and videotapes), and member checks, or talking to people in the field. (Denzin & Lincoln, 1994, p. 151)

Credibility in this research is achieved through thick description of the processes and throughout the narrative of the analysis of findings. It attempts to present a comprehensive and convincing picture of the issues under study in the various contexts.

Triangulation, the use of two or more methods of data collection is one way of achieving credibility in research (Cohen & Manion, 1994; Burns, 1994). “Triangular techniques in the social sciences attempt to map out, or explain more fully, the richness and complexity of human behaviour by studying it from more than one standpoint and/or using a variety of methods, even combining qualitative and quantitative methods in some cases” (Burns, 1994, p. 272). As noted earlier, triangulation was implemented in a number of ways (see Table 3.1). Data were collected through checklists, open-ended questions, interviews and observations. This was supported by reflections completed by the researcher.

In almost every instance, the adult participants completed the anecdotal questions in the surveys by writing in the first instance, then were interviewed for their verbal responses to the same questions. To further
triangulate, their verbal responses were audiotaped, transcribed, and some of the participants checked the transcriptions for accuracy. While children didn’t have the triangulation of written and verbal responses, I re-interviewed a few children and found that their responses in the second interview were almost identical to their responses in the first.

Another factor implemented for triangulation was the inclusion of three groups of participants in this study. While this study takes as its focus emotion pedagogy, rather than limit the data collection to caregivers I included parents and children as participants as well. This helped to give a broad and rich picture of the issues and facilitated being able to compare responses between the groups. The data collected were linked to the areas of theory discussed in the literature review as well as demonstrating emergent issues.

Where evidence emerged that opposed the general findings, these issues were explored and alternative explanations considered. The findings were checked with some of the original informants and found to be accurate by them.

**Transferability**

The notion of “external validity”, where the understandings gleaned from one situation can be generalised to other situations (Anderson & Arsenault, 1998) is rejected in the Constructivist paradigm in favour of the notion of “transferability”. Looking at this notion from a Piagetian perspective, people do not generalise from one situation to another, but rather reshape cognitive
structures to accommodate the new information. “In other words, through their knowledge of a variety of comparable contexts, researchers begin to learn their similarities and differences – they learn from their comparisons of different contexts” (Denzin & Lincoln, 1994, p. 152).

Transferability involves the ability of the reader to transfer information from research to their own settings. It can be achieved through “thick description” which is detailed and specific (Denzin & Lincoln, 1994; Miles & Huberman, 1994). While some researchers discuss their findings as if they do apply in general, rather than in specific contexts, this is a problem of reporting. “It is all right to have limitations, but only if they are acknowledged openly and taken seriously in data interpretation” (Anderson & Arsenault, 1998, p. 109). The results of this study are described in rich narratives in an attempt to provide the reader with information which could be transferable to their own or familiar settings.

While this research attempted to cover as many preschool contexts as possible, family day care settings and children educated in the home were not included. Also, this study was undertaken in a city in regional New South Wales. A rural and remote area in the Northern Territory, the capital city of Victoria or early childhood settings in North America and Europe may have presented very different data to those collected here. This is of particular importance as the Constructivist paradigm that frames this study asserts that emotion is socially constructed, so the responses from participants in other places and from other social contexts could have
produced very different results. However, within the context of the study, a large number of cultural and socio-economic groups were represented and all formal preschool contexts in this geographic location were included. Therefore results could be considered transferable to other comparable settings. As a great majority of Australian preschool educational settings are multicultural, the results of this study are likely to be beneficial to them.

Theory, enhanced by narrative and case studies, has been explicated to assist in making the findings transferable to other contexts. Suggestions for further testing and implementation of findings have been made in the conclusion.

**Dependability**

Dependability, which parallels reliability, refers to how consistent and reasonably stable the measures are over time, and to the extent that others could achieve the same results on different occasions (Anderson & Arsenault, 1998; Hammersley, 1992, in Silverman, 2000; Miles & Huberman, 1994). The notion of reliability has been rejected by many qualitative researchers who argue that it is a quantitative or positivist concern. They believe that in qualitative research, where the world is viewed as constantly changing, “it makes no sense to worry about whether our research instruments measure accurately” (Silverman, 2000, p. 10).

Dependability can be enhanced through the use of overlapping methods, step by step documentation of procedures and audits (Denzin & Lincoln, 1994). Overlapping of methods occurred, as discussed above, through adult
participants writing and then verbally responding to anecdotal questions in
surveys. While they were giving their verbal responses, they were being
audiotaped and I was taking notes about what they were saying. I also took
notes and audiotaped children as they were verbally responding to my
questions in the Focal Group Interview.

Data were coded carefully, with ongoing coding checks and modifications
made as necessary. Data checks were implemented where both participants
and non-participants were asked for feedback on data accuracy and analyses.
Findings across data sources showed a number of parallels: parents,
caregivers and children responded in similar ways in all four venues.

**Confirmability**

Confirmability of the research means that it is relatively neutral and
unbiased. Any research biases are made explicit in the reporting of the
research. It implies that the study could be replicated by others (Miles &
Huberman, 1994, p. 278). While bias has been considered problematic in
qualitative research, Denzin and Lincoln (1994) see them as benefits. “These
are resources and, if the researcher is sufficiently reflexive about her project,
she can evoke these as resources to guide data gathering or creating and for
understanding her own interpretations and behaviour in research” (p. 165).

Confirmability can be established through audit trails and records such as
field notes, memos, a field diary, personal notes and a reflective journal
(Denzin & Lincoln, 1994, p. 513). An audit trail, including observations, my
reflective journal, audiotapes, transcriptions, drawings and photographs was kept throughout the process of the research. These could be used to review the findings or to implement the study on another occasion. The research questions for this study underwent a series of revisions, to clarify them and relate them congruently to the study (Miles & Huberman, 1994).

An audit trail is described by Denzin and Lincoln (1994) as “careful documentation of the conceptual development of the project [that] should leave an adequate amount of evidence that interested parties can reconstruct the process by which the investigators reached their conclusion” (p.230). Consisting of raw data, data reduction and analysis products, data reconstruction and synthesis products, process notes, materials relating to intentions and dispositions, and instrument development information (Denzin & Lincoln, 1994, p. 230), a summary of the data has been put together as a matrix, as suggested by Miles and Huberman (1994, p. 283). Original documentation and notes are being held by the researcher. Table 3.9 is the audit trail for this current research.

**Table 3.9 Audit trail for current research**

<table>
<thead>
<tr>
<th>Procedural Steps</th>
<th>Decision Rules</th>
<th>Conclusions Research Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Choosing Sites</td>
<td>Four sites chosen because of four different early childhood educational contexts, willingness to participate and in geographical area.</td>
<td>Proximity important for travel between sites. I felt that including Family Day Care and children at home was inappropriate to the research format, but they are also early childhood contexts. One centre required permission from head office and this took a lot of time</td>
</tr>
</tbody>
</table>
My role and status within the site was considered while developing the methodology, in data collection and during the evaluation process. I attempted, particularly through my reflective journal entries, to explicate my personal assumptions, values, biases and affective states and how they might impact on my research.

While measures were taken throughout the study to address the trustworthiness issues of credibility, transferability, dependability and confirmability, it is noted that the discursive elements that attempt to provide

<table>
<thead>
<tr>
<th>2. Recruiting participants</th>
<th>Caregivers and Parents well-informed through letters, visits to centres and informal discussion. Visited children in classes to introduce myself as a teacher who will come once a week.</th>
<th>Some venues easier to recruit parent and children than others. All staff interested in study.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Introduction to Centre</td>
<td>I spent two weeks getting to know children, families and caregivers and becoming part of each centre. Observations begun.</td>
<td>This time was well-spent. Had I started interviewing immediately, I don’t think people would have been as comfortable with me.</td>
</tr>
<tr>
<td>4. Interviews</td>
<td>Began with parents, then children and caregivers.</td>
<td>Two parents didn’t complete interviews; three children were too distressed to be interviewed.</td>
</tr>
<tr>
<td>5. Observing, games, activities and informal interviews</td>
<td>I was Participant-as-Observer, part of class activities or implementing activities.</td>
<td>Having spent some time in the classrooms, everyone was comfortable with me and I was regarded as “one of the teachers”.</td>
</tr>
<tr>
<td>6. Transcribing codes</td>
<td>Audiotapes transcribed, journal used to interpret observations, coding emergent from data.</td>
<td>Being away from the classes gave my research new perspective.</td>
</tr>
<tr>
<td>7. Matrices, analysis, writing up findings</td>
<td>Focused time, reconnecting with literature.</td>
<td>Enhanced by discussion with supervisor and colleagues.</td>
</tr>
</tbody>
</table>
proof are my own constructions and could be viewed in a different way by others. “The issue of quality criteria in constructivism is nevertheless not well resolved, and further critique is needed” (Denzin & Lincoln, 1994, p. 114).

**Ethical Considerations**

The Australian Early Childhood Association Code of Ethics (Stonehouse, 1998) states that in relation to the member as a professional, they will “support research to strengthen and expand the knowledge base of early childhood, and, where possible, initiate, contribute to, and facilitate such research (p. 8). As a member of the Association I am attempting to broaden the knowledge base through my research. Caregivers who participated in the research were also supporting research by assisting in this study through their contributions and giving me access to their centres for the conduct of the research. The Australian Association of Research in Education (AARE) Code of Ethics outlines principles for conducting educational research, which I applied to this research throughout all stages.

“Descriptive research in education has as its primary purpose a revealing of the human dimensions of some educational phenomenon” (Eisner & Peshkin, 1990, p. 251). However, say Eisner and Peshkin, “problems regarding such things as privacy, deception, and confidentiality can become key personal and/or professional ethical concerns” (1990, p. 251). Participants’ privacy has been a concern throughout this research. The names of the four venues and all participants in the research were coded during data collection and
analysis and given pseudonyms for reporting. Any documents containing actual names have been placed in security for five years and then will be destroyed. I believe these measures show a sensitivity to the invasion of privacy of participants in this research.
Chapter 4 - Basic Emotions and Fears

This chapter looks at which of the basic emotions were reported as present in the preschool children surveyed, as well as other emotions that were reported as present. It then goes on to look more specifically at fear: which fears were reported by each of the participant groups and how those fears are displayed by young children. Finally, caregivers' reporting of appropriate emotion displays are discussed. This chapter and the following chapter describe the results of the research through categories that emerged from participants' answers and my observations and reflections. Issues that emerge from the results are discussed more deeply in Chapter 6.

At the onset, forty-eight children, their parents and caregivers were identified for this research. With changed circumstances, however, data were collected from forty-five children, forty-six parents and from twenty-one caregivers. As there is not a one-to-one ratio of caregivers to children in the preschool setting, each caregiver completed more than one survey about the focal children. Caregivers usually completed a survey about a child because they were the child's primary caregiver or the adult in the preschool who knew the child the best.

From the original group of forty-eight children, one child left her centre before she was interviewed and two other children were unwilling to be interviewed. This meant that only forty-five children completed focal group interviews. Ten children from Braddock Preschool, fourteen children from Chelsea Long Day Care Centre, thirteen children from Valley Preschool and
eight children from Mooroolboll Children’s Centre participated in this research.

Throughout this chapter and following chapters, participants will be referred to by name only, unless their centre is necessary to the discussion. To discern whether the participant is a parent, caregiver, or child, parents' names will be italicised, caregivers’ names will be bolded, and children's names will appear in normal font. Where my name, as researcher, appears in this and the following chapters, it appears all in capital letters, to identify the researcher from the participants. An example of this coding is as follows:

- Norman, parent, is coded as *Norman*
- Jane, caregiver, is coded as *Jane*
- Kevin, child, is coded as Kevin
- Reesa, researcher, is coded as REESA

Of the forty-eight parents identified, one parent did not attend an interview, so did not complete the survey. Another parent only attended long enough to complete the checklist component of the survey. In total, forty-six parents completed checklists. Four parents had two children each involved in the study, so while they completed checklists on both children, they were only asked the open-ended questions once. This meant that forty-two parents completed open-ended questions. In two cases, both parents of a child arrived for the interview. In these cases, they answered together and their answers were considered as one response. These parents were *Don & Alison* and *Daniel & Betty*. 
In total, twenty-one caregivers were involved in this research: five from Braddock Preschool, eight from Chelsea Long Day Care Centre, two from Valley Preschool and six from Moorobool Children’s Centre. Lenore, left Chelsea Long Day Care Centre during the data collection period, and was replaced by Donna. Donna was asked the open-ended questions and to complete a survey about Michelle for comparison in the case study about Michelle only, as Narelle had already completed a survey about Michelle. Donna's survey about Michelle was not included in the tallying of results.

In discussion of basic emotions, it should be noted that the reporting of the emotion of fear, as indicated by parents and caregivers was based on whichever fear item was most reported by them. In the case of caregivers, this was a fear of preschools. The most commonly reported fear by parents was fear of the dark. While specific fears are discussed in the next section, they are mentioned only as generic fear in this discussion of basic emotions. The total results of the Parents' checklist is shown in Appendix 16. Appendix 17 shows the results of the Caregivers' checklist and Appendix 18 shows the results of the focal group checklist.

It should also be noted that in reporting results, while focus is given to issues reported by several people, even issues reported by small numbers of people are given some attention. This is to provide as rich a description of the results as possible and also to inform discussion in Chapter 6, the analysis chapter. In some cases, a small response in one group of participants is mentioned in contrast to a large response in another group.
Basic Emotions

This discussion of basic emotions is generated from data collected from participants to answer the research question: “Which emotions are reported as present in preschool-aged children?”

Preschoolers Experience Basic Emotions

All parents and all caregivers reported the presence of the emotion of happiness in the focal children. All caregivers also reported the emotion of interest in the focal children, and all but one parent also reported this emotion. Most children had also demonstrated sadness, excitement and surprise to their caregivers. Nadine reported that Kerry was surprised and “will comment on new activities or changes in routines” and was excited by going outside to play, going on an excursion and a frog in his house.

Fear was less visible to caregivers, with only 59% of the children demonstrating this emotion to their caregivers. Ruth commented that Talia was not afraid of insects, spiders or snakes, but “will tell you if she sees one - more out of interest than fear”. Anger and disgust were even less apparent. Most parents reported having noticed anger, excitement, sadness and interest in their child (see Table 4.1). Diane put four ticks in the “yes” column beside the item “has shown anger when things haven’t gone his/her way” and reported that “Larry gets very angry for lots of different reasons.” The percentage of parents and caregivers reporting the emotions of anger and surprise seems to indicate that anger is more apparent to parents and surprise is more apparent to caregivers. Perhaps anger is more freely experienced and
expressed in the home, whereas in preschool children are encouraged to cooperate and harmonise and discouraged from experiencing or expressing anger. Surprise may be less apparent to parents, as the home routine might change a lot less frequently than the preschool routine, where new activities and experiences are often introduced on a daily basis.

Fear, anger and disgust were not noted by as many caregivers as parents, which could possibly support the idea that “negative” emotions are discouraged in the preschool environment, in favour of “positive” emotions such as happiness, excitement and interest. From the percentage of participants in each group who reported each emotion, it seems that parents see or are aware of a greater range of emotions than caregivers.

Table 4.1 ranks the reporting of each of the basic emotions by caregivers, parents and children and includes the number and percentage of respondents in each category who reported the emotion as present in the preschool child.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Emotion reported by Caregivers</th>
<th>Number (%)</th>
<th>Emotion reported by Parents</th>
<th>Number (%)</th>
<th>Emotion reported by Children</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Happiness</td>
<td>46 (100)</td>
<td>Happiness</td>
<td>47 (100)</td>
<td>Surprise</td>
<td>36 (80)</td>
</tr>
<tr>
<td>2</td>
<td>Interest</td>
<td>46 (100)</td>
<td>Interest</td>
<td>46 (98)</td>
<td>Excitement</td>
<td>33 (73)</td>
</tr>
<tr>
<td>3</td>
<td>Sadness</td>
<td>41 (89)</td>
<td>Excitement</td>
<td>46 (98)</td>
<td>Happiness</td>
<td>32 (71)</td>
</tr>
<tr>
<td>4</td>
<td>Surprise</td>
<td>35 (76)</td>
<td>Anger</td>
<td>45 (96)</td>
<td>Interest</td>
<td>30 (67)</td>
</tr>
<tr>
<td>5</td>
<td>Fear</td>
<td>27 (59)</td>
<td>Disgust</td>
<td>33 (70)</td>
<td>Sadness</td>
<td>24 (53)</td>
</tr>
<tr>
<td>6</td>
<td>Anger</td>
<td>24 (52)</td>
<td>Fear</td>
<td>33 (70)</td>
<td>Disgust</td>
<td>16 (36)</td>
</tr>
<tr>
<td>7</td>
<td>Disgust</td>
<td>16 (35)</td>
<td>Surprise</td>
<td>29 (52)</td>
<td>Fear</td>
<td>8 (33)</td>
</tr>
</tbody>
</table>

Children’s reporting of emotions experienced differed again from parents’ and caregivers’ reports (see Table 4.1). Children were first asked whether they had experienced each of the eight basic emotions. If they responded
“Yes”, they were then asked to describe the situation that brought about that emotion, and to describe how they showed that they were feeling that emotion. Later, despite whether they had responded positively or negatively to having experienced the emotion of fear, children were asked to respond to thirty items on a fear checklist.

Cameron, a very articulate preschooler, reported experiencing all eight emotions. In each instance, he was able to name a situation that caused the emotion and describe or show me how he displayed the emotion. Table 4.2 below shows his description of each emotion.

Table 4.2 Cameron’s description of emotion situations and display

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Situation</th>
<th>Display</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>When dad tickles me and when he does silly jokes for me and goes “goo, gaa, gaa.”</td>
<td>I make a face.</td>
</tr>
<tr>
<td>Sad</td>
<td>When my dad shouts at me.</td>
<td>[Cameron made a “sad” face.”]</td>
</tr>
<tr>
<td>Angry</td>
<td>When someone takes toys off me.</td>
<td>I make an angry face like this. When I’m bored, I make a face like this.</td>
</tr>
<tr>
<td>Surprised</td>
<td>When my dad gives me a present.</td>
<td>[Cameron made a face, with eyes and mouth opened wide.] I go “ooohh!”</td>
</tr>
<tr>
<td>Afraid</td>
<td>When I’m in the dark and it’s bedtime for me.</td>
<td>My face goes like this – “yuu, yuu, yuu.”</td>
</tr>
<tr>
<td>Disgusted</td>
<td>When I smell a disgusting fish.</td>
<td>I go “it stinks.” [Cameron made a face and a noise.] Can you do that sound?</td>
</tr>
<tr>
<td>Excited</td>
<td>I feel excited when it’s my birthday.</td>
<td>[Cameron made a face, noises, and gestures.]</td>
</tr>
</tbody>
</table>

Surprise, the emotion reported least by parents, was the emotion reported most by children. This was followed for children by excitement, happiness
and interest. Sadness, anger, disgust and fear were the emotions least reported by children.

While parents seemed more aware of children’s emotions than caregivers, both parents and caregivers reported the presence of basic emotions more so than did children. Children may have difficulty naming or recognising some emotions, but if parents and/or caregivers have noted these emotions in children, then it may be that they are present but not understood, recognised or given a name by children.

**Emotions Reported as not Experienced**

Table 4.3 below shows the ranking of emotions to which caregivers, parents and children responded “no”, they had not seen in the child or that the child reported they had not experienced. The emotions caregivers reported the least were disgust, anger and fear, with between 41% and 52% “no” responses from caregivers to having seen these emotions in their focal child. Children also reported anger, disgust and fear the least, with between 58% and 67% of children reporting they had not experienced these emotions. The emotions that parents reported the least were fear, sadness and disgust, but in this case only 26% to 30% of parents had not seen these emotions in their child.

**Table 4.3 Emotions reported as not seen by Caregivers, Parents and Children**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Emotion reported by Caregivers as “no”</th>
<th>% of Caregivers</th>
<th>Emotion reported by Parents as “no”</th>
<th>% of Parents</th>
<th>Emotion reported by Children as “no”</th>
<th>% of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Disgust</td>
<td>52%</td>
<td>Fear</td>
<td>30%</td>
<td>Fear</td>
<td>67%</td>
</tr>
<tr>
<td>2</td>
<td>Anger</td>
<td>46%</td>
<td>Sadness</td>
<td>28%</td>
<td>Disgust</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>Fear</td>
<td>41%</td>
<td>Disgust</td>
<td>26%</td>
<td>Anger</td>
<td>58%</td>
</tr>
<tr>
<td>---</td>
<td>-------</td>
<td>-----</td>
<td>----------</td>
<td>-----</td>
<td>--------</td>
<td>-----</td>
</tr>
<tr>
<td>4</td>
<td>Surprise</td>
<td>9%</td>
<td>Surprise</td>
<td>19%</td>
<td>Sadness</td>
<td>47%</td>
</tr>
<tr>
<td>5</td>
<td>Sadness</td>
<td>9%</td>
<td>Anger</td>
<td>4%</td>
<td>Interest</td>
<td>33%</td>
</tr>
<tr>
<td>6</td>
<td>Excitement</td>
<td>2%</td>
<td>Interest</td>
<td>2%</td>
<td>Happiness</td>
<td>29%</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Excitement</td>
<td>2%</td>
<td>Excitement</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td>Surprise</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

**Adults' Uncertainty of the Existence of some Emotions**

While children were asked to respond with “yes” or “no” to the eight basic emotions, both caregivers and parents were given the opportunity to respond with “unsure” as well as “yes” and “no”. For some of the emotions, caregivers and parents were not saying that the child had not experienced that emotion, but rather that they were unsure about whether the child had demonstrated that particular emotion to them. In cases where either the parent or caregiver did not respond with a written mark of “yes”, “no” or “unsure” to an emotion or a fear, this seemed to show an inability to judge this emotion, so I classified the response as “unsure”. Table 4.4 below shows the percentages of caregivers and parents who reported that they were unsure of whether or not the child had demonstrated the emotion as well as the percentage who said “yes” and “no”.

Both caregivers and parents seemed to find the emotion of surprise a difficult one to recognise in their focal children, with 15% of caregivers and 17% of parents responding with “unsure”. Thirteen percent of caregivers and 4% of parents were unsure as to whether the focal child had demonstrated disgust. The emotion of interest drew an unsure response from 11% of caregivers and 2% of parents. Two percent of caregivers were unsure about
the emotion of anger, whereas all parents responded to this emotion with either “yes” or “no”. While both caregivers and parents had some uncertainty as to whether their focal children had exhibited some of the emotions, parents seemed to have less uncertainty than caregivers.

Table 4.4 Yes, No and Unsure responses to Basic Emotions by Caregivers and Parents

| Emotion     | Caregivers | | | Parents | | | Parents |
|-------------|------------|------------|------------|----------|------------|------------|
|             | Yes        | No         | Unsure     | Yes       | No         | Unsure     |
| Happiness   | 100%       | 0%         | 0%         | 100%      | 0%         | 0%         |
| Surprise    | 76%        | 9%         | 15%        | 62%       | 19%        | 17%        |
| Anger       | 52%        | 46%        | 2%         | 96%       | 4%         | 0%         |
| Interest    | 100%       | 0%         | 0%         | 98%       | 2%         | 0%         |
| Sadness     | 89%        | 9%         | 2%         | 87%       | 28%        | 4%         |
| Disgust     | 35%        | 52%        | 13%        | 70%       | 26%        | 4%         |
| Excitement  | 87%        | 2%         | 11%        | 98%       | 0%         | 2%         |
| Fear        | 59%        | 41%        | 0%         | 70%       | 30%        | 0%         |

Focal Group Feelings Questions

The Focal Group Interview asked children: “What is a feeling?” and “What feelings do you have?” Many of the participating children did not answer these questions. Of those who did answer, responses were coded as:

<table>
<thead>
<tr>
<th>Examples of words used by participant</th>
<th>Response category</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy Sad</td>
<td>Emotion word</td>
<td>Emot/W</td>
</tr>
<tr>
<td>When someone hurts you</td>
<td>Situation described</td>
<td>Sit Desc</td>
</tr>
<tr>
<td>Good Bad</td>
<td>Other answer</td>
<td>Oth A</td>
</tr>
</tbody>
</table>

When asked, “What is a feeling?” three children used emotion words. Two of the children mentioned “sad” and one of those children also mentioned happy, angry and surprised. Five children answered this question by describing a situation. Three of the five situations involved getting hit or
hurt. Another referred to loud noises, and the last referred to illness. Five children’s responses were classified as “Other Answers”. Of those five, two children mentioned the word “good”, one said “bad” and one child touched his face to respond to the question. The fifth child’s answer, “My brother. He just fools around” seems to indicate a lack of understanding of the question.

The question, “What feelings do you have?” drew a lot more responses from the children, possibly because the question asked them to relate the concept to themselves. Smiley and Huttenlocher (in Saarni & Harris, 1989) state that children begin their emotion understanding by describing themselves, then go on to describe others’ behaviour, and finally others’ emotional states.

Eight children used emotion words; seven described situations and eight others gave another response. Of the eight who used emotion words, six children used the word “happy”, two children used the word “sad” and one child used the words “angry” and “annoyed”. Of the seven who described a situation, three mentioned physical states: one child mentioned a “big burn in my head” [headache?] as well as coughs and sneezes, two mentioned dreams, one qualifying them as “bad dreams” and one child each mentioned monsters, bubblegum and “if someone says mean things”. Seven children had other responses. Two mentioned “good” and one “bad” feelings. One child made a sad face. Two children responded with numbers – “none” and “six”. One child said “dogs and cats”, which may indicate a lack of understanding of the question. Table 4.5 below categorises the children’s responses to the two questions as “emotion words”, “situations described” or “other answer”.

140
Table 4.5 Children’s emotion words, situations and other answers to emotion questions

<table>
<thead>
<tr>
<th>Emotion Words</th>
<th>Situation Described</th>
<th>Other Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels / feelings</td>
<td>Getting hit or hurt</td>
<td>Good</td>
</tr>
<tr>
<td>Sad</td>
<td>Burns, coughs, sneezes,</td>
<td>Bad</td>
</tr>
<tr>
<td>Happy</td>
<td>Illness</td>
<td>Facial expression used</td>
</tr>
<tr>
<td>Angry/annoyed</td>
<td>Monsters</td>
<td></td>
</tr>
<tr>
<td>Surprised</td>
<td>Dreams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If someone says mean things</td>
<td></td>
</tr>
</tbody>
</table>

The word “feeling” seemed to elicit many negative responses from children, with images such as injury, illness, unkindness and monsters described. Yet in the focal group checklists, the emotions considered “positive”, such as happiness, interest and excitement were reported as experienced by children more so than the “negative” emotions of disgust, anger and fear.

All eight of the basic emotions presented to participants in the surveys were noted as present in preschool children, although some were noted by more participants than others. Fear was ranked lowest by children, second lowest by parents, and third lowest by caregivers. This may be due to adults’ and children's failure to recognise the emotion.

**Children and Emotion Words**

One of the reasons that children may have reported basic emotions to a lesser degree than adults is that children do not yet possess a full emotion vocabulary. This became evident to me during episodes where children were presented with emotion activities. Some of these episodes are described as follows:
Chelsea Long Day Care Centre - I showed two children emotion pictures. They named emotions from the pictures, but not always the correct one. For “anger” they said “tired”; for “surprise” they said “happy”. “Fear,” “disgust” and “excitement” were not words they used.

Braddock Preschool – I brought in a puzzle with emotion expressions, some of which were basic emotions, others more complex, such as “anxious,” “shy” and “ashamed.” Matthew did the puzzle, with some help from me. He asked me for words for some of the emotions. When I gave him the word “ashamed” he asked me what it meant and I explained. When the puzzle was completed, Matthew named the emotions, including “ashamed” then asked me what “anxious” meant.

Later Ariel and Belinda did the puzzle together. Ariel identified the emotions, except for “shy” and “ashamed” and was unsure about “scared.” Both children said they felt happy today and pointed to the happy face. Then they did the puzzle again, naming the emotions (including shy and scared). McKenzie did the puzzle, naming the emotions of “happy,” “angry” and “scared” but mistook the slight grin on the “shy” face for “happy.” She didn’t know “ashamed” and “anxious.” Donny identified “scared,” “sad” and “ashamed” but didn’t know “angry.” Matthew came back to the puzzle and could name all emotions.

Ariel and Belinda came to the table to do the felt poster. They identified the emotions and picked out the good ones (happy, surprised, sleepy and silly)
They mixed up the faces, then sorted them correctly. I asked them to pick out the bad emotions (scared, angry, sick and sad). I asked them why scared is a bad emotion.

Belinda: Because he might see a monster or a ghost or a witch.
Ariel and Belinda took out the puppets and began a puppet show. They used emotion words in their own conversation following our discussion (from researcher's observation books, April to September, 1999).

While children did not always identify emotions in their surveys, when offered words and explanations in class activities, they began to use emotion words and emotion expressions in appropriate contexts as these words became part of their everyday play.

Other Emotions
Parents were asked if there were any other emotions that their children display. Some parents mentioned other emotions. “Frustration” was a word used by four parents and “jealousy” by two. Patsy said that David feels frustrated “when unable to do things in a certain way.” Other words used included: jealousy, hesitancy, shyness, affection, insecurity, anticipation, stress, independence, friendship, coyness, crankiness, anxiety and loneliness.
The guardian of one child mentioned that the child misses her mother, who is ill, and wants her mother to get better. A few parents mentioned emotions that had already been named in the survey, such as happiness, anger, excitement and sadness.
Many of the "other" emotions named by parents could be forms of the basic emotions. For example, “coyness” was named by a parent who described it as “pretend fear”. Plutchik’s (1980, p. 214) Multidimensional Model of Emotions notes the intensity of each emotion dimension, and the descriptors of intensity as illustrated in Table 4.6 below:

**Table 4.6 Plutchik’s Multidimensional Model of Emotions**

<table>
<thead>
<tr>
<th>Incorporation</th>
<th>Protection</th>
<th>Orientation</th>
<th>Reintegration</th>
<th>Rejection</th>
<th>Destruction</th>
<th>Exploration</th>
<th>Reproduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love</td>
<td>Terror</td>
<td>Astonishment</td>
<td>Grief</td>
<td>Loathing</td>
<td>Fury</td>
<td>Anticipation</td>
<td>Ecstasy</td>
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<td>Liking</td>
<td>Panic</td>
<td>Startle</td>
<td>Sorrow</td>
<td>Revulsion</td>
<td>Rage</td>
<td>Expec-tancy</td>
<td>Elation</td>
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<tr>
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<td>Fright</td>
<td>Surprise</td>
<td>Sadness</td>
<td>Disgust</td>
<td>Anger</td>
<td>Alertness</td>
<td>Joy</td>
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<tr>
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<td>Fear</td>
<td>Confusion</td>
<td>Dejection</td>
<td>Aversion</td>
<td>Exasperation</td>
<td>Attentive-ness</td>
<td>Delight</td>
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<tr>
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<td>Apprehension</td>
<td>Distraction</td>
<td>Gloominess</td>
<td>Antipathy</td>
<td>Hostility</td>
<td>Curiosity</td>
<td>Gratification</td>
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<td>Uncertainty</td>
<td>Pensive-ness</td>
<td>Dislike</td>
<td>Inquisitive-ness</td>
<td>Cheerfulness</td>
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<td>Boredom</td>
<td>Mindfulness</td>
<td>Serenity</td>
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<tr>
<td></td>
<td>Timidity</td>
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</tbody>
</table>

Within this current research, many of the descriptors used by parents to name other emotions, might be considered an intensity level of one of the eight basic emotions named in the research. Table 4.7 below, based on Plutchik’s (1980) model, places these words with the eight basic emotions as follows:

See print copy for table 4.7
The words “insecurity” and “shyness” are synonymous with the word “uncertainty”, which is placed in the surprise dimension in Plutchik’s survey. However, they are also synonymous with “wariness” and “timidity”, which Plutchik places in the fear dimension. I have included them in the fear dimension of the above table, but note that they could also be indicators of surprise. It is also noted in the literature that the expression of the emotion of fear is often confused with the expression of surprise (Ekman & Friesen, 1975), so the two emotions may be linked in some ways.

**Emotion Observations**

During the time I attended the four centres, I observed emotion displays and emotion discussion. The following scenarios, taken from my observation books, describe some of these incidents.

**Sad**

*This following incident occurred in the classroom area of Braddock Preschool.*

**Jane** introduced the song “If you’re happy and you know it” at group time. After singing it once, she changed “happy” to “sad”, by introducing an emotion poster of a child called Darcy, who looked sad. She asked Matthew how Darcy feels. Matthew: “He feels sad.”

**Jane** then asked the group why they thought that Darcy feels sad.

Robbie: “Because he hurt himself.”

Emmy: “I think he’s sad.”

Matthew: “His friends are leaving and he has no one to play with.”

Lenny: “I think his friends have gone away on a ship.”
Allan: “He’s sad because his dog ran away.”

Jane sang “If you’re sad and you know it” and followed it by asking children what makes them feel sad.

Matthew: “I feel sad because my great grandfather died.”

Other children agreed with Matthew and named similar incidents.

**Angry**

This incident occurred in the outdoor area of Braddock Preschool.

Colin and Noel found brown-skinned dolls in the playhouse.

Colin picked one up, amazed: “Look at that dumb skin.”

REESA: “It’s beautiful brown skin.”

Colin: “No, it’s dumb.”

Colin and Noel continued to play with the dolls, shaking them and touching their eyeballs. Colin hit one of the dolls with a book. When I asked him why, he said “because brown skin is dumb.” I suggested they take the dolls for a walk. They put one each on their shoulders and off they went.

**Afraid**

This incident happened in the outdoor play area of Braddock Preschool, between Melissa and Kevin (a particularly fearful child).

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.) 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.)

Linda (casual caregiver, Braddock Preschool) read the book “I’m Not Scared” with a small group. Lenny said that he was scared of ghosts, and that his mum was scared when she was
learning to rollerblade and she knocked over a child on the rink. Others said that scary sharks and sea animals frighten them. Joanne said that she feels scared when her brother chases her, because she could hurt herself. Emmy said she feels scared when she has bad dreams.

**Linda:** “What do you do to make yourself feel better?”
**Emmy:** “Sometimes I have a cuddle with mum and dad.”
**Joel** said that he is scared of guns.
**Thomas** said that he is scared of getting lost, but he shouts “mum, I’m here” so his mum knows where he is.

**Simone** (Chelsea Long Day Care Centre) read scary stories to the children under a parachute, making it fun. She later said she would do that again as a language activity with a group. During morning tea, she talked about spiders and death as they came up in the conversation. She offered factual information— for example: spiders as big as children’s toys are called tarantulas. They are cooked in banana leaves and eaten in Brazil. And when people die, they can be buried or cremated.

**Discussion**

Reports by caregivers and parents indicate that the eight basic emotions are present in children. However, children do not seem to fully understand or articulate these emotions, as their understanding is not fully developed. It may be that they are not ready to understand, or that they could understand with some scaffolding on the part of the adults or “expert others”. When emotion words were explained to children, they were often able to relate the word to an experience.

Neither every parent nor every caregiver reported all of the eight basic emotions. This could be partly due to adults not always recognising the emotion in children, as children have not yet learned the rules of emotion display of the culture to which they belong. In the case of “surprise”, more children than adults reported this emotion, which may be due to adults not
recognising children’s expression of surprise, mistaking it for another emotion, or the children’s display of the emotion not yet reflecting cultural emotion display rules.

When asked about the emotion of happiness, caregivers and parents unanimously reported that they had noted this emotion in the focal child. However, only 71% of children acknowledged experiencing this emotion. With the social smile appearing from a very early age (Berk, 1997), it is worth considering whether or not young children associate the physical expression of smiling, or later laughter, with the emotion of happiness. The children interviewed for this study were between the ages of three and five, and so had three to five years of experience responding with a smile or laughter. Yet 29% of children interviewed said that they had not experienced the emotion of happiness.

Anger is an emotion reported as very visible to parents, with ninety-six percent of parents saying that they had noted this emotion in their children. It was less apparent to caregivers, with only fifty-two percent of caregivers having noted this emotion in their focal children. It may be more appropriate or safer for a child to express anger in the home situation than in preschool, or it may be that there is less reason to be angry in preschool than in other environments. However, even with the difference between caregivers’ and parents’ responses to having noted anger, they still reported it more than did the children themselves. Only forty-two percent of children reported that they had experienced the emotion of anger.
The emotion of interest was reported by caregivers for all of their focal children and by ninety-eight percent of parents for their children. Yet fewer children reported having experienced this emotion. Throughout data collection, the emotion word “interest” had to be explained to nearly all children. It did not seem to be a word or concept with which they were familiar. An example of an explanation of this emotion is: “Interest is when you see something and you think ‘Gee, this looks cool. I’d like to know more about it.’” With the explanation, sixty-seven percent of children reported that they had experienced the emotion. Perhaps if the emotion had been explained in a different way, more children may have reported experiencing interest.

Sadness, often considered a negative emotion, was reported in a similar fashion by caregivers and parents. Eighty-nine percent of caregivers and eighty-seven percent of parents reported that they had noted this emotion in the focal child. Only fifty-three percent of children reported having experienced sadness. Disgust is an emotion that seemed to be more visible to parents than to caregivers. Seventy percent of parents reported seeing this emotion in their child, but only thirty-five percent of caregivers reported this emotion in their focal children. Still, both of these responses are greater than children’s responses, with only thirty-six percent of children reporting that they had felt disgusted.

Excitement was reported by eighty-seven percent of caregivers and ninety-eight percent of parents. Again, children’s responses were less, with seventy-
three percent of children saying that they had experienced this emotion. Fear
was reported by caregivers in fifty-nine percent of cases and by parents in
seventy percent, yet only thirty-three percent of children said that they had
experienced fear. Whether or not children reported having experienced fear
in the emotion checklist, almost all children reported having experienced a
few of the fears on the fear checklist.

There is a considerable difference between the adults' noting of children’s
emotions and the children themselves noting these emotions. Other than the
emotion of surprise, children’s acknowledgment of emotion experience is far
less than what adults have noted in these same children. As stated above, the
reason for this discrepancy could be that while these emotions are present in
young children, their understanding of the emotion and emotion expression
is not yet developed.

**Fears**

This section discusses responses to the following research questions: “Which
fears are reported as present in preschool aged children?” and “Which fears
are reported as having been experienced by preschool-aged children in the
eyear childhood setting, and how are they reported as having been
demonstrated?” Children were asked to respond to thirty specific fear items,
while caregivers and parents were asked twenty-three fear items. The
relationship between fear items in the Focal Group Interview and in the
Parents’ and Caregivers’ Surveys was discussed in Chapter 3. Each group’s
questions covered the same items, but in the case of caregivers and parents,
some of the items or events were put together to form one question. For example, children were asked individual questions about: spiders, ants or beetles, worms or snails, and snakes. Parents and caregivers were asked one question about fear of insects, spiders or snakes. Because caregivers and parents were asked only one question about all of these items, children’s four responses to these individual items were averaged to come up with a response that could be compared to the caregivers’ and parents’ responses. Caregivers’, Parents’ and Children’s responses to fear items are contained in Appendices 19, 20 and 21. These tables show the ranking of fear by the three groups, and the percentage in each group who responded with “yes”, “no” and, in the cases of caregivers and parents, “unsure”.

**Caregivers’ Responses**

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. The most commonly reported fear by Caregivers was the fear of preschool (see Table 4.8). Fifty-nine percent of children on whom caregivers completed surveys had demonstrated a fear of preschool at some point in time. This is a clearly visible fear to caregivers, as no caregiver responded with “unsure” to having seen or not seen this fear in the focal child. Fifty-three percent of parents also reported that they had noted fear of preschool in their child, however this was not the most commonly reported fear by parents. There were five
other fears that were reported more frequently by parents than fear of preschool.

Caregivers’ anecdotal comments on fear include that fear is demonstrated “usually due to separation. The only fears that I’ve observed have been due to separation or changes in routine” (Irene). Kelly repeated this idea in her comment: "The most common [fear] is separation anxiety, the fear of being left alone.” Ida noted separation fear in children, “When their parents bring them in for the first time. They have a fear of the staff, not knowing the staff.” Nadine wrote that Ahmed was anxious about leaving his parent to attend preschool “a few times at the beginning of the year, but not now” and that Avral shows a fear of preschool when her mother does not leave the venue immediately.

Fear of being teased was caregivers’ second most commonly reported fear (see Table 4.8). Caregivers noted this emotion in thirty-nine percent of their focal children. Caregivers reported that forty-eight percent of children had not demonstrated this fear, but were “unsure” as to whether thirteen percent of children had shown it. One caregiver said that fear of being teased is something that may not necessarily be visible to caregivers.

You’ll find younger children that are fearful of maybe someone bigger in the group who’s more active. Or their parents might come and tell us…for example: "Ashley’s reluctant to come to school today because...she feels that she might be being picked on", or something like that in the group. Often it’s something that hasn’t been observed by a staff, so it could be as much as one incident where it’s happened but that’s enough to create fear about that situation. (Kelly)
There is a twenty percent difference between caregivers’ reporting of fear of preschool (59%) and fear of being teased (39%), which is a considerable difference and suggests that fear of preschool is much more visible to caregivers than other fears children experience. It is also noted that parents ranked fear of being teased much lower, with twenty-eight percent of parents reporting this fear.

Fear of new people or strangers was ranked third by caregivers, with thirty-two percent of focal children demonstrating this fear to caregivers. Jane noted that stranger fear can be very daunting. Young children can “react quite alarmingly if it’s a loud noise or a stranger.” Kelly described an event where fear of strangers was particularly apparent:

Once in a while you find a child who responds really obviously…if a stranger comes in the room or if a man comes into the room…Their reaction can be quite obvious that that’s a fearful situation. Last week we had some music performers in the room and one child became really distressed about it, really needed to be away from the group until she had time to observe it from a distance and then she was happy to come and watch again.

Fifty-two percent of caregivers reported that they had not noticed stranger fear in their focal child, and fifteen percent were unsure about whether they had noted this fear. Stranger fear was ranked seventh by parents, but fifty-one percent of parents had noted this fear in their child, which is a much larger percentage noting this fear than the thirty-two percent of caregivers.

Fear of being left alone, noted in twenty-six percent of children, fear of doing something new, noted in twenty-four percent of children, and fear of
punishment, noted in twenty-two percent of children, ranked fourth, fifth and sixth in caregivers surveys. However, in all cases there were many more “no” and “unsure” responses than “yes” responses.

Seventeen percent of caregivers reported fears of bad dreams or nightmares. Nadine wrote that Solomon has “dreams about body parts growing (eg. hands) and about beaks growing out of foreheads.”

Fear of failure, of making mistakes, which may be something we associate with older children, can also be seen in the preschool years. One caregiver noted this fear and its physical manifestation as follows: "If it’s fear of failure, which is probably the thing that we would see most of all, [it] would be either a reluctance to participate in something, whether it’s climbing over something high or doing an activity” (Ruth). She noted that Adam becomes upset:

If, for some reason beyond his control, he feels that he is doing the wrong thing. For example, children are supposed to undo shoelaces before taking off their shoes. One day he couldn’t undo the tight double knot in his laces, and he took his shoes off anyway. He then cried, as if he had done this dreadful misdeed, although there was no remonstration from us.

A few caregivers reported fears of animals and insects. One caregiver noted fear “if there’s a spider or a cockroach or we get crickets inside sometimes” (Nadine). Ruth discussed fear of animals: “Occasionally we get children, if we have animals that we want to show them, come into the centre and they express their fear of the animal by removing themselves from it.” Ruth
described a situation where one child brought her pet rabbit into the classroom at Easter. At first Charlie was afraid to touch the rabbit, but after a while he overcame his fear and, like the other children, stroked the rabbit.

Thunder and lightning were noted as fears caregivers had seen in their focal children. “The main thing I’ve noticed is … during thunderstorms, things like that, children tend to really show fear in that situation. The ones that are scared of it” (Sandra). Thunder has also been associated with loud noises, a common fear in young children. “Some fears that I’m aware of in the children in our room include thunder, loud noises” (Narelle). One caregiver said: “You’ll get the ones that just will get really quiet and just sit somewhere really, really quietly. You’ll find out that there’s a storm coming or storms coming.” (Mikala).

Fears based on cultural beliefs were reported in some children. Caregivers at Moorooool, the Aboriginal children’s centre noted fears of the “Gunje” or hairy man, an evil spirit in Aboriginal culture (Karen, Helen) and fear of the didgeridoo, “probably because it’s a sound that they’re not familiar with” (Karen).

While a relatively small number of fears were reported by caregivers, they also seemed unsure in some cases as to whether the focal child had demonstrated a particular fear. This is particularly true of the fears of: being in a fight, doing something new, new people or strangers, being left alone, making mistakes and being teased. As caregivers deal with a large number of
children each day, it may be difficult to remember every demonstration or discussion of emotion.

Another possible reason why caregivers were very limited in reporting children’s fears was discussed earlier in this chapter. It is that fears and emotions are difficult for young children to articulate. Since caregivers only see demonstrations of objects or situations that children are afraid of in preschool, they tend to rely on children's verbal reports of other fears. If a child is unable to tell a caregiver about his/her fear of the dark, of deep water, or of something else that does not exist within the preschool context, then the caregiver may be unaware of this fear.

Subtle facial changes and gestures that may indicate a change of emotion or a fear could easily be misread or overlooked by caregivers, who rely on their past experience rather than any formal training in reading and understanding the emotions of young children. It should also be noted that caregivers surveyed for this research often had only very limited experience with the focal child, as some of the children only attended preschool one or two days a week. During the data collection period, some children had only attended the centre for a few months. Parents and guardians, on the other hand, had the advantage of having spent a great deal more time with the children and had seen them in a variety of contexts.
Table 4.8 compares the six most commonly reported fears by each participant group, including the percentage of people in each group who reported the fear.

Table 4.8 Comparison of the six most commonly reported fears by Caregivers, Parents and Children, and the percentage (%) in each category whom reported the fear.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Fear - Caregivers</th>
<th>%</th>
<th>Fear - Parents</th>
<th>%</th>
<th>Fear – Children</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Preschool</td>
<td>59</td>
<td>The dark</td>
<td>70</td>
<td>Heights/ falling from high places</td>
<td>62</td>
</tr>
<tr>
<td>2</td>
<td>Being teased</td>
<td>39</td>
<td>Being left alone</td>
<td>68</td>
<td>Deep water</td>
<td>60</td>
</tr>
<tr>
<td>3</td>
<td>New people/ strangers</td>
<td>32</td>
<td>Loud noises</td>
<td>66</td>
<td>Fire</td>
<td>60</td>
</tr>
<tr>
<td>4</td>
<td>Being left alone</td>
<td>26</td>
<td>Insects, spiders and snakes</td>
<td>62</td>
<td>Being left alone</td>
<td>53</td>
</tr>
<tr>
<td>5</td>
<td>Doing something new</td>
<td>24</td>
<td>Bad dreams or nightmares</td>
<td>57</td>
<td>Being lost</td>
<td>53</td>
</tr>
<tr>
<td>6</td>
<td>Punishment</td>
<td>22</td>
<td>Preschool or Babysitter (also: deep water)</td>
<td>53</td>
<td>Bad dreams or nightmares (also: accidents, illness and death)</td>
<td>49</td>
</tr>
</tbody>
</table>

Parents' Responses

Parents ranked a fear of the dark highest in their children, with seventy percent of parents reporting this fear and no parent unsure about this fear (see Table 4.8). Marilyn reported that Jordan was afraid of the dark and “at night [he] will ask to leave the light on low.” Caregivers, on the other hand, rated fear of the dark eleventh, with only nine percent of caregivers having noted this fear in their focal children. While it is true that parents are with their children at night when it is dark, during rest time at preschool the lights are usually shut, the curtains drawn and the room is darkened to encourage children to sleep. Rest time at preschool may be quite different from bedtime at home as a large number of children rest together and are soothed by caregivers. So fear of the dark at preschool may not be an issue for many
children. Caregivers’ only knowledge of a child's fear of the dark might come from the child's own reports. Fear of the dark was only reported by forty-seven percent of children. Charlie said that he was not afraid of the dark because “I’ve got a torch.”

Parents reported fear of being left alone as the second most common fear, with sixty-eight percent of parents saying that they had noted this fear in their child. Leona qualified her response to the item: “has been afraid of being left alone” by writing “not alone, but being left – ie. Separation.” Patsy noted that David was afraid of being left alone “if we are out and he can’t see me.” Caregivers ranked fear of being left alone as the fourth most common fear. While the rankings are not far apart, the percentages of adults noting this fear is vastly different, with sixty-eight percent of parents and only twenty-six percent of caregivers noting this fear.

The third most visible fear to parents was the fear of loud noises. Sixty-six percent of parents reported this fear. Yet fear of loud noises was ranked tenth by caregivers, with only eleven percent of caregivers noting this fear. Loud noises can occur anywhere, from traffic passing the home or centre, to construction work, to thunder and loud music. Yet parents noted this fear much more than caregivers.

Ranking fourth was the fear of insects, spiders and snakes, with sixty-two percent of parents noting this fear. Fifty-seven percent of parents reported a fear of bad dreams or nightmares, making this the fifth most reported fear.
Hayley described how, after watching the "Casper" movie, Sam had bad dreams about a ghost.

Fear of being left at preschool or with a babysitter and fear of deep water were both fears that were reported by fifty-three percent of parents. Susanne said that Mitchell was afraid of “being left here. This is the first time he has been to a new place without any of his siblings being here first.”

Water fears were often mentioned in relation to the ocean, but some water fears were visible in the home. Mona commented that Ariel was terrified of having water over her face and having her hair washed. She reported that as a child, she had had the same fear. It might be that her fear had been modelled to her daughter (Rotenberg & Eisenberg, 1997; Walden in Garber & Dodge, 1991).

Some parents reported fears based on real experiences. Hayley reported that Lenny had a fear of doctors, based on two experiences with doctors. On the first occasion, he had to have a pea that was embedded in his nostril removed. On the second occasion, a sharp object caught in his foot had to be surgically removed. Both occasions were very painful for Lenny, and following them he developed "a fear of surgeons and doctors in general” (Hayley). Diane reported Larry as having a fear of accidents and death “due to an experience” where the family had stopped to help a man who had been injured in a car accident and had subsequently died.
A few parents reported that their children had experienced fear items at an earlier age. Renee said that Adam had been afraid of loud noises and the dark “when he was younger – not now.” Belinda said that Kerry isn’t afraid of being left alone now, but “he was last year.” Melinda wrote that Benita had been anxious about leaving her to attend preschool at “another preschool, when [she was] three years old.” Ellen reported that Allan used to be afraid of deep water, but not now, he likes the pool. However, he still doesn’t like the beach.

Others reported mild or occasional fears. Ann said that Avral was “occasionally” afraid of being left alone, “a little” afraid of making mistakes, has “once or twice” been afraid of loud noises and being teased or picked on by other children and was “not terrified” of dogs cats or other animals. Sheri said that Ahmed was “sometimes” afraid of being left alone and Lyn said that Kane was “sometimes” afraid of doing something new. Deana said that Latoya was “sometimes” afraid of the dark. Jaye said that Brandon is “sometimes” afraid of meeting or talking to unfamiliar people and of bad dreams or nightmares.

Following the checklist on emotions and fears, parents were asked open-ended questions. One of them was: “What fears does your child exhibit in preschool?” While fears reported by caregivers in the checklist were assumed to be those fears that are exhibited or discussed in the preschool, fears reported by parents in the checklist could come from a variety of contexts. Adding this question to the Parents' Survey was intended to
compare fears reported by caregivers’ to preschool fears reported by parents.
While some parents reported that their children were never afraid in preschool, many reported fears similar to those reported by caregivers. Appendix 22 tables parents’ reports of children’s fears in preschool.

Similar to caregivers’ reports of fears, the majority of parents who reported fear in preschool mentioned fear of separation from parents and fear of being left at preschool. Vera expressed concern over Rebecca's fear of leaving her to attend preschool. “She doesn’t want to come. She doesn’t want to stay and she thinks I’m going to leave. She starts whingeing and whining and she just keeps saying ‘Don’t go, don’t go. You stay’ ”.

Rebecca's separation fears were consistent, but some children exhibited separation fear under changed conditions. Daniel noted that Caylie's fear of attending preschool is dependent on her physical well being. He said, “If she's unwell if she comes to kindy, if she’s had a bad night’s sleep or she’s just getting over the flu or something, she doesn’t want us to leave and she just holds on. She just won’t let us go.”

Several parents reported their children as exhibiting a fear of having no friends in preschool. While not included on any of the checklists, this fear was nonetheless mentioned by some parents. Hayley described this fear in both of her preschool children, Lenny and Sam:

I think my kids both seem to have had the experience of wanting to be accepted by other children at preschool and have friends and that sort of thing, and they get concerned.
Lenny, in particular when he used to come on a Monday with a little friend then that was fine. But on a Tuesday he didn’t have that friend and it was quite – he’d come home being quite concerned that no one was going to play with him.

*Mona* related a similar story:

She [Ariel] comes Monday and Tuesday and on the Monday she had a girl who was here who was the daughter of an old friend of mine we’ve known for quite a few years and Ariel knows her quite well. And she was like her focus so when we’d arrive she’d always look for this little girl. And then she just left not long ago to go to another preschool and since then she’s been a little bit lost...She’d sometimes say she didn’t want to come to preschool. She was saying things like "I don’t want to go to preschool. I don’t have any friends."

Fear of being hurt was the next most common preschool fear reported by parents. Yet fear of accident, illness or death was only reported by seven percent of caregivers on their fear checklists. This may be an example of another fear that is not clearly visible to caregivers. Only one parent reported a fear of being teased as her child’s preschool fear, yet fear of being teased was the second most reported fear by caregivers. One parent also reported a fear of strangers in the preschool setting, yet thirty-two percent of caregivers reported this fear in their focal children. While some fears in the preschool setting seem to be more visible to parents, other fears seem to be more visible to caregivers.

**Children's Responses**

While caregivers ranked the fear of heights or falling from high places as the least visible fear in their focal children, children ranked this fear as the most prevalent, with sixty-two percent of children responding that they had
experienced this fear. Cameron said that he had a fear of falling from a high place “cause I might hurt myself. Then I’d have to go to the ambulance station and the hospital.”

Both the fear of deep water and the fear of fire were reported by sixty percent of children (second and third rank). Of deep water Cameron noted “yeah, cause I might drown” and of fire “yep, I’m afraid of fire. Definitely. If I saw fire I would run away from it.” Yet the fear of deep water was only reported by four percent and fear of fire by seven percent of caregivers. Parents noted these fears somewhat more, with thirty percent of parents citing fire as a fear their child had experienced and fifty-three percent noting a fear of deep water in their child. Perhaps in both cases, these fears might only be demonstrated when actually near deep water or fire, situations that parents are much more likely than caregivers to experience with the children.

Fifty-three percent of children reported a fear of being left alone and a fear of being lost. Cameron said he was afraid of being lost “like in the bush where there’s wolves.” The fear of being left alone also ranked highly for caregivers and parents, with caregivers ranking this fear fourth and parents ranking this fear third most common. Fear of becoming lost was also ranked third by parents. Caregivers ranked this fear as twelfth, with only seven percent reporting this item. This could indicate that the preschool venue is generally considered by children to be a safe and secure place, where they are not afraid of becoming lost. Parents, on the other hand, tend to take
Fear of bad dreams or nightmares and fear of accident, illness or death were reported by forty-nine percent of children (ranked 6 and 7). “When I watch a really horrible movie, it makes me have really horrible dreams,” Cameron noted. When I asked Cameron if he was afraid of death or dead people, he replied, “I’m afraid when I’m going to die. When I’m an old man I’ll die.” Cameron’s parents, Don and Angela, said that Cameron is particularly afraid of death, noting this fear both in the comments on the checklist and in the question that asked about other fears.

It is noted that the fear of accident, illness or death was an averaged score for children, who were asked about each of these items individually, to clarify these items. The scores for each item were averaged. Fifty-seven percent of parents reported fears of bad dreams or nightmares, but only seventeen percent of caregivers reported this fear. The fear of accident, illness or death was only noted by seven percent of caregivers, but by thirty-two percent of parents.

A few children commented on their fear of burglary. Jonathan noted, “Sometimes really bad men come to our house.” May said that Aidan is afraid of “bad men breaking into our house.”
Similar to parents, some children qualified their fear responses. Evan reported “a little” fear of spiders and thunderstorms, and a fear of snakes – “only the ones that bite me.” For the item “ghosts, monsters and spirits, Evan reported only being afraid of “ghosts and monsters”; the item rats or mice – “rats only” and the item “bats or birds” – “bats only.” Ahmed also said he was only afraid of bats – “I like birds.” He said he was only afraid of worms or snails “sometimes”. Kerry said that he was only “sometimes” afraid of guns hurting him. Bettina said that she was “sometimes” afraid of being alone, bad dreams or nightmares, getting a cut or injury, bats and birds and the dentist. Of her spider fear she noted, “There is one in dad’s shed laying eggs.”

Least noted fears

The fears least noted by caregivers were fear of rides at fetes or fairs, and fear of heights or falling from high places. Ruth reported that Benita wasn’t afraid of heights, but “is not very well coordinated and is cautious when climbing.” These fears were followed by fear of burglary, fear of adults arguing, and fear of fire. Parents also rarely reported fear of burglary and fear of being in a fight. Fear of making mistakes was the third least reported fear by adults. However, even parents’ least reported fear – being in a fight – was reported by eleven percent of parents. Caregivers’ least reported fear was only reported by two percent of caregivers. Children’s lowest ranking fear was fear of rides at fetes or fairs, followed by fear of insects; spiders and snakes, fear of the doctor, dentist or hospital, and fear of making mistakes.
Table 4.9 compares the least reported fears by caregivers, parents and children.

### Table 4.9 Least-reported fears

<table>
<thead>
<tr>
<th>Rank</th>
<th>Caregivers- least reported fear</th>
<th>%</th>
<th>Parents- least reported fear</th>
<th>%</th>
<th>Children’s least reported fear</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rides at fetes or fairs</td>
<td>2</td>
<td>Being in a fight</td>
<td>11</td>
<td>Rides at fetes or fairs</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Heights/falling from high places</td>
<td>2</td>
<td>Burglary</td>
<td>17</td>
<td>Insects, spiders and snakes</td>
<td>31</td>
</tr>
<tr>
<td>3</td>
<td>Fire</td>
<td>4</td>
<td>Making mistakes</td>
<td>21</td>
<td>Doctor, dentist or hospital</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Burglary</td>
<td>4</td>
<td></td>
<td></td>
<td>Making Mistakes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adults arguing</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Fears

Parents were asked whether there were other fears that their child had experienced. As with emotions, some parents named an item that had already been mentioned in the checklist. However, other fear items were named by some parents. These items were: being excluded, dragons, ambulances and someone stealing the baby. Fear of being excluded may be similar to a fear of being left alone, although a child can be excluded amidst a group of children and fear of dragons may be similar to fear of ghosts, monsters or spirits. Fear of someone stealing the baby may be unique, in that it has elements of burglary, but also elements of being lost or being separated from primary attachment figures.

The fear of ambulances noted by one parent, while similar to a fear of doctors, dentists and hospitals, was based on a real experience. Rachel said that Kaylene was afraid of ambulances due to an experience with one:
Her little cousin’s dad died and was taken away by an ambulance. So every time they see an ambulance now, I think they associate with it taking away to die, taking to a hospital to die.

**Fear Displays**

There are several ways that children are reported to exhibit fear. Jane listed the following ways that children exhibit fear:

- While conversing with other children or staff in play situations
- When discussing stories and pictures
- When drawing
- While playing with dolls or figures – these act as triggers to express fears/emotions
- If the fear is of noise, thunder, police, ambulance or fire sirens, children verbally express the fear and seek to be close to a caregiver.

Sandra added that children exhibit fear

By refusing to do something related to their fear, for example, touching an insect. Sometimes [children exhibit fear] by talking about it, say, in response to a story. Of they cling to an adult and cry. Sometimes they denying that they are afraid. Especially boys.

However Nadine said that children that children rarely exhibited fear at all, "maybe one or two children show fears of spiders or insects."

The ways children were reported to exhibit fear were mainly verbal or physical; with both passive and active physical exhibitions described. In some cases, fear became apparent through other ways, such as reports from parents. A verbal display might include talking about the fear or saying that he/she refused to do an activity. A passive physical display might include hiding or fearful facial expressions, whereas an active physical display might
include crying or becoming aggressive towards others. Appendices 23, 24 and 25 show the types of fear displays reported by caregivers, parents and children, using the categories of Physical/passive, Physical/active, Verbal and Other. It should be noted that only seventeen of forty-six parents answered this question and only five of forty-five children answered, whereas all twenty-one caregivers gave an answer to this question. This difference in wording between the question on the Caregivers' Survey and on the Parents' Survey may account for this discrepancy. Caregivers were asked, "How do children exhibit fear in the Preschool setting?" However, Parents were asked about their child in particular: firstly, "What fears does your child exhibit in Preschool?" and then "How does s/he exhibit this/these fears to the adults and other children in the Preschool?" So if a parent reported that their child does not exhibit fears in Preschool, they didn't answer the next question. Only five children answered the question, "When you feel afraid, how do you show it so other people know?" which may indicate a lack of understanding of the question and/or the exhibition of fear.

By far the most common way of expressing fears reported by caregivers was in a physical/passive way. Words used included "hiding" and “clinging”. “They exhibit fear by hiding sometimes. They may hide behind the skirts of a staff member or if it’s just on arrival they could hide behind a parent. Sometimes they just go an sit in a corner and hide” (Jane). Another caregiver noted children displaying fear in a similar way. She said that children show fear,
By not wanting to move away from their parents, by hanging onto their parents...By crouching in a corner, so to speak, when people come near them. Shying away from other children when the other children approach them. (Melissa)

Some children try to cling not only to a parent, but also to caregivers. “They will cling to their parents or cling to a staff member if parents aren’t there. You may find a child on their own in a corner or under a… private area, sort of crunched up” (Simone). Narelle added: “Some children come up really close to you when they’re a bit scared, like snuggle into you a bit for security.”

Not only do children move close to caregivers, but “they like to try and jump on our laps and that kind of thing” (Melinda). Or they may use body language to display their fears.

A lot of time if they have a fear or if they’re fearful of something, they’ll seek out the comfort of an adult or a caregiver or somebody that they’re responsive to, and that will actually give them the need at the time that they want, whether it’s a cuddle or reassurance with words...Body language. Hiding of their head or moving away from the fear at the time, if it is something that they can see, that they don’t actually understand. (Liz)

One caregiver cited a child’s reaction to lightning: “We had one child that would actually run inside, pull all the curtains down and sort of hide to see if he could get away from it” (Candice). To thunder, another caregiver noted: “some children cover their ears cause of the thunder noise. That’s just what they do cause it’s too noisy for them” (Narelle).
While facial expression is a well-documented way of expressing fear (Ekman & Friesen, 1975; Izard, 1977, 1991), only one adult mentioned this form of expression. In describing her response to fear and other emotions, Melissa commented "I usually read their faces." Evan reported this form of fear expression by altering his facial expression, quivering his teeth, and saying that he shows fear “by opening my mouth”.

Passive, physical displays of fear were not as commonly reported by parents, with only a few reporting that their children withdraw from situations or cling. Bowlby (1973) said that cowering, hiding, running away, seeking contact and possibly clinging to someone were among the indicators of fear, and these data support Bowlby’s theory. However, the importance of facial expression to fear display was overlooked by caregivers and parents, indicating either that adults take this form of display for granted, or that they are not as aware of this form of display as they could be.

Fear was also reported as expressed in physically active ways, by shouting, screaming and crying. Many parents and caregivers, and one child reported children expressing fear by crying. “Some children when they get a bit scared they cry, which is just a natural emotion that they do that” (Narelle). Barbara suggested that crying may be a substitute for verbalising. “Often they’ll display fear through crying if they’re young and don’t have verbal skills.” Crying can be accompanied by screaming. Helen noted that children show fear by “crying, getting upset [and] screaming.”
Combinations of hiding or clinging behaviour and more active expressions, such as screaming and crying, were reported by several caregivers. **Candice** said of children’s fear display: “They’d be crying, clinging to you, just shying away.” As a reaction to separation anxiety, another caregiver noted both responses: “Either lots of crying or clinging to parents. Or sometimes when children are withdrawn, reluctant to join the group, scared to become part of the larger group” (**Kelly**).

**Nadine** said that children who are afraid of animals respond by “either jumping away from it, or crying or pulling their hands back.” A mixed fear response to the didgeridoo was noted by one caregiver: “They scream or they cry or they even…hide their faces in us” (**Karen**).

Some caregivers also reported aggression as a fear reaction. The combination of withdrawal, crying and aggressive behaviour as responses to being left at preschool were noted by **Ida** in her description of children’s fear display: “Withdrawing, clinging to their parents, screaming, crying and, depending on the child, sometimes they are very aggressive in their way of showing parents that they don’t want to stay.”

Some children express their fears in verbal ways, talking about them, asking questions, or refusing to participate in activities that might cause them fear. In discussing fears of thunderstorms, one caregiver noted that children react “usually by running up to you or telling you that they don’t like thunderstorms. Or telling you that they’re actually scared of it” (**Sandra**).
Another said that while younger children who don’t have the verbal skills may cry, if they do have the verbal skills, “they will express it verbally if they’re frightened, like “I’m scared”, “It frightens me”, “I don’t like it”. They’ll use lots of words to give a description of probably the way they’re feeling at the time” (Barbara).

Most parents who talked about their children’s preschool fear expression mentioned verbal displays of fear. Rachel said that Kaylene tells adults when she is scared. Jody said that Kyle asks: “When are you coming to pick me up?” or “How long will you be at work for?”

Sometimes, children are reported to express their preschool fears in other ways. One caregiver noted that often parents will report their children’s fears to caregivers because younger children may not always have the verbal skills to discuss their fears. “I know with the younger age group their parents talk about their fears to us” (Liz). Another caregiver mentioned a clause on the enrolment form that asks parents about their children’s fears.

**Appropriate Emotion Displays**

During data collection, several caregivers mentioned appropriate ways of expressing fear and other emotions (Barbara, Kelly, Liz, Ruth, Sandra). Many clarified that they would not try to suppress the emotion experience, but rather would acknowledge it. Barbara said, "It’s okay to express that they feel this way. It’s okay for them." Liz added that she would respond by
"telling the child it’s okay to feel this way, but with sad and angry sometimes there’s an appropriate way to deal with it."

Children must learn to "recognise the different ways, both acceptable and unacceptable, of exhibiting and dealing with these emotions" (Sandra).

Ruth explained this in the following scenario:

If it’s an appropriate emotion under the circumstances, you would rejoice in those emotions and respond to them with the child to say, ‘Hey yes, we’re communicating about this.’ But if it’s an inappropriate kind of emotional response in the situation, you would first of all see why the child’s responding like that and quietly say to them that maybe there’s other ways to respond that may be more appropriate...For example, if a child …might slip over and hurt themselves, and somebody, because the child looks vaguely ridiculous down on the floor rather than doing whatever, some children may laugh at that. And you [caregiver] would express your sympathy for the child cause they may be crying or feeling foolish and see that they’re all right. And you would model your response to that child’s distress...Sometimes children can get excited by things and it’s not an appropriate way to respond in the situation. I suppose if that was leading on to something that was potentially dangerous or it wasn’t going to be in their best interests, well I wouldn’t participate in that kind of excitement either. I’d rechannel that energy and enthusiasm into something that was more appropriate. Acknowledge the excitement if there’s something that’s causing that, but I would either model or direct them into a more appropriate channelling of that emotion.

Kelly described how she would respond to the emotion of anger, first acknowledging the emotion then discussing appropriate emotion display.

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’s 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, you know, stamping your feet. They’re all appropriate ways of showing it.

Harm to others was also noted as an inappropriate expression of emotion by **Barbara**. She said she would encourage children to exhibit their fear "as long as it’s an appropriate response. As long as there’s no harm being done to other children or to yourself with the fear."

While caregivers seemed to consider “appropriateness” an understood concept, I began questioning what exactly “appropriate” means. I devised the questionnaire, “Caregivers’ Appropriate Emotion Expression Survey” (see Appendix 26) for questionnaire and total responses) in an attempt to extricate the meaning of appropriate emotion expression. However, as this occurred after the scheduled interviews, it was designed mainly as a checklist for ease of completion. After a list of ways of expressing each emotion there was a space for caregivers to add other ways of expressing that emotion. A few comments were added, but caregivers mainly used the checklist. The survey was given to caregivers to complete in their own time, but only eight of the twenty caregivers completed it.

Most of the ways of expressing emotion listed in the survey were reported as acceptable to caregivers. Table 4.10 below lists the forms of expression reported as acceptable for each of the basic emotions. Caregivers generally found facial expression, verbalisation and the arts to be acceptable ways to express emotions. With positive emotions such as happiness and excitement, caregivers found shouting and running around acceptable, if it was in the
outdoor area. They found withdrawal from situations acceptable as a way of expressing sadness, anger, fear, disgust and interest, and persisting at an activity acceptable for interest (see Table 4.10).

**Table 4.10 Caregivers’ reports of acceptable ways to express each of the eight basic emotions**

<table>
<thead>
<tr>
<th>Happiness</th>
<th>Sadness</th>
<th>Anger</th>
<th>Excitement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smiling</td>
<td>Frowning</td>
<td>Making an angry face</td>
<td>Discussion</td>
</tr>
<tr>
<td>Discussion</td>
<td>Discussion</td>
<td>Discussion</td>
<td>Animated discussion</td>
</tr>
<tr>
<td>Laughing</td>
<td>Crying</td>
<td>Removing self from activities</td>
<td>running around</td>
</tr>
<tr>
<td>Running around [outside]</td>
<td>Clinging</td>
<td>Drawing, painting or 3D art</td>
<td>[outside]</td>
</tr>
<tr>
<td>Drawing, painting or 3D art</td>
<td>Removing self from activities</td>
<td>Drama, music, movement</td>
<td>Drawing, painting or 3D art</td>
</tr>
<tr>
<td>Drama, music, movement</td>
<td>Drama, music, movement</td>
<td>Other-explain, report to parent, stamp feet</td>
<td>Drama, music, movement</td>
</tr>
<tr>
<td>Other- fun times, telling others, giggling</td>
<td>Other-support with resources, report to parent, whine</td>
<td></td>
<td>Other- hiding, games, laughing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fear</th>
<th>Disgust</th>
<th>Surprise</th>
<th>Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making a fearful face</td>
<td>Making a disgusted face</td>
<td>Making a surprised face</td>
<td>Discussion</td>
</tr>
<tr>
<td>Cowering/hiding</td>
<td>Refusing to participate</td>
<td>Discussion</td>
<td>Animated discussion</td>
</tr>
<tr>
<td>Clinging to caregiver/adult</td>
<td>Discussion</td>
<td>Drawing, painting or 3D art</td>
<td>running around</td>
</tr>
<tr>
<td>Remove self from activities</td>
<td>Discussion</td>
<td>Drama, music, movement</td>
<td>[outside]</td>
</tr>
<tr>
<td>Discussion</td>
<td>Drawing, painting or 3D art</td>
<td>Other-explain, report to parent, stamp feet</td>
<td>Drawing, painting or 3D art</td>
</tr>
<tr>
<td>Drawing, painting or 3D art</td>
<td>Drama, music, movement</td>
<td>Other-explain, report to parent, stamp feet</td>
<td>Drama, music, movement</td>
</tr>
<tr>
<td>Drama, music, movement</td>
<td>Other-report to parent</td>
<td>Other-explain, report to parent, stamp feet</td>
<td>Other-explain, report to parent, stamp feet</td>
</tr>
</tbody>
</table>

However, some types of expression were considered unacceptable for certain emotions. For sadness and anger, all caregivers found “hitting out at someone” unacceptable. Half of the caregivers also found “hitting out at something” unacceptable for sadness. Shouting was considered an
unacceptable way of expressing the emotions of anger, fear or disgust, but appropriate for other emotions. It seems that the more positive emotions, such as happiness and surprise, are given more leniency in expression than the more negative ones such as anger, fear and surprise.

Discussion

A wide range of fears were reported as having been experienced by young children. These included fears from all of the categories of the Fear Survey Schedule for Children-Revised (Ollendick, 1983): Fear of failure or criticism; fear of the unknown; fear of injury and small animals; fear of danger and death; and medical fears. However, there are differences in the reporting of children’s fears between parents and caregivers, with parents aware of a broader range of fears. As with the basic emotions, children were the least articulate in reporting their fears. For example, Cameron, who was one of the most articulate children, had trouble understanding some of the fear items. When this occurred, I elaborated on items to try to help the child to understand and respond to the item. The following example from Cameron’s transcript shows this:

REESA: Are you afraid of ants or beetles? 
Cameron: I don’t even know what they are. 
REESA: Ants? Little crawly things on the ground. Little tiny things. Or beetles, you know, ladybugs? 
Cameron: Oh no they’re kind of little ants, really small that you can’t see them much… 
REESA: Bee sting? 
Cameron: What’s a bee sting? 
REESA: You know a bee? Bzzz, bzzz, bzzz. Sometimes it bites you. 
Cameron: Yeah, what about flies? They don’t even bite you. They just suck your blood… 
REESA: Punished by grownups? 
Cameron: Punished? What is punished?
REESA: That means scolded or smacked or put in a corner and told that you’ve been very naughty. Does that frighten you?
Cameron: Nah.

In reports of fears experienced in preschool, there are commonalities in parents’ and caregivers’ responses. The most commonly reported fear for both was fear of separation from parents to attend preschool. Other preschool fears named by both caregivers and parents include: fear of being teased or hurt; fear of being alone or having no friends; and fear of strangers.

Fear display is reported in three predominant ways: in a physically passive way, by removing self from situation, hiding or clinging; in a physically active way, by shouting, screaming, crying or becoming aggressive; and in a verbal way, by talking and discussing the fear. Children also reported expressing fear and other emotions through facial expressions, but this was not reported by adults.

According to caregivers, appropriate emotion display mostly takes the form of verbalising the emotion, expressing it through the face, or expressing it through the arts. Physical displays, particularly shouting, are considered more appropriate for positive than negative emotions.
Chapter 5 - Responding to the Fears of Early Childhood - Part 1 - Practice

This chapter addresses the following research questions, about practice in responding to children’s fears: “How do parents report that they respond to their child’s fears?”, “How is it reported that caregivers respond to children’s fears?”, “How do participants rate the effectiveness of the ways caregivers currently respond to children’s fears?” and “What other methods for responding to children’s fears are suggested by participants?” Part 1 – Practice looks at parents’ and caregivers’ responses to children’s fears. Part 2 – Perception looks at participants' rating of caregivers’ responses to children’s fears and other approaches suggested by participants to respond to fear. As in Chapter 4, results of this research are reported through categories that emerged from participants' answers and my observations and reflections. Issues that emerge from the reporting of data in Chapters 4 and 5 will be looked at more deeply in Chapter 6.

Table 5.1 below shows the codes used for parents' and caregivers' reported responses to children's fears. Five categories were similar for both groups: verbal response, physical response, modelling, action and a combination response. But three other categories were used for coding caregivers' responses: teaching strategy, planning and same [responses] as parents.
Table 5.1 How parents and caregivers' responses were coded

<table>
<thead>
<tr>
<th>Parents' responses to how they respond to their children's fears</th>
<th>Parents' responses to how caregivers respond to children's fears</th>
<th>Caregivers' responses to how they respond to children's fears</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Response</td>
<td>Verbal Response</td>
<td>Verbal Response</td>
</tr>
<tr>
<td>Physical Response</td>
<td>Physical Response</td>
<td>Physical Response</td>
</tr>
<tr>
<td>Modelling or social referencing</td>
<td>Modelling or social referencing</td>
<td>Modelling or social referencing</td>
</tr>
<tr>
<td>Action</td>
<td>Action</td>
<td>Action</td>
</tr>
<tr>
<td>Combination Response</td>
<td>Combination Response</td>
<td>Combination Response</td>
</tr>
<tr>
<td>Teaching Strategy</td>
<td>Teaching Strategy</td>
<td>Teaching Strategy</td>
</tr>
<tr>
<td>Planning</td>
<td>Planning</td>
<td>Planning</td>
</tr>
<tr>
<td>Same as Parent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A response was coded as "verbal" when the adult reported using some form of speech to address the child's fears. A response coded as "physical" was one where the adult made physical contact with the child, either through a cuddle, hug, picking the child up, or staying within close proximity of the child. This is different to a response coded as "action" where the adult actively addressed the fear by distracting the child, taking her/him back to the feared object, removing the feared object or some other active response. A response was coded as "modelling" when adults attempted through their own behaviour to show the child a non-fearful behaviour in the hope that the child would adopt this approach. A response coded as a "combination" approach utilised two or more of the above approaches. Children's answers to how caregivers respond to children's fears were coded as "verbal response", "physical response", "action", "combination" or "other."

"Comfort" was also coded as a combination response as it contains both a physical and verbal response. By definition, the word "comfort" indicates both a physical and a verbal action: “to soothe when in grief; console;
cheer”; “a state of ease, with freedom from pain and anxiety, and satisfaction from bodily wants” (Macquarie Dictionary, 1992). This definition, plus the way the word is often used in relation to children (a pat on the shoulders or a hug, combined with words such as "there, there, it’s all right") indicate both a physical and verbal aspect to the word.

The questions asking parents and caregivers how effective they felt caregivers' responses to children's fears to be were coded as: "Effective", "Very Effective" or "Could be More Effective." Children were asked if what caregivers do helps, and their responses were coded as "Yes", "No", "Don't Know" or "Other Answer."

**Parents' Responses**

This section addresses the research question, “How do parents report that they respond to their child’s fears?” Information about how parents respond to their children's fears came from the open-ended question in the Parents' Survey, "When your child is afraid of something, how do you respond to this fear?" Neither caregivers nor children were asked how parents respond to their children's fears. Parents' answers to how they respond to their children's fears are tabled in Appendix 27.

Parents' answers to how they respond to children's fears fell into one of six categories: Verbal, Verbal and Physical, Verbal, Physical and Action, Verbal and Action, Verbal and Modelling, or Physical. Some of these responses
were reported more frequently than others. Table 5.2 shows the number of parents who reported each type of response.

Table 5.2 Parents' responses categorised

<table>
<thead>
<tr>
<th>Verbal</th>
<th>Verbal &amp; Physical</th>
<th>Verbal, Physical &amp; Action</th>
<th>Verbal &amp; Action</th>
<th>Verbal &amp; Modelling</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>13</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Altogether forty of the forty-two parents mentioned a verbal response as at least part of their response, twenty a physical response, nine action and three modelling.

**Verbal Response**

Of the forty parents who reported that they respond verbally to their children's fears, fifteen parents reported a verbal response only. The other twenty-four parents reported a verbal response in combination with one or more other responses. The most frequently reported response in combination with a verbal response was a physical response, with thirteen parents reporting this combination and a further five parents reporting a verbal, physical and action response to their children's fears. Four parents reported a verbal and action response and three parents a verbal and modelling response. Two parents reported solely a physical response.

As verbal responses were reported by forty of the forty-two parents who completed the open-ended questions, I looked further at types of verbal responses that parents reported they used. Although not mutually exclusive, these responses fell into the following categories: reassurance, offering
safety, saying there's nothing to be afraid of, acknowledging fear, empathy, discussion, metaphors, warning and anger. An answer was coded as "reassurance" when it included a parent telling a child that everything would be all right. "Offering safety" was a code used when a parent told the child that he/she is safe with the parent, "acknowledging" when the parent told the child that their fear was recognised or accepted by the parent and "empathy" when the parent indicated that they tried to put themselves in the child's place to see the situation from the child's perspective. An answer was coded as "discussion" when the parent reported that he/she engaged the child in conversation where the two of them input ideas about the feared object. "Metaphors" were fears described in metaphorical terms to help a child to make sense of the situation, such as thunder described as clouds clapping together. An answer was coded as "warning" when it included messages from the parent to the child of real danger that could be experienced, such as a spider bite. An answer was coded as "anger" when the parent indicated that they responded with anger to the child's fear. Table 5.3 below indicates the number of parents' who reported using each type of verbal response.

Table 5.3 Types of Verbal Responses used by parents

<table>
<thead>
<tr>
<th>Type of Verbal Response</th>
<th>Number of parents who reported this response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reassurance</td>
<td>25</td>
</tr>
<tr>
<td>Offering Safety</td>
<td>7</td>
</tr>
<tr>
<td>&quot;Nothing to be afraid of&quot;</td>
<td>6</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>5</td>
</tr>
<tr>
<td>Empathy</td>
<td>2</td>
</tr>
<tr>
<td>Discussion</td>
<td>20</td>
</tr>
<tr>
<td>Metaphors</td>
<td>2</td>
</tr>
<tr>
<td>Warnings</td>
<td>2</td>
</tr>
<tr>
<td>Anger</td>
<td>2</td>
</tr>
</tbody>
</table>
Reassurance

While reassurance was a verbal strategy reported by twenty-five parents, only one parent reported using reassurance as her only strategy. Violet said that when Michelle is afraid, she "usually just reassure[s] her." All other parents who said they used reassurance, reported it used with at least one other strategy. For eight of those parents, the other strategies used were non-verbal. Janine reported using reassurance along with physical responses when Jonathan is afraid. "I cuddle him, keep him close to me, and say that everything's okay." Belinda added: "I reassure him and I usually have to pick him up." Rachel, Fiona, Ellen, Jayda and Carly also reported physical responses in combination with reassurance. Lena, however, combined reassurance with action to respond to Evan's fears. "We had two dogs that were fighting and Evan was afraid of them. We separated them and showed Evan each in a track on its own. We reassured him that they were fighting each other and didn't want to fight him."

Six parents reported using reassurance in combination with offering the child safety. Sharon said "I sort of reassure him that it's okay or...that mummy and daddy are here with you and it's okay." Mariana spoke of dealing with Vanessa's fears: “I tell her not to get worried and if something happen[s], we're there to help her, to explain [to] her, you know, things. That's why she is not a very scared girl.” Sally said, "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." Her son, Wade, was a particularly fearful child, often sticking by his mother's side, not only in the preschool context, but also at home.
The three other parents who reported using reassurance in combination with offering the child safety, reported using these two strategies with other strategies. Lyn described how she used reassurance and offering safety along with a physical response and action.

We took him outside and held him and said, "That's not going to hurt you, especially when you're inside the house." So we just took him out and held him and let him just sit there and watch it.

Renee reported using the same strategies when Adam was afraid of the dark.

Hold him, cuddle him, tell him it's okay, that we, mummy and daddy, are here and there's nothing to hurt you, nothing to hurt you in the house. Sometimes I've gone back in the room with him to turn the light on and show him there's nothing there.

Norman said he used reassurance and offered Lewis safety in combination with a physical response, an action and a discussion.

You take him, reassure him, give him some kind of physical affection, cuddle him or something like that, and then usually try and take him back into 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.

While Norman was the only parent to report using reassurance and offering safety in combination with discussion, nine other parents reported combining reassurance and discussion. Five of the eight reported reassurance and discussion as their only strategies. Diane said:

I try and explain to them what they're experiencing, why it's happening and more important try to reassure them that it's going to be okay. I think it's important to give an explanation so that they can deal with it themselves.
Mandy's report was similar. "I try to explain what's happening usually and if it's something that just needs an explanation and reassurance." Peggy, Ann and Kay also described their responses of reassurance and discussion.

The other four parents who reported using reassurance and discussion, said that these strategies were used in combination with other strategies. Debbie reported using reassurance and discussion in combination with a physical response. When Ray is afraid, Debbie said, "I talk to him, cuddle him, say 'Everything's all right.' " Trish said that when Rhonda is afraid, "I talk to her and tell her it's all right. If it's a fear of the dark, I leave the lights on." Patsy said that when David is afraid, she "cuddles, talks about it [and] reassures him."

Hayley reported that while she uses reassurance and discussion, she also acknowledges Sam's fears, warns of danger, and uses action.

I tend to probably console Sam … and say "Yes, we understand that you are afraid of the spider and that it's okay to be afraid of spiders." And then, "Let's go, can we look at a spider together?" And if he says, "Yep, that's fine", then we go and have a look at the spider and talk about spiders and also try and say, "We're very big in comparison to that spider and he's going to be really, really scared of us as well. And he wants to just get away from you, rather than hurt you." But then also to allay the concerns that you don't play with spiders because there are spiders in Australia that bite and can hurt you. So you've got to be careful and respect them as well.

Discussion

Following reassurance, discussion was the next most reported verbal strategy, with twenty parents reporting this as a strategy they use when their
child is afraid. I included in this category discussion between adults and children, questioning children about their fears and explaining and deconstructing the fear for the child. Discussion goes beyond reassurance, offering safety, telling the child there is nothing to be afraid of, acknowledging the fear, showing empathy and using metaphors because it actively engages the child in dialogue. It is not just an adult stating that there is or is not a fear and the child should not be afraid. Discussion, as it is coded here, includes the child in the understanding of the fear and any decision about how best to respond to the fear.

Don and Angela said that when Cameron is afraid, they "talk to him. If for example, thunder, we talk him through it or help him deal with it." Julie said she uses acknowledgement as well as discussion. “I ask her what her fears are and we sit down and talk about why she's afraid of it and I explain, well, I either tell her that her fears are justified or I explain why she shouldn't be afraid of it.”

As described above, ten parents reported using discussion in combination with reassurance; four of those parents added yet another strategy to these two. One parent reported using discussion in combination with a physical response and action. Susanne said that when Mitchell is afraid, she responds "usually by lots of cuddles and then we talk about what it is and if we can do it, we will. And just try to get over it that way." Three parents reported modelling behaviour as well as discussion. Bill said that when Lloyd is afraid, "I try to jolly him out of it. I act bright and cheerful and encourage
Maggie said that she models fearless behaviour, acknowledges Curt's fears and discusses the fear with him.

We've always tried to not exhibit any fear ourselves in whatever situation it is. It's a bit hard sometimes. But we try to encourage the children to consider, for example, spiders as part of the natural world and that we all have our place. And show no fear. I'm not good at that. But they seem to have adopted that kind of attitude. And acknowledge that while there are things that are dangerous, so long as we're careful and take a responsible attitude, then - they seem to be doing quite well in that regard.

**Metaphor**

*May* described using a metaphor and action along with discussion. "I usually try and explain it to him. When he was younger, he didn't like thunderstorms and I just told him what it was, like clouds clapping together. And we went outside and tried to see, just tried to experience a bit. And he's not frightened anymore." *Christa* reported using metaphors along with a physical response. "The only thing they really are afraid of is storms. I tell them it's God playing ten pin bowling and things like that, and I cuddle them and pick them up."

**Offering Safety**

Offering safety was a strategy reported by seven parents, six in combination with reassurance. *Jody*, however, said that she would offer safety in combination with discussion, a physical response, acknowledging the fear, and telling Kyle that there's nothing to be afraid of. She reported that she responds:
Usually with a cuddle and then an explanation why it's okay to be afraid but then I try and explain that even though it's okay to be afraid, there's no real need to...you know, it can't get you or it won't hurt you or mummy's got hold of you or something.

**There's Nothing to be Afraid Of**

"There's nothing to be afraid of" was a message conveyed by six parents in response to their children's fears. While it could be intended as reassurance, the words in themselves tend to invalidate the child's fears. Jaye combined this strategy with discussion in responding to Brandon's fears. "I 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. Nothing to be scared of." Deana reported that she responds to Latoya's fears with physical contact and negating the fear: "I just pick her up, give her a cuddle and show her there's nothing to be afraid of." The other parents used this strategy in various combinations.

*Sue Ellen* used this strategy along with empathy, anger and action.

If it's something like the house being burgled, I'll just say, "Look, no one's gonna rob our house. It's not going to happen, you'll be all right." But when he was a bit frightened of his swimming lessons, I've been getting really cross. Because he can do it. He can swim and he's actually quite strong, so I was getting quite cranky when we'd go because he wouldn't get in the water...The last time we went I was bribing them that they could have a chocolate if he didn't cry and he swam. He was really good. And also I just do different things - like sometimes I get cross and other times I'd try and make it like it's going to be fun. It's nothing to be scared of. Or sometimes I'd try "It's alright cause I used to be scared of water, too."

Anger was only mentioned by one other parent. *Mona* said that while she is usually comforting,
We've occasionally had a huge big fuss, like, she'll be screaming blue murder about something...and we rush over to find out what it is and it's the tiniest little spider or something like that. I tend to get a bit angry when she does things like that.

Acknowledgement

Acknowledgement was the next most reported strategy, with five parents reporting this response to their children's fears. Two parents reported using empathy and, as discussed above, two parents each reported warning, metaphors and anger. The most frequently reported responses by parents to children's fears were reassurance and discussion.

Vera's response was considered to have a verbal component because she used the word "comfort." She said that when Rebecca is afraid, she responds "by picking her up and comforting her." Two other parents did not mention a verbal response at all to their child's fears. Laura said that when Kevin is afraid, she will "give him a cuddle." Sheri reported her response to Ahmed's fears as "I try to relax him and settle down him."

Physical Response

While verbal responses were the most frequently reported by parents, nearly half the parents surveyed mentioned a physical response. Although only two parents reported a physical response as their only response, eighteen other parents mentioned a physical response in combination with another response. Thirteen parents described a verbal and physical response. Fiona said that when Janelle is afraid she will "reassure her that it's okay, that I'm
close by...just physical contact, just mainly reassurance that things are okay, just 'mum's here'.” Ellen added, "I pick him up, cuddle him and tell him that it won't hurt him. Or try and reassure him."

Five parents mentioned a verbal, physical and action response. Carly said that when James is afraid "I usually pick him up and comfort him and show him what it is and that it's okay." Lyn, Norman, Susanne and Renee reported similar strategies.

**Action**

Nine parents in total reported that they would use some form of action to respond to their children's fears. Besides the five above who would use action with a physical and verbal response, four parents said that they would use action with a verbal response only. Lena, May, Trish and Hayley, whose responses are described above, all said they would use verbal and action strategies to help their child to deal with her/his fear.

**Modelling**

Modelling, or social referencing, was a strategy described by three parents, in all cases combined with a verbal response. Maggie, Bill and Rowena all reported this combination of strategies, as described above.

Nearly every parent reported at least one verbal strategy that they used to respond to their child's fears. About half reported using a physical strategy.
Action was reported as a strategy by twenty-one percent of parents, and modelling by twelve percent of parents.

**Caregivers’ Responses**

This section address the research question, “How is it reported that caregivers respond to children’s fears?” Parents, children and caregivers were asked to comment on how caregivers respond to children's fears. In the Focal Group Interview, children were asked, "If you or other children are ever afraid in preschool, what do your teachers do?" Children's answers are examined in the section "Children's Perspectives."

The Parents' Survey included two questions, "How do the adults in the Preschool respond to children's fears?" and "How would you expect them to respond to children's fears?" Parents who had observed caregivers responding to children's fears answered the first question; parents who had not observed caregivers answered the second question. All parents were asked, "How effective are the ways the adults currently respond in dealing with your child's [or children's] fears?" Parents' answers are discussed at in the section “Parents' Perspectives."

The Caregivers' Survey included the following questions: "How do you respond to these fears?" and "How do you respond to other emotions?" Caregivers' answers are discussed in section "Caregivers’ Perspectives."
Children's Perspectives

Not all children answered the open-ended questions. Many replied with "I don't know." Twenty-three children answered the question, "If you or other children are ever afraid in preschool, what do your teachers do?" Their answers were categorised as: "Verbal", "Physical", "Action", "Combination" or "Other" (see Appendix 28). Many of the responses I coded as "action" described specific incidents, which may be easier for children to describe than ideas or concepts. For example, Kaylene said, "They always fix you." I questioned her further, asking, "How do they fix you?" She replied, "I once had a sore on my arm and Aunty Karen (caregiver) had to fix the sore." This response shows how Kaylene related a fairly general question to a specific incident. Three answers were coded as "other" because they did not fit other categories. Charlie's answer was "I like it when they be happy." Solomon's answer was "help" and Latoya's "be friends." Twenty other answers were coded. Table 5.4 shows the number of children who answered with a verbal, a physical, an action or a combination response.

Table 5.4 Children's who described a verbal response, a physical response, an action or a combination response

<table>
<thead>
<tr>
<th>Verbal</th>
<th>Physical</th>
<th>Action</th>
<th>Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>4</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

Action

Children reported action as the most frequent response to fear by caregivers. Eight children said that caregivers responded with action to a child's fears.
Larry said, "They turn the lights on." Vanessa said that caregivers "close the kids' mouths" and Kevin said that they "find me. I should go home." Janelle, Jordan, Rhonda, Kaylene and Wade also described actions caregivers took.

**Verbal Response**

Verbal responses were the next most common response, with seven children reporting these response by caregivers. Allan said "they talk to you" and Jonathan suggested that caregivers reassure frightened children. "They say, 'don't cry'." Caylie added that caregivers say “Don't fight”, which may refer to a specific situation she had experienced. Aidan, Ahmed, Benita and Evan also mentioned verbal responses. But Ahmed reported a somewhat more negative verbal response, saying "they get cross with me." This was reminiscent of Mona's reporting that when Ariel overdramatises her fears, she "tend[s] to get a bit angry."

**Physical Response**

Four children said that caregivers respond in physical ways to children's fears. Cameron said that caregivers, “maybe protect them, but just standing near them and holding their hand, or just stand near them. My dad would stand near me if I heard a big loud noise.” Mitchell noted that caregivers "come to you [if you're scared]," Bettina that they "carry you" and Michelle that "they stay with them."
Combination Response

One child reported a combination of a verbal response and action. McKenzie said that caregivers "just walk about and talk to them." No other child reported a combination response.

Parents' Perspectives

Parents were asked to answer either of the following questions: "How do the adults in the Preschool respond to children’s fears?" or "How would you expect them [adults in the preschool] to respond to children’s fears?" This provided the opportunity for parents who had not spent much time in the preschool setting to express their expectations of caregivers' behaviours in responding to children's fears. Seventeen parents answered with observations and twenty-four parents answered with expectations. One parent, Christa's answer could not be coded because she commented on effectiveness, rather than describing caregivers' responses. Parents' responses to both questions appear in Appendix 29.

Observed Responses

Of the seventeen parents who had observed caregivers’ responses to children's fears, seven reported a verbal response, one reported a physical response, and nine reported a combination of responses.

Verbal Response

Seven parents reported that caregivers respond in verbal ways to children's fears. Jody said, "From what I've noticed, it's the explanation as well as...'I
can understand you're frightened, but' and then you go into an explanation of why you really don't have to be." While Jody reported acknowledging the children's fears, she also mentioned discussion. Three other parents also mentioned discussion. Mariana said "They like to explain to kids, to teach them to do things properly and not to be afraid because they're here to help them." Fiona and Ellen had also observed caregivers explaining fears to children.

Two parents, Lena and Jaye, reported that caregivers use reassurance. Jaye said, "They calm him down by saying, 'It's all right, mummy will be back later,' or ‘Nothing to cry about.’ ” Another two parents, Maggie and Susanne, who reported a verbal response in combination with another response, spoke of reassurance. Maggie reported, "They tell him to remember that mummy or daddy or whoever always comes back in the afternoon."

Sally reported that caregivers' verbal responses to children's fears were to offer them safety. Similar to her description of her own response, Sally said that caregivers respond by "making him know he's safe and secure."

**Physical Response**

Only one parent had observed a physical response from caregivers when children are afraid. Laura said that when Kevin is afraid, Jane "will take him, or one of them will take him and have him with them." While Laura reported physical proximity as the caregivers' physical response to Kevin's
fears, she also reported her own response entirely in physical terms, saying that when Kevin is afraid, she will "give him a cuddle." As mentioned earlier in this chapter, she was the only parent to report only a physical response.

**Combination Response**

Nine parents reported caregivers as responding to children's fears using a combination of strategies. Four of those parents said that caregivers "comfort" children (Julie, Mona, Leona and Vera). A fifth, Trish, reported caregivers giving comfort and hugs.

Four parents reported actions taken by caregivers in combination with other responses. Sue Ellen reported a combination of a physical response and action. "They'll give them a cuddle while their parents leave and they try and distract them." Distraction or redirection were the actions reported by the three other parents. Maggie also spoke of redirection, when she said that caregivers respond in both a verbal way and with action. Besides reassuring Curt (as described above), she said that caregivers "redirect his attention to doing something else." Don and Angela mentioned redirection and a physical response when they said that caregivers "cuddle him and get him interested in another activity." Susanne said, "They usually give him a cuddle and talk to him and either get a story out and read to him or a game."

**Caregivers Unaware**
One parent suggested that caregivers may not even be aware of some of the children's fears. Hayley described her son's fear of not having any friends at preschool and how the caregivers had not had an awareness of the problem:

I never really said anything about it to anyone. It was something we tended to deal with at home and deal with as we arrived with Lenny, where I would sort of say “Well look this, that boy over there, he’s all by himself and I’m sure he’d like someone to play with”. And trying to get it where Lenny initiates some of it as well. I don’t think I actually ever raised it on any of the sheets. That may have been something that I should have done so they could have kept any eye on it, that he wasn’t too concerned. Generally in the afternoon when you came through he was fine. It was just that initial “Who am I going to play with today?” And we’d say, "Did you play with Joel today? Did you play with such and such today? How did you find them?” Now he’s friends with most of the kids that he didn’t play with before.

**Expected Responses**

"Given the very little I've seen of Lewis in the [preschool] environment, I can only really go on what Lewis tells me when he comes home" (Norman). Like Norman, many parents reported that they had spent very little time in the preschool environment, often because of work and study commitments. This was particularly true in Valley Preschool, as it was a part of the primary school and parents were asked to leave their children at the door and to pick them up at the end of the session. In the other venues, parents were welcome to stay and to participate in the preschool program. Moorobool Children's Centre is an integral part of the Aboriginal community and is the venue for community meetings and events, and it is this venue where I most often saw parents staying for part of the preschool day and observing or participating in the program.
Twenty-four parents said they had not observed caregivers' responses to children's fears. However, they reported their expectations of caregivers' responses. Sixteen parents reported that they expected a verbal response from caregivers, seven reported they expected a combination of approaches, and one parent each expected a physical response and a modelling response.

Verbal Response

Of the fifteen parents who expected only a verbal response from caregivers, twelve of them mentioned that they would expect reassurance from the caregivers. Patsy said she would expect that caregivers respond by "reassuring the child," and Belinda said she would expect caregivers to "just make the children know that it's all right and that you are returning to pick them up." Sharon, Jayda and Rachel also mentioned reassurance as their only expected response from caregivers.

Six parents mentioned reassurance along with other verbal responses. Bill, Peggy, Mandy, Diane, Violet and Ann paired reassurance with discussion as their expectations of caregivers. Bill reported, "I expect that they address the problem themselves, reassure the child, then rationalise or explain the fear. Violet said she would expect caregivers to respond, "just by explaining things and reassuring the children." Kay expected reassurance along with acknowledgement of the fear. "Talking in a reassuring way. Accepting the child's afraid, NOT denying the fear." Diane said she expected caregivers "would give the kids an explanation of what they're experiencing and reassure them, make them feel better."
Renee talked of reassurance along with discussion and offering safety.

I hope to think they respond to them quite well and it's more of a reassurance for children. I think you need to reassure them that if you're frightened of the spider, well, we don't touch the spider and we don't go near the spider and if you don't want to play on the gym because it's high, then you don't have to play on the gym. And we're here to protect you and to let nothing hurt you and so I hope to think that they do respond in that way.

Two parents who expected a combination of responses from caregivers also mentioned reassurance. Daniel and Betty said they expected caregivers "to comfort them and reassure them," and Rowena said "I expect them to put the problem at ease and do something about it immediately."

Discussion was the next most reported verbal response expected from parents. While six parents mentioned discussion along with reassurance, one parent mentioned discussion as the sole way she expected caregivers to respond. Debbie said she expected caregivers "just to give them that little bit of extra attention; just to calm them, talk to them, explain things to them."

Four parents, Hayley, May, Lyn and Carly, who expected a combination of responses from caregivers, mentioned discussion as one of the responses. May expected discussion and a physical response. "If they're really frightened, hold the child and try and explain what's happening, whatever's frightening them." Carly expected discussion along with comfort and a physical response. “Just to comfort them, be there, hold them, hug them and explain and maybe show them what it is. There's no need to be afraid of, if it's an object that you can see.”
Combination Response

Eight parents expected a combination of approaches when caregivers respond to children's fears. As mentioned above, Daniel and Betty expected comfort and reassurance, Rowena expected action and reassurance and May and Carly expected a physical response and discussion. A fifth parent, Deana, said that she expected "them to respond like comforting them...just showing them there's really nothing to be afraid of."

Hayley reported that she expected a verbal response accompanied by modelling. She used the example of spider fear to describe this:

Hopefully they don't sort of overreact by shouting, "ooh, there's a spider!" as well because all that does is possibly say that you can be super-scared of spiders and overreact and it's okay. Rather than,"let's take it in a calm way, put the spider in a jar, or just ignore it, put it outside and hopefully then have a talk about spiders and what you should do if there's a spider or whatever."

Lyn described herself as spider-phobic and said of her expectations of caregivers: "I wouldn’t want them to, if they were frightened or something of spiders, for example, or something like that [react] the same way I would do." Instead, she expected caregivers to "encourage [children] to mingle with other [children]."

One parent each expected a modelling approach and a physical response by caregivers. Norman expected caregivers to model "authority, trust that a child can go to [them] when he's unsure, when he feels unsafe or hesitant."
Janine expected a physical response, "if they're crying, pick them up and cuddle them."

Five parents who reported expectations of caregivers' responses said they expected caregivers to respond in the same way that parents do. Norman expected them to show "the same qualities a parent would show." May expected caregivers to respond in "much the same way as I respond." Ann, Sharon and Lyn also reported they would expect caregivers to respond as they do to children's fears.

**Caregivers' Perspectives**

While many parents expressed the observation or expectation that caregivers respond to children's fears in much the same way as they respond, caregivers’ reported responses went much further. Many caregivers incorporated teaching techniques in their responses and some went as far as to describe planning they did for teaching children to understand fear and other emotions. Caregivers’ reports of how they respond to children's fears appear in Appendix 30.

Grace, Melinda and Mikala were the only three caregivers who did not mention using a combination of strategies to respond to children's fears. They each reported using single strategies; Grace a physical response and Melinda and Mikala verbal strategies. Grace said she tries to make children feel better by "settling them down by cuddling."
Melinda said "I just try and find out what's wrong and talk it through," which is a discussion type of verbal response. Mikala's response involves reassurance and discussion. And discussion can include warning.

Mikala: I think basically just communicate with the children and reassure them that it’s okay, that they’ve got to face their fear. So for example if it is lightning just explain that it’s normal, that it does occur and basically it’s not going to hurt them if they’re inside or wherever else, and just talk them through it.

REESA: What if it’s something like spiders where there is a danger as well?

Mikala: Well you just tell them, “You don’t touch it”, “You don’t touch spiders” that type of thing. But if you just stand there you can look at it just as long as you leave it alone. It all depends on what the fear is.

As mentioned above, two of the twenty caregivers reported using verbal responses alone to respond to children's fears. The other eighteen said they use a combination of strategies to respond to children's fears. For some the combination was verbal and physical or verbal and action. For others, the combination included as many as four approaches, such as verbal responses, physical responses, action and teaching strategies. Caregivers' reports of their responses to children's fears are discussed below by approach, but it is noted that almost every caregiver reported a response that combined approaches.

**Verbal Response**

Including Melinda and Mikala (above), twenty of the twenty-one caregivers reported that they use a verbal response as one of their strategies in responding to children's fears. While reassurance and discussion were the
most commonly reported verbal strategies, caregivers also mentioned the verbal strategies of acknowledgement, and offering safety.

A total of thirteen of the twenty caregivers reported using reassurance as one of their strategies. Melissa said that she responds "by reassuring them [the children] that everything's going to be all right, mum's going to pick them up at 3:00." When describing her response to spider fear, Nadine said, "You just reassure them that it won't hurt them if they leave it alone." This message was echoed in Karen's response. "We just reassure the children that it's not going to hurt them and we just give them the cuddles and they're back." Nine other caregivers gave similar descriptions of their use of reassurance.

Of the thirteen caregivers who reported using reassurance, nine of them said they used it in combination with discussion. Helen said she responds to children's fears, "just usually by talking to them, giving them a cuddle, just reassuring them." Ruth added, “first of all you reassure the child, talk to them why they might be afraid about it, and that may give you some clues as to how to approach overcoming the fear.”

Four caregivers said they reassure, explain, and then use another form of verbal response. Irene said that she begins with reassurance and a physical response, then follows these with discussion and offering the child safety. “The first thing I do is just reassure them or give them physical comfort.
They need that. And then talk to them about what's happening and make them feel safe.”

Reassurance, discussion and encouragement were reported by Lenore, Ida and Kelly. Lenore reported she uses "encouragement to join in, hugs, reassurance, talking calmly and softly." Another caregiver, Liz, reported using reassurance, discussion and acknowledgement of children's fears. “Reassuring the child if they need comforting…Also talking to the child about their fears and acknowledging that it's a real thing.”

Kelly reported that she uses discussion and encouragement to reassure fearful children and entice them back into the centre's activities.

Sometimes explanations…once they’re explained and children realise the situation, there might not be really a lot to be scared about. And then if they’re scared to join a group, I’m never really pushy with it. Sometimes just an invitation and sometimes even after that they’re still reluctant to join, but if you, every time let them know that that’s available to them until they’re ready to join in.

Discussion and acknowledgement were reported by Simone, who did not mention reassurance. She said she would “acknowledge their fears firstly, or find out first what it is that they're afraid of, then acknowledge their fears and try to talk them through it.”

Besides Simone, four other caregivers described using discussion, but did not refer to reassurance. Melinda said, "I just try and find out what's wrong and talk it through." Donna and Jane reported talking to the child about
what's worrying them. **Barbara** said she would acknowledge the child's fear and explain.

> Acknowledge their fear. Let them know that, "You feel frightened. Does this frighten you? Does this scare you?" Just acknowledge that that's the emotion that they're feeling at the time. And also helping them with their fear...just letting them know, yes they feel frightened, but the child that's next to them, he likes the dog, or I like the dog. "But you don't like the dog"...and that not everyone feels the same about different things.

**Physical Response**

**Grace** was the only caregiver to report an entirely physical response to children's fears, as described above. But of the eighteen caregivers who reported using a combination of responses, twelve of them reported using a physical response. Like parents, caregivers reported hugs, cuddles and physical proximity. **Melissa** said she responds physically by "cuddling them." **Sandra** added, "I tend to hold them or comfort them physically that way." **Irene** reported that she gives children "physical comfort." **Maria** said she gives frightened children a hug, and "just sit[s] beside them." **Lenore** also said she gives children hugs and **Narelle** reported she gives children "lots of cuddles and affection." Other caregivers reported cuddles or hugs and physical proximity.

**Comfort**

As discussed earlier, "comfort" has been coded as having a verbal and a physical component. Six of the eighteen caregivers who reported a combination of responses mentioned the word "comfort". Comfort was reported as being used along with other verbal and physical responses
(Barbara, Irene, Sandra), with verbal responses and teaching strategies (Donna), with verbal strategies and modelling (Liz), and with verbal and physical responses and action (Maria). After describing physical, verbal and action strategies, Maria explained, "It's to give them comfort." Liz noted, "Sure, we'll comfort them."

**Action**

Four caregivers described an action response they took in response to children's fears. Actions ranged from distracting or redirecting children, to eliminating the feared object. Three caregivers commented that they distract or redirect fearful children. Maria said she would "read stories, sing songs" until the child was ready to talk about the fear. Ida reported that she would "try to involve the child in an activity, play activity, or doing an activity with other children." Melissa also reported involving children in activities to redirect them. After separating a fearful child from her/his parents, Kelly said she would:

> Offer some alternatives, like "let's go to the gate and wave goodbye", or...find an interesting activity in the room. Sometimes it's as simple as redirecting to another activity.

In her description of her reaction to children who were afraid of a spider in the preschool, Nadine reported the action of eliminating the feared object.

Ruth doesn't really like to kill spiders, but I do. I don't like spiders either. I think a dead spider's the best sort. So you just get rid of it and tell them everything's fine and it's not going to hurt them - it's gone. And then they're okay.
Modelling

Three caregivers reported modelling non-fearful behaviour as one way that they respond to children's fears. Jane said that she talks to children, but also models appropriate behaviour. “I think it’s important that you don’t suddenly rush up and overwhelm the child, but just be calm and talk to the child about what’s worrying them.”

Both Melissa and Liz reported that they share their own fears with children as a way of not only acknowledging their fears, but also modelling a person who deals with her own fears. Liz said that as well as reassuring and comforting the child, she would "also talk about my fears as well with them." Melissa described how she would share her experiences with a child who demonstrated a separation fear.

A lot of the times if they're upset about mum leaving and worried that mum's not coming back, I reassure them and say, "Well, your mum will be here to pick you up at 3:00. My mum lives in Queensland. I won't see her for a long time. But you'll see your mum at 3:00." And I show them that 3:00 is not really that long, but the time that I have to see my mum would be a long time.

Teaching Strategies

Three caregivers reported that they used teaching strategies in response to children's fears. These strategies were eye contact, allowing the child personal space and time out, and getting children to draw their fears. In these cases, I coded them as "teaching strategies" because they were spontaneous activities, but with the intention of addressing the child's fears. Redirecting a child to stories or games was considered an "action" because it did not
address the child's fear. Observation and planning emotion lessons was coded as "planning" because it involved addressing the child's fears in the future, through an understanding of the child, of child development, and of current teaching strategies for responding to fear.

**Narelle, Kelly** and **Donna** said they used teaching strategies in combination with other strategies to respond to children's fears. Along with verbal responses, such as reassurance and discussion, and physical responses, such as cuddles, **Narelle** reported using eye contact and addressing children at their level. She said her responses were:

> Giving them reassurance and lots of cuddles and affection, telling them that everything’s okay, just making them feel secure; explaining if it’s thunder why it makes that noise and why it’s not going to hurt you. Using your words to comfort them. Using eye contact, that just goes without saying, getting down to their level so they know that you’re serious and "hey I’m communicating with you" sort of thing. "I understand how you feel." A lot of reassurance and talking about the situation.

**Kelly** and **Donna** mentioned personal space, or time out from others as a strategy they used. **Kelly** described a time when she used this strategy with a child who was afraid of musicians who came to perform at the preschool. Sometimes it might be just giving them some time. Like the child that was scared of the music situation, just giving her some space to get used to it, realise that there’s really not much to be scared of and then you know have the confidence to come back to the group.

**Donna** said she would give a child time out and encourage them to draw. She noted that she would respond by "allowing them to spend time away from others if they need it. Having them talk, draw their fears."
Planning

Five caregivers described responses that were not only informed by an understanding of child development and early childhood practice, but involved planning over time and implementation of specific techniques. These responses included observation, discussion with parents or other caregivers, finding stories, music, art or drama activities to address the child's fears and implementing these activities within the early childhood context. Candice said she would "plan or speak to their [primary] caregiver. Maybe they can do some planning or helping them [the children] cope. Sandra said that she would talk to parents. "If it's been something very obvious, I'll talk to the parents about it…say have they noticed and how do they deal with it."

Sandra reported other planning strategies. She said she would “try and talk about it [the child's fear] at the time. And then later on I try and follow up by finding books or things related to it so that we can present those and talk about it." Ruth also reported books as a strategy she uses.

If they’re talking about monsters and things like that, things that are scary in the night time, which is probably one of the most commonly expressed fears we get with children. They have bad dreams, that sort of thing. There’s a monster in my wardrobe, those sorts of things, or crocodile under the bed, or those sorts of things, well you can read those. And there was I had a little group of books that dealt with scary things in a way that the child could identify with. And sometimes I’d tell children “I’m going to read you a scary story today”. And I do try and make it as atmospheric as possible, because I know that the denouement will be “ahhhh”. So sometimes I do that and I can use my voice to make everybody…and I deliberately try and make them jump at the jumping part. Because it’s so nice to know that they’re safe in being scared.
Simone advocated using books and songs to encourage children to learn more about the feared object.

If it's a fear that was like a really strong fear, like every time a thunderstorm came or something like that, I would probably work with the child and encourage them to find out more about thunderstorms. That's just an example - like how does it happen and look in books, introduce songs and all that's relevant to the fear.

Jane's response to children's fears incorporates verbal responses and modelling with planning. She suggested that after she finds out what's worrying the child, she would:

Make a note of that and follow through later in the program through stories or maybe they just need very calming activities that you can talk to them while they're working with finger paint. Or sometimes I'd put figures out that they can just work through with dolls in the home corner, figures in a small playhouse or in the block area. Or just follow through suggestions that they might make cause often they say that they'd like to play with something and they're telling you that they need to work that through.

Caregivers' Responses to Other Emotions

This discussion on caregivers' responses to other emotions is based on the question in the caregivers' survey, "How do you respond to other emotions?" Parents and children were not asked a similar question. The purpose of this question was to provide a richer description of caregivers’ responses to fear, by looking at how they say they respond to other emotions and comparing that to the way they report they respond to fear. Categories used to code these responses were the same as fear categories, except for one additional category, "Same as Fear." (see Appendix 31).
Many of the responses caregivers reported to other emotions were similar to those they reported for fear. However, there were also some marked differences. In responding to other emotions, caregivers noted verbal responses, such as acknowledgement, discussion and empathy; physical responses such as holding and hugging a child; and a variety of teaching strategies and planning. Table 5.5 shows the categories used to code this question.

**Table 5.5 Categories used to code caregivers' question, "How do you respond to other emotions?"

<table>
<thead>
<tr>
<th>Caregivers' response</th>
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<tbody>
<tr>
<td>Verbal Response</td>
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<tr>
<td>Physical Response</td>
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<tr>
<td>Modelling or social referencing</td>
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<tr>
<td>Action</td>
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<td>Combination Response</td>
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<tr>
<td>Teaching Strategy</td>
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<tr>
<td>Planning</td>
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<td>Same as Fear</td>
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All caregivers reported using verbal responses, five said they use physical responses, four action and two modelling. Teaching strategies were reported by seven caregivers and six caregivers reported using planning strategies.

**Irene, Mikala** and **Donna** only reported one type of response to other emotions; a verbal response. But eighteen of the twenty-one caregivers reported using a combination of strategies to respond to other emotions. While acknowledging that most caregivers reported a combination of approaches, each approach is discussed separately as follows.
Verbal Response

Similar to their responses to the emotion of fear, all caregivers said that they would respond at least partly in a verbal way to other emotions. However, only two caregivers mentioned reassurance as a verbal response they would use, and in both cases this response was for the emotion of sadness. Candice said that if a child was sad, she would "just give them cuddles, let them know that everything's okay." Karen noted that "if they're sad, we just try and reassure them that everything's okay."

Eight caregivers said they would acknowledge the emotion. Donna talked about acknowledgement by "taking each emotion seriously." Irene said she would respond to other emotions

> Probably by acknowledging the emotion…It's saying "well yes, I realise that you're scared" or if they're surprised, say "Oh, you're surprised" or "I can see you're happy today" or whatever. So really it's just acknowledging that they have that emotion and then maybe talking about why they're feeling like that.

Jane, Simone, Kelly, Barbara, Liz and Ruth said they would also use acknowledgement as one of their verbal responses to emotions.

Empathy was a verbal strategy reported by two caregivers. Mikala said she would "be sympathetic and empathise" with a sad child, and Narelle said that one way she would respond to children's emotions was by "putting yourself in their place."
All twenty-one caregivers reported that they used discussion as a verbal technique to respond to other emotions. This included talk, explanation and encouragement. Barbara described her response, beginning with acknowledgement and continuing as discussion.

It's a way to let the children know that it's okay. It's okay to express that they feel this way. It's okay for them…But also verbalising to them that "you feel happy today", or "do you feel angry?" You know, asking them do they.."You're very excited about going on the excursion. You're really interested in the frog in the tank." Putting their emotions back and letting them know - is this the way you feel? And then they can respond and say, "no I'm not" or "yes, I am."

From discussion with the child about the emotion, some caregivers can determine how to respond. Narelle said that she starts by "making them talk about that emotion and what’s caused it. Then you can decipher what it is and how you can go about dealing with that." Donna said that she would try to understand why children were experiencing a particular emotion by encouraging children to verbalise. "I have them try to explain their feelings and why they are feeling that way." Irene said that she would "acknowledge the emotion, then encourage the child to talk about the emotion through open-ended questions". Jane said "I think it’s important to talk about all their emotions and say “look, it’s okay” or “that’s great that you feel happy about that” or “I’m sorry you’re feeling sad but I’m glad you’ve told me or shown me that you’re sad”.

Melissa said she engages children in discussion by actively listening to what they are expressing and sharing her own emotional experiences.
I respond to them the way I know they want me to respond to them. Like I usually read their faces...Happiness, I listen to what they're saying and show great interest in it and then tell them of my experience of happiness as well.

**Liz** said she would "talk to the child and try to address why they are feeling this way, tell the child that you also feel the same at different times." **Simone** described an incident where she shared her own emotion experiences when a child was sad because his grandmother had died. "I actually had given him an example of how I had felt sad when my grandmother had died as well."

**Simone** also cited an example of how she engaged children in discussion to help them understand not only their feelings, but the feelings of others.

Steven was sad this morning because Joel wasn’t his friend. So I went over to Joel and asked him how would he feel if Steven had decided for that day he didn’t want to be Joel's friend. He said "I’d feel sad." So I said to him, "How do you think Steven is feeling now?" and he said "sad". The two boys then talked about it and I got them involved with the game and they were fine.

**Irene** reported that talking can increase children's awareness of their emotions.

Just by acknowledging their emotions and encouraging them to talk about their emotions, it’s really getting them to understand that they have different emotions and that there’s names for those emotions.

**Mikala** spoke of educating children as a way of responding to the emotion of disgust. Speaking of a child who was disgusted with a food being served at the preschool, she said:

We'll say "give it a go before you say 'no' to it." Actually, the kids will say "yuk"...to a lot of bush tuckers, too. If you say, "we're eating snake" well, "oooh, yuk!" And you just explain
to them…that's what these people eat. Like we eat lamb, they might not eat lamb or meat or whatever else. I think it's a thing of communicating and educating them.

With increased awareness of their own emotions, children can also be helped to accept their feelings and ways of dealing with them. Liz said:

Just talking to the child again about how they’re feeling and also like if it is sad, angry, or any of those, telling the child it’s okay to feel this way, but with sad and angry sometimes there’s an appropriate way to deal with it...Not lashing out. But then it’s okay to feel angry.

Physical Response

While all twenty-one caregivers reported responding verbally to children's emotions, only five said that they would also respond in a physical way. Lenore, Candice, Grace and Helen reported responding to some emotion displays with cuddles. Melissa also used physical proximity in her description of how she responds to children who are sad:

I just sit with them. Sometimes I don’t even talk to them. Sometimes I just sit and hold them cause that’s all they need. Sometimes they just need a hug because something that happened at home that morning might have upset them, made them sad, or even made them disgusted. You don’t know what goes on in their home life. Something might have just really put them off for the rest of the day. So it’s just sit and hold them. And usually they start talking and then I just build up on the conversation by just asking small questions on how they feel.

Action

Four caregivers reported using some form of action in their responses to other emotions. When a child is sad, Lenore said she "diverts their attention by giving them a special job." Kelly reported she uses "redirection to take
them to something else." Nadine and Ruth also reported that they would redirect inappropriate emotion displays.

**Modelling**

Two caregivers spoke of modelling as a technique they would use in responding to other emotions. Melinda said she would "copy their emotions. If they're happy, you be happy." Ruth said she would model appropriate emotion display by behaviours such as responding with sympathy to an injured child.

**Teaching Strategies**

Seven caregivers reported teaching strategies they would use to respond to other emotions. These included eye contact, time out and teaching children appropriate emotion expression. Similar to Narelle's response to fear, Maria said that with all emotions she would "always talk to them at their eye level. That’s what I always find. Get down to them."

Simone and Karen reported using "time out" as one of their strategies. Karen said that if a child takes out her/his anger on other children, "we tend to …give them time out." Simone said she would also use "time out" to deal with anger.

If the child was that angry that they just weren't going to talk to you about it, like if it was a situation where you couldn't get through to them at the time, I'd perhaps get them time out.
Narelle, Kelly, Liz and Ruth described a teaching strategy where they teach children appropriate ways to express emotions. Narelle said she would give children “ways that they can express these emotions…such as instead of hitting, stamp your feet, pull a face, something like that that's more acceptable behaviour.”

Liz said that with sadness and anger, she would teach children that "sometimes there's an appropriate way to deal with it." Ruth said:

If it's an appropriate emotion under the circumstances, you would rejoice in those emotions, and respond to them…But if it's an inappropriate kind of emotional response in the situation, you would first of all see why the child's responding like that and quietly say to them that maybe there's other ways to respond that may be more appropriate.

Kelly described teaching appropriate and inappropriate expression to the angry child:

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…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.

Planning

Six caregivers described planning activities to address children's emotions. Simone and Candice said that if a child showed interest, they would extend on that interest through bringing in books and engaging the child in activities related to the interest.
Ida said that she would respond to anger by working with parents and organising a program for the child.

We work with the child, we work with the mum to find out why the child is angry…If there is a reason behind that child's anger, that child's behaviour, we look into it. We look at the medical side of it and if need, then with parents' consent we organise a program for that particular child.

Barbara and Sandra reported using stories, music and drama to respond to children's emotions. Sandra said that she would "explore the different emotions through discussion, picture talks, songs, stories, group work. Talk about how we express these emotions, how it makes others feel." Barbara added:

We do a lot of helping them respond to their emotions through songs and dance and stories, discussions and role play. So if they have a fear of hospitals, or they know someone that’s in hospital, then we’ll put out a hospital corner. We try and use equipment that they’re actually using in hospitals. We have pictures. And lots of the time we’ll just watch them role play out what they’re actually feeling at the time.

Sandra also said she would work with parents as a strategy for responding to children's emotions. "Sometimes too if it’s been something very obvious, I’ll talk to the parents about it as well, and say have they noticed and how do they deal with it." Talking to parents was also mentioned as a strategy by Jane. “We can talk about that and follow it through with the parents if you feel it’s necessary as well, which it generally is. It’s good to share the good times and the bad times.”
Jane again mentioned using persona dolls, as a way of addressing emotions, by:

Talking about issues but not naming specific children. But if there’s an issue you’d use the doll to talk about a story incident and use completely different names. And then the children can relate to that, if they feel it’s their need.

While I was collecting data at Braddock Preschool, I witnessed Jane teaching emotions using the story, "Grumpy Nicola", with a small group of children. This was an example of planned emotion teaching, focused on the emotion of anger.

Jane began by discussing the picture, on the front cover, of an angry child. Jane asked the group how the girl feels. They responded with "angry" or "mad." Joey made an angry face. Jane said that sometimes we do feel angry, and asked the group? "Would it be okay if we were grumpy all day?" Then she began reading. In the story, Nicola scowled. Jane asked the group if they could scowl. The children all began making angry faces. As she read the story, she told the children that it's okay to be grumpy, as long as you don't hurt anyone. In the story, Nicola made the baby cry. Jane asked, "How is she hurting the baby?" The children replied that she's scaring him. As Jane read on, Nicola made faces to show various emotions. Jane encouraged the children to make the same faces. At the end of the story, Nicola fell asleep. Lenny identified Nicola's face as "happy" as she slept. Jane talked about how people sometimes need their own space when they feel angry, which was why Nicola's mother sent her to her room. She asked the children if they need space when they are feeling angry. Matthew said that he needs space, but he shares a room with his brother. So he goes outside.

Similarity to Fear

Six caregivers reported that they would respond to other emotions in the same way as they respond to fear. Irene noted that by acknowledging the emotion, you are responding in the same way that you respond to fear. However, when looking at caregivers' responses to fear and to other emotions, despite them saying they responded in a similar fashion, there
were marked differences. For example, Melissa said that she would respond to fear by showing interest in the child's emotion, talking about it, and sharing her own emotion experiences. However, Melissa's description of her response to sadness indicated a different, somewhat more physical response as she indicated that she would sit beside the child and hug her/him.

Other caregivers noted a difference in their responses to fear and to other emotions. When I asked Kelly if her response to other emotions was different to her response to fear, she said:

Yeah, probably. Because with all the other emotions you tend to share in it more. Like if they’re happy about something, “Oh, wow, you know, that happened to you on the weekend” or “that’s great to hear you had a good time” or like, “tell me about it.” Whereas I think with fear you’re more likely to try and help them overcome it or bring them out of it. Whereas the other emotions I think you’re more happy to share in them.
Responding to the Fears of Early Childhood - Part 2 - Perception

Effectiveness of Caregiver's Responses

This section addresses the research question, “How do participants rate the effectiveness of the ways caregivers currently respond to children’s fears?” Parents, caregivers and children were asked to rate the effectiveness of caregivers' responses in helping children to deal with their fear. Participants' responses are tabled in Appendices 32, 33 and 34.

Children's Responses

In the Focal Group Interview, children were asked whether what teachers do to help children who are afraid helps. Most children responded with either "yes" or "no" and very few children made any comment beyond "yes" or "no." Thirty-five of the forty-five children said that caregivers help children who are afraid. Evie added, “Teachers have to help.” Four children said that teachers don’t help and six children said they didn’t know.

Caregivers' and Parents' Responses

This section looks at how caregivers and parents rated caregivers' effectiveness in responding to children's fears. It is based on questions in the Caregivers' and Parents' Surveys. Caregivers were asked, "How effective are these current responses to helping children to deal with fear or other emotions?" Parents were asked, "How effective are the ways the adults currently respond in dealing with your child's [or children's] fears?" All responses were coded as "Effective." "Very Effective," "Could be More
Effective" or "Don't Know." A response was considered "effective" if it stated that there was a positive impact on the children, or that a situation had improved. If someone used descriptive terms, such as "excellent," "very good" or "very effective," their response was coded as "very effective." If the response named areas that needed further input or improvement or techniques not working, it was coded as "could be more effective." "Don't Know" meant the participant said she/he was unable to judge the effectiveness of caregivers' responses to children's fears.

Parents' and caregivers' answers to this question are looked at together in this section. Where examples are given, this section follows the coding for the rest of the thesis where parents' names are italicised, caregivers' names are bolded, children's names are in normal text, and the researcher's name is capitalised. In total, twenty-eight adults rated caregivers' responses as "effective" and eighteen as "very effective." Eight adults reported that caregivers' responses could be more effective and nine said that they didn't know how effective these responses are. Each category of effectiveness is discussed below.

**Effective**

Twenty-seven of the sixty-three adults reported caregivers' responses to children's fears to be effective, or adequate. While this is almost half the adults surveyed, it should be noted that their reasons varied and in some cases their reports may not have been as well-informed as they would have liked. This is because many parents reported that they were not in attendance
in the centre to actually observe caregivers' responses, so were speculating that their responses were effective based on evidence such as that their child was happy to attend the preschool.

Some adults noted that caregivers' responses were "pretty good" (Daniel/Betty, Debbie, Fiona, Jaye, May, Mona, Sharon). Mariana said, "I think they do all right" and Lena commented, "Quite effective." Belinda remarked, "I haven't seen too many children have much fear at this preschool or at school, so I guess they must be doing the right things." Mandy agreed, saying "I haven't seen anything to think that they're not effective. I'm not here all the time and I haven't experienced any ineffective adult." At least, reported Kay, what caregivers are doing is “more effective than denying fears.” Maria added, "it works, I feel it does." Sheri also said that what caregivers do, helps.

Some parents and one caregiver reported caregivers' responses as effective because they hadn't had any problems with their child, or seen any problems with the children. Candice noted, "I haven't had any problems." Mona said, “I think they're pretty effective. Because I've never had a phone call in the middle of the day to say come and get them, they're terrified.”

Carly reported that she hadn't witnessed caregivers’ responses, but, "I'd say it'd be fine because I haven't noticed otherwise. I'm here for ten minutes in the morning and ten minutes in the afternoon." Other parents felt the same. Fiona said that caregivers' responses were "pretty good I suppose. I can’t
really comment. It’s just the one time that she’s mentioned that the one boy’s pushed her and that’s all. There’s not been like a few where she’s cried or anything, she’s just told mum about it and I told her how to handle it."

Diane felt that caregivers were effective "as far as I know. I can't pinpoint any fears that they've had here. I don't think Larry has ever been bullied or I don't think Camille has as far as I'm aware." Ann described Avral's reactions to preschool as her reason for judging the caregivers' responses to fear as effective.

They must be fairly effective because Avral’s a child that would come home and mention or say she was worried about something, she’d tell me. So, basically, a lot of times if something’s happened at school that maybe she is to be concerned about, or she would normally be concerned about, she’ll come out with something at home like: “This happened today, but we’re not to worry about it, because of so and so and so and so and so. And this is what happens and everything’s going to be all right.” So obviously she’s confident and happy enough when she’s talking about it to not show that there’s any worry for her.

Beyond reporting caregivers' responses as effective because they hadn't seen otherwise, two adults reported caregivers' responses as effective because the children were happy at the centre. Patsy said that David "appears to be happy at Preschool and I don't know of any fears he has exhibited." From this she judges caregivers' responses to be effective. Trish noted, "I hear about what they do through Rhonda, and she's just fine here."

Laura reported an incident where her child was becoming less fearful, as evidence that caregivers' responses were effective. Curt was described as
experiencing separation fear. She said, "I think it's starting to be effective now, the last couple times he's pretty happy once I've gone."

Others saw a general change in the fear level and the way children were expressing emotion. Irene said:

I feel that the fear of separation has reduced, so obviously what we’ve been doing must be working in some way. What I’ve been doing. Cause there’s fewer tears and fewer requests for mum and can I go home and that type of thing. And individual fears, we’ve sort of dealt with those as they’ve arisen.

Liz noted that caregivers' responses enabled children to validate and address their emotions. “Children can then be aware that it is okay to feel these emotions/fears, because others do. They are also able to address their emotions and fears." Nadine repeated this idea, noting her intervention.

Nadine: If there’s something that they’re happy or excited about or whatever, they’re always quite happy to talk to you about it if you ask them about it. And most of the time you don’t even have to ask them.
REESA: So you think the approaches are pretty effective?
Nadine: Yeah. And I mean if they show an interest in an activity, I think if you sit down with them and explore the interest, it makes it that much better for them.

Jane said she had observed a general change in children's relationships with others. "Children are relating and do talk openly with staff and their peers and parents." This was partly due to giving children the time and attention they need as well as to plan emotion activities.

Jane: I really feel that as you get to know children, and they’re very comfortable in relating to you, they do come up to you and they talk about things. It’s a matter of sitting down and just really working alongside them at activities in their daily program and they really do open up to you. But if you’re
always busy and buzzing about, which sometimes I find I am, they do not open up as much as when you just sit there in the daily program, and it comes out.

**REESA:** So you judge it as pretty effective if you have that opportunity to work alongside with them?

**Jane:** Yes and you do notice them responding to those materials that you programmed for as well. They follow through and they talk about them, incidents in their lives.

Three caregivers cited cases where their responses to specific children's fears seem to have been effective. **Irene** reported:

> I was thinking of one particular child, actually that comes on a Wednesday, who has really been fearful of different situations. So hopefully when they arise again they won’t be as scary to her. Because we’ve talked about it and she’s been through the experience and nothing bad has happened to her. So hopefully next time.

**REESA:** What kind of experiences are you talking about? Separation?

**Irene:** Well that was initially, she was like that. And then there was also the first fire drill we had. She was totally upset about that. And then the policeman came to visit and she was really scared of him. And so we dealt with that at the time and by the end of the visit she was okay. So hopefully next time we have a visitor... She'd be one of those that doesn’t like changes in routines and she’s also had other things, other experiences that have, you know, from speaking to mum, that obviously affected her.

**Donna** reported effectiveness in responding to a child who had been fearful during recent floods in Manawaka.

> With one particular child, he fears outside since the floods and we have allowed him to stay inside. He didn’t participate in anything. He ventured outside last week and participated [in] group. So with some children it works out, other children need extra time and help with their emotional needs.

**Ida** spoke of a "spider fear" program implemented by the caregivers at Moorobool.
We had quite a few children that came in here that had fear of spiders. So we have a program where we encourage the children to participate in activities. We don’t force them, we leave it open and if the child comes over, has a fear of spiders, they view it and they see other children participating in that particular activity, they then gradually tend to come along and participate. It’s a slow process, but the end result is they no longer have that fear of that particular, well, we can use spiders as an example. But at the same time we teach the children, whilst we encourage them not to have a fear...that spiders bite you - you have to be careful in how you approach them. You don’t approach them by picking them up, etc.

We did have a child that did have a real fear of spiders, but unfortunately the parents didn’t note that on their enrolment form and when we had an activity on insects, that child actually panicked and nearly went out to it. But we worked with that child, with the family, to reassure that child that to look at an activity is not the same as hands-on with the spider. And we worked around it so that child then became familiar with insects around them and whilst that child knew that there are types of insects that are dangerous… it’s okay to look and observe spiders and not have a fear of looking. But at the same time…to be very careful, not to touch, unless they are familiar with the spider or to speak to an adult.

Another caregiver reported some success, but not in every situation. Kelly said:

I suppose the only way for me to judge is from their [the children's] response and I find usually one or more of those things will help. If my first strategy doesn’t work, then I’ll try something else. I find usually children can be fairly easily, not easily, but with the right strategy, they can be moved out of a situation that they’re not happy in. If they’re really distressed about a situation or unhappy, I find that if you use the right strategy, you can overcome it. There are children of course. We’ve had a child here who has had separation anxiety for a year now. He’s still distressed when he comes. How much of that’s genuine and how much of it is having adults wrapped around his finger, cause, to be honest, some of it is about that. Yeah, we’re not sure how much of it, but, so I suppose all the strategies we’ve used in that regard haven’t been as successful as they might have been with other children.
**Very Effective**

Eighteen adults went beyond "effective" to describe caregivers' responses to children's fears as "very effective." Susanne said, “Very effective because he does settle and he's very happy when I pick him up." From a caregiver's perspective, Mikala said "very, very, very good at the moment" and Lenore reported caregivers' responses as “very effective in building up close relationships with the child. Effective as they stop the child from crying quicker, makes the child happier sooner, which is important.” Barbara found caregivers' responses to children's fears very effective and described how these responses were implemented.

If we have a hospital corner, they’re using needles, they’ll say “Oh, that hurts”. And we’ll say, “Yes, needles do hurt”. We’ll give a response to that. If they’re in a baker’s corner and they’ll go “Oh, that’s hot. It’s hot. The oven’s hot”. We’ll say, "Yes ovens are hot. You’re right, ovens are hot. You can burn yourself. We need to cool our bread down”, or things like that. We also work with parents if the emotion is a problem with the child or the parent or the caregiver. So we actually get a lot of information off parents. If we see that there is a concern with the child or go to the parent. Or if another staff member sees there’s a problem, then they go to the caregiver of that child. We’ve all got different children in our groups. So they may sort of say, "I’ve noticed this about this child" and you’ll actually talk to the caregiver, and the child and the parents.

Barbara's description of caregivers' responses seemed to go beyond the emotion of fear, to other emotions and also to children's dramatic play in general. Other caregivers and parents who reported responses as "very effective, when elaborating, seemed to refer to caregivers' general practice rather than to their responses to the emotion of fear. Grace said that caregivers' responses "change their [the children's] emotions by the way we respond and is very effective." Karen said that caregivers' responses were
very effective. "They tend to...trust us, probably because the time they actually attend the centre they show their trust towards us...and there’s certain ones that they go for more than others."

From a parent's perspective, Norman reported, "They’ve got to be very effective because they (his children) talk as if the teachers are trustworthy and they like them and they learn from them." Norman had indicated that he does not spend time in the preschool setting, so relies on reports from his children. However, his comment is about caregivers' trustworthiness and affability rather than their responses to children's fears. Sally reported caregivers as "very effective" because they seem to respond in similar ways to how she responds.

I think it’s very effective. They pick him up the same way that I do and hug him and he feels safe with them. He feels very safe here. I couldn’t leave him with anyone else. He’s grown to feel safe with them. So I think what they do and how they make him feel is very effective.

Another parent reported caregivers' responses as very effective because they prepare children for school. Rowena said:

Obviously I think very effective or I wouldn’t be here. And I know from experience because my son was here last year and he was very well prepared for school. And I think (the teachers) do a fantastic job. I’ve been to other preschools, I’ve been to one other one day a week prior to this one which I thought was good. I did my homework before going and it wasn’t until I came here I realised well this is leaps and bounds better than most for various reasons.

Other parents rated caregivers' responses as "very effective" because they explain things to children (Ellen), they discipline and "mould" children (Christa), or because they have maintained their jobs (Rachel). Rachel
commented: "I think they do a perfect job. Otherwise they wouldn’t still be working there." Don and Angela reported caregivers' responses as very effective if they are implemented by a particular caregiver. They commented "especially if Lenore takes him."

**Could be more Effective**

Nine adults reported that caregivers' responses to children's fears could be more effective. Parents expressed a desire for caregivers to be more aware of and do more about children's fears, whereas caregivers indicated a need for further training, partnerships with parents, and lower staff/child ratios to increase time with each child.

Three parents' comments were based on the fact that their child's fears had not improved very much. Maggie said of Curt's separation fear:

> In terms of improvement, I don’t know that it’s been particularly effective. He does appear to be getting slightly better, but in terms of the immediate effect, I think that their reassurance helps him. It certainly helps me to not feel so guilty about leaving. But he doesn’t seem to be changing very much in this constant want not to come.

*Vera* described Rebecca's reaction when caregivers respond to her fear. "She quietens down for a little while. Then she sort of just remembers and starts crying again. Like she doesn’t like forget sort of thing." Perhaps if other parents had children who were fearful, they may have had similar comments to Maggie's and Vera's. Commenting about Cindy's fears of being in preschool, Leona said:
I think the comfort they give her is great and I think she responds to that comfort… but she’s actually stuck of what to do at this point in terms of inserting within group frameworks. She just doesn’t seem to know how to do that…I actually think there should be a tiny bit more facilitation.

Two parents of children who, at the time of the interview, were not experiencing fear, still reported that caregivers could do more to respond to children's fears. Sue Ellen noted that "when they’re really little, that fear might stay with them; even though they [caregivers] might be doing things, I think they’re still quite anxious." While Hayley reported that caregivers "were always very good with Lenny when he had the couple of weeks where he didn’t want to be left here at preschool," she noted, "I think some of the other fears they don’t necessarily know about unless they’re a visible sort of fear in the sense that someone is crying and it comes out." She suggested that "maybe they need to talk one on one with children about something - do you have any concerns?"

Four caregivers reported that their responses to children's fears were not as effective as they could be. While Melissa said her responses to children's fears were "pretty much effective," she noted, "there are occasions when my time and listening and effort hasn't worked." Simone, Narelle and Kelly also said they could be more effective in responding to children's fears and emotional needs.

For caregivers to do more to respond to children's fears, they reported that they need extra support in the form of partnerships with parents, more staff training, and lower staff/child ratios.
While Sandra felt that caregivers' responses to children's fears are “difficult to assess as children are so individual in their personalities” she suggested that they would be more effective if a partnership was established between staff and parents:

Then you can sort of talk to each other and see how it’s being effective at home and at preschool. I just find a lot of children, especially boys, say "I’m not scared of anything." When you try and bring up these situations they put on this big bravado front and it’s really hard to get through that.

Melissa also noted the value of partnerships with parents for caregivers to effectively deal with children's fears. “If all [else] fails, we have a meeting with the parents about their child’s fears and problems and work with them to make the child’s fears fade.”

While partnerships with parents were reported as one way of making caregivers' responses to children's fears more effective, staff training was also considered an important issue. Kelly commented that "caregivers need more training in the more obvious emotions and how do deal with them. Caregivers are unsure of limits." She said that children should be able to express all emotions, but it’s how you show them that needs to be guided. She also suggested that teacher training could include how to deal with emotions and what is acceptable and unacceptable emotion display behaviour. Sandra admitted "I am pretty limited in this area. So…any ideas would be welcome."
Narelle also voiced a desire for more training, in this case on how to deal with anger. While she said that current strategies are effective, she expressed the need for more strategies.

I personally think that I’d like some more information on when a child is angry how to deal with that. We have a few aggressive children out there at the moment and I’d like some more strategies on how to deal with that.

Melissa expressed a desire for more strategies for dealing with children's anger, describing incidents where her response just didn't work.

There are occasions when my time and listening and effort hasn’t worked. There are…odd occasion[s] where the child is so upset, mostly because the parents are separated, and that’s what they’re angry, cause dad’s not coming back. So it’s really hard…you just more or less sit and listen, there’s nothing much else you can do because that’s their anger that they’re trying to let out. And usually that’s projected by when mum drops them off they’re kicking and screaming. Like that’s when you know something’s wrong - when they actually kick and scream. I’ve had that on occasions, that’s because dad left.

Time for dealing effectively with children's emotional needs was a concern to some caregivers, who felt that time is restricted due to the high staff/child ratios in the preschool settings. Simone reported:

With the things like interests and extending on their interests, it would be nice to have - because you have so many children to three adults, it’s really hard to be really absorbed in one particular child’s emotion because you have so much going on around you. You do acknowledge it, but sometimes I feel that I’m not as genuine. I feel that I’d really love to spend more time with that child, doing, talking more about what they’re feeling or whatever. But there’s something going on over there, so I sometimes wonder whether the children feel - I don’t know if "genuine" is the right word - but, you know, but [I] feel that I’m rushed. And it’s not nice to be rushed, because children deserve to have all that time as well. Because you like to have it as an adult, so why doesn’t a child? I really want to do that but you can’t all the time and I sometimes feel like I’m cheating on the child and cheating on me.
Kelly also expressed the concern that staffing was making caregivers' responses to children's emotional needs less effective than they could be.

With some of our more difficult behaviour, whether it’s anger or separation anxiety, we know what strategies work. But sometimes they take such a long time. You can’t disregard the other children in your care for the sake of one when it takes a whole day to overcome an emotion like the separation anxiety. It almost requires one staff member for the whole day and all right, at the end of the day you could actually achieve what you set out to do. You could give him a more successful, happy day. But you can’t ignore the other children in your care. So for us it’s sometimes a real juggle.

Like I said most of the time, most children will respond to the usual choice of strategies that we have. But then once in a while you’ll find a child that doesn’t or just needs so much more time to be able to achieve that, that it’s sometimes pretty challenging.

Kelly noted that many children in the preschool come from sole parent or long-term unemployed families, and these issues impact greatly on children. Kelly said that the childcare profession needs increased staff ratios. Chelsea Long Day Care Centre has adopted a Reggio Emilia approach, where choices are given to children. She feels this fosters independence and self-esteem. It can be set up so the children can work independently and the caregivers can give extra attention to individual children. Resources ideally could be used with or without staff present, and without prior staff training. Kelly said that with changes in family lifestyles, teachers have become more responsible for the socialisation and emotional development of children.

Effectiveness Unknown

Nine adults reported that they did not know how effective caregivers' responses to children's fears were. For some of the parents, it was because
they had not spent enough time in the preschool (Bill, Deana, Jayda, Lyn, Peggy). Peggy said, "I haven't spent time here. I don't know." For Fiona, the only strategy she could comment on was her own intervention strategy when Janelle was anxious. Of caregivers responses, she said, "Pretty good, I suppose. I can't really comment. It's just the one time that she's mentioned that the one boy's pushed her and that's all. There's not been like a few where she's cried or anything, she's just told mum about it and I told her how to handle it."

But three caregivers were equally unable to comment on the effectiveness of current practice in responding to children's fears (Melinda, Ruth, Sandra). Melinda merely said "I don't know" when asked how effective caregivers' responses were, but Ruth explained:

I don’t know...The fear is probably something that is not within my experience with the child, our shared experience, so it's something outside the school. And depending on how deeply based that fear is, and how the other caring adults or people in that child’s situation respond, whether it fosters the fear or whether it helps put out...I can talk to the child about it and I can perhaps suggest strategies that might overcome that. I can provide material that may be useful to the parents to read if they talk to me about it. And I can talk to the child about the issues or read them stories, or do all those sorts of things. Just talk it through.

Sandra said she needed partnerships with parents to assess the effectiveness of her responses to fear. When asked how effective current practice is, she replied, “Well, I don't know. I find it quite difficult to assess how effective it is really. Unless it's something they you're working in conjunction with a
parent with.” Again, partnerships with parents was mentioned as a way to more effectively respond to children's fears.

**Other Approaches**

This section addresses the research question, “What other methods for responding to children’s fears are suggested by participants?” Nine percent of children, twelve percent of parents and nineteen percent of caregivers reported that caregivers responses could be more effective. Yet suggestions of further approaches caregivers could take in responding to children's fears came from many more children, parents and caregivers. Appendix 35 itemises individual children's suggestions for further approaches, while Appendix 36 itemises parents' and caregivers' suggestions.

The children who suggested other approaches that caregivers could take to respond to children's fears talked mainly about actions and the form of action was often distraction. Some actions seemed to describe a situation. For example, Kaylene said that caregivers "always take me on a ride on the bus." What she was referring to is the school bus that picks her up from home and takes her to preschool, then drops her back at home at the end of the preschool day. Solomon suggested that caregivers "just do something. Just like help some other children, play with other children." Larry spoke of what caregivers could do if there was a fire. "If there was a fire, they could just ring the fire brigade."
Other actions were forms of escape from the fear. Matthew said that caregivers "could take them [fearful children] home or ring up their mums so they can come down and take them." Avral also suggested that caregivers could "ring up their mums." Michelle suggested: "They could put em inside if they're scared of thunder. They would just fall asleep."

Some actions suggested by children seemed less realistic and practical, even including fantasy. Cameron suggested that caregivers "could basically tell them to move out of the way, in case it's a T-Rex. Or run outside and hide." Caylie added that caregivers "could hold onto a string" and Camille said caregivers could "help them up the sky." These children did not elaborate on their comments.

Four children suggested that further responses from caregivers could be verbal responses. Kevin spoke of reassurance, suggesting caregivers say, "Children, don't get worried." Aidan wanted caregivers to "cheer them up" and Bettina suggested caregivers just say, "Shhhh". But Wade suggested that caregivers could "just say not to do things," which could refer to being afraid or to actions by other children that cause some to be afraid.

Two children suggested a physical response by caregivers. Mitchell said that when children are crying, caregivers could "come up and cuddle you." Janelle's suggestion involved physical proximity. She said caregivers could "sit down."
Nine adults reported that caregivers' responses could be more effective. Yet when asked about further approaches to responding to children’s fears, thirty-four of sixty-six adults gave suggestions. Most of the suggestions focused on teaching strategies and planning. Only Jody, Belinda and Vera suggested a further response that was only verbal. Jody suggested that rather than just acknowledging fear, caregivers reassure the child and tell her/him there's no need to be afraid:

Turn it round and say, "Well, there's really no need to be afraid...make it into a positive. Don't reinforce "yes, it's okay, I understand"...but then it's better to reinforce "I've got hold of your hand, nobody's going to hurt you...Focus on the fact that it’s going to be better rather than focusing on the fact that “Yes, I understand your fears, I understand you’re upset, I understand why you’re crying. It’s like you just go into that part rather than the other part.

Belinda and Vera also spoke of reassurance, although Belinda reported that caregivers do reassure fearful children and Vera said that caregivers comfort them.

Two parents suggested teaching strategies that might enhance caregivers' responses to children's fears. Leona had described Cindy as having trouble socialising with other children. She suggested:

[Caregivers could provide] more facilitation. It doesn't have to be as unsubtle as “Cindy's going to be your friend,” but I think that children actually can be put together in ways that buddy them and help them to get to know each other. Particularly in the free play.

Fiona's teaching strategy was discipline. She said that Jasmine had felt a bit overwhelmed by bigger children who had occasionally pushed her and picked on her. She suggested that caregivers offer:
Maybe a little bit more discipline. I don't mean as in raising voices and screaming at them, but maybe it there's one problem child, just keep an eye on that child if they keep re-offending in a way to make other children's fears come out. They've got to realise that there might be one there that could cause the problem.

Both Leona and Fiona suggested teaching strategies because of their children's experiences in preschool. This indicates that where parents are aware of their children's needs at preschool, they may reflect more on strategies that caregivers use and could use to respond to these needs.

One parent and one caregiver suggested responses that I coded as "other approach." Lyn suggested that caregivers could respond "the same way they would their own children." This suggests again the link many parents made between how they as parents respond and how they think caregivers respond to children. Many parents tended to see caregivers as extensions of parents, who did the same things but in a preschool setting. These parents seemed unaware of the professional nature of the early childhood educator's role, and seemed to promote the idea that caregivers are just "nice ladies who babysit their children."

Kelly's other approach was to provide more staff and shorten the day for fearful children. "In an ideal world, more staff. But that's never going to happen…Often it’s not till a lot later that we find out why there was this behaviour. More staff would be the obvious one. For some children, and I’m talking about separation anxiety here, the possibility to make the day shorter for some of them." Time for dealing effectively with children's emotional
needs was a concern to some caregivers, who felt that time is restricted due to the high staff/child ratios in the preschool settings. In commenting on the effectiveness of caregivers' current responses, Simone as well as Kelly also spoke of a need for more staff in order to give children more time to effectively respond to fear and other emotions.

While three adults spoke of verbal responses, two of teaching strategies and two with other approaches, the other twenty-seven adults who suggested further approaches for caregivers to respond to children's fears described planning processes. Planning strategies suggested were: Partnerships (Caregiver-Parent, Caregiver-Child, Caregiver-Caregiver, Caregiver-Professionals), Emotion Education (stories, visits, excursions, group discussions), Professional Development (professional reading and workshops), observation and more consideration of individual situations. Aboriginal caregivers also spoke of a need for cultural consideration.

Partnerships

Fourteen adults suggested partnerships as another way to respond to children's fears. They suggested four kinds of partnerships: between caregivers and parents; between caregivers and children; between caregivers; and between caregivers and other professionals. The most commonly reported partnership was the one between caregivers and parents, with eight adults suggesting this as an approach to respond to children's fears.
Caregiver-Parent Partnership

The relationship between caregivers and parents was the one most cited by both parents and caregivers as essential to helping caregivers respond to children. Nine of the thirty-four adults who suggested further approaches mentioned caregiver-parent partnerships. Norman described its importance:

I think it really has to come from more of a planned approach, as in talking to the adults at the start of the year…try and get more of a profile on the child's behaviour and…trying to work out where the areas of development are. And then reporting back on it. It will only work if there's a two-way thing between the teacher and the parent…so you [parent] can model it to the kid, rather than just have a standard approach and only be reactive for when the kid wants something. By then it's probably either too late or you'll just hush over the problem.

Norman suggested different stages in the caregiver-parent partnership, starting with caregivers getting a profile of the child at the beginning of the year. Barbara noted this practice, reporting:

When children are enrolled, there's actually a clause in their enrolment form, "Does your child have any fears?" and parents are able to write down specific fears that the child has. So that actually helps us understand what they may be fearful of.

When I asked Barbara for a copy of the enrolment form with the fear question, her search proved fruitless. She told me that the question didn't seem to appear on the current enrolment form, but that she was sure it had been there in the past. Irene, however, suggested that caregivers get information from parents before fears actually occur. She suggested that "we do questionnaires for parents, maybe finding out what fears the children have so that we can address those fears. So if we know that we're going to do something that that child is fearful of, we can prepare them." Knowing
children's fears would help Irene to prepare for potentially fearful situations, "so if we have got something new coming, like a visitor or something different, we'll talk about it and explain what will happen." Don and Angela said there was a need for "semi-formal communication channels…If something major or minor has happened, how do we ensure that all carers know?"

More communication with parents was an issue that Kelly felt would enhance caregivers’ responses to children's fears. In Chelsea Long Day Care Centre, where Kelly reported that many children come from problematic family situations, she suggested that strong parent-caregiver partnerships would help the situation:

Often it's not till a lot later that we find out why there was this behaviour. You know, parents will tell us three months later that their home situation has meant a separation in the family. When we don't find those things out straight away, it's really a mystery to us why there's this behaviour. And it makes it a bit harder to deal with...Having an awareness of where the behaviour's coming from helps you understand it a bit better. So sometimes there's probably not as much communication as there could be from families.

Bill, told me that at Chelsea Long Day Care Centre, there is a communication book for each child. It is used as a medium for parents and caregivers to share information about the child, such as what happened on the weekend or the child's achievement's or concerns in preschool. Yet when I asked Simone whether parents communicate children's fears or other emotional concerns in the book, she said, “No. I haven't in any of my children. I don't really have many parents who write in there. There's only about one or two. And nothing like that comes up.”
The communication books were set up and available in a drawer by the sign-in book, for parents to read and write in. This strategy had been put into practice, yet was under-used by parents. Perhaps if the caregiver-parent partnerships were stronger, parents would more actively use this communication tool to share their experiences and concerns about the child with caregivers.

*Norman* said that initial communication with parents would give caregivers insights into children's needs. This could be followed up by caregivers reporting back to parents on the success of whatever strategies they had implemented to address these needs. *Melissa* suggested that caregivers “sit down with the mother and father and find out what’s really troubling the child” and that following implementation of strategies, “have another meeting with the parents again later on, to see if there is any improvement.”

But other adults suggested that parents be involved in the planning and facilitation process as well. *Simone* said that parents should be involved in facilitating "because sometimes they display different fears at home, or what might be a fear at home, we haven't heard about here." *Sue Ellen* suggested that group discussions and discussing the fears with parents would be a good strategy. *Daniel and Betty* added that by informing parents, caregivers and parents could "deal with it [the fear] together."

*Jane* suggested not only involving parents in the process of addressing fears and evaluating change, but also providing parents with information about
fear and other emotional issues. She said, “It's important to have a good parent library that addresses issues that may come up from time to time. Also, to just be really open with parents and talk to them about their children.”

**Caregiver-Child Partnership**

A relationship that is essential to effective emotion facilitation is the caregiver-child partnership. Yet it is taken for granted, and in the data mentioned only by a few people. *Hayley* likened a caregiver-child relationship about emotional issues to a family relationship at the dinner table where everyone talks about their day. She suggested that caregivers ask, “‘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.”

*Daniel and Betty* also reported this strategy in a caregiver-child partnership. They suggested, “talking to them about if they have a fear of something. Showing them that maybe that it’s something that’s not to be afraid of.”

**Caregiver-Caregiver**

At Chelsea Long Day Care Centre, each child is assigned to one caregiver as their "primary caregiver" when in attendance at the preschool. *Candice* reported that one way she responds to children's fears is to "speak to their [primary] caregiver. Maybe they can do some planning on helping them to
cope." **Barbara** mentioned "teacher discussions" as one of her suggested approaches and **Jane** said she would "talk with other staff members."

**Narelle** also mentioned a partnership with other caregivers as another approach to responding to children's fears. She said that consistency in approach between caregivers would be beneficial to the child. She suggested:

As a team, figuring out how we can go about it cause everyone's got their own way. But as a team, how we'd handle one situation, so we're consistent. I find that at the moment I might be doing something and it's not what another person, how they'd handle it, and it's very confusing for that child. So I'd like as a group to be able to go the same sort of way, the same sort of management of behaviour.

**Caregiver-Community Partnership**

Community support can help caregivers in their responses to children's fears. Yet only two adults spoke of a Caregiver-Community partnership. Having come from a situation in Canada where community support was strong, I have found limited community support offered to early childhood teachers here in Australia. **Jane** said, "If incidents arise, you look round at the resources in the community." This will be further discussed in the section about emotion education. **Barbara** mentioned community support for special needs children and children from other cultures. She said, “We have an organisation and they have a special needs unit or they're also a cultural, if there's a cultural thing involved, you can get someone in that speaks the language of the child.”
Other members of the community could be involved in helping caregivers respond to children's fears. These could include: social workers, psychologists, medical practitioners, community librarians and members of various cultural groups, to name a few. However, partnerships with many of these people would involve further funding, which is not currently available to early childhood services.

**Professional Development**

While partnerships were reported as ways of making caregivers' responses to children's fears more effective, professional development was also considered an important issue. This takes the form of resources and in-servicing. Barbara suggested:

> Texts - just reading up on a certain thing, just finding out a lot more information so that you're able to help the child with it. So you're actually looking at learning a bit more about the way the child responds to certain situations.

But professional literature and resources require caregivers to work through issues and strategies alone. Working with other caregivers and with experts in the field is another professional development strategy. Kelly commented that "caregivers need more training in the more obvious emotions and how do deal with them. Caregivers are unsure of limits." She said that children should be able to express all emotions, but it’s how you show them that needs to be guided. She also suggested that teacher training could include how to deal with emotions and what is acceptable and unacceptable emotion display behaviour. Sandra admitted "I am pretty limited in this area. So as I just said, any ideas would be welcome."
Emotion Education

Twelve adults reported implementing an emotion education program in the early childhood classroom would enhance caregivers' responses to children's fears. Emotion education begins with observations of children's behaviour. Jane reported: "We do observations all the time. We record, especially the important things that happen." Observations assist caregivers to determine children's emotional and social needs and to plan accordingly (Beaty, 1994; Brown, Odom & Holcombe, 1996). Following the interpretation of observations, caregivers can plan emotion education that takes the form of discussions, stories, arts activities, lessons about emotions, visits from community members and excursions.

Discussion with children on its own or combined with other strategies was another suggested approach. Barbara recommended "group discussions" and Donna suggested that caregivers "talk about emotions in general, so they are aware why we have these feelings and how they could verbalise how they are feeling." Melissa and Liz suggested using discussion as a follow-up to other activities. Liz described a felt board story about feelings:

The group situation with all the children being involved. Have a felt board story with different feelings…And then talking to the children - what makes you feel happy? What makes you feel sad? And then also I like to involve myself in that as well by telling them what makes me feel happy and sad. So that the children don't think that this is something that happens when you're a child. It also relates with adults as well.

Stories and activities, such as Liz's felt board story, were mentioned by seven of the twelve adults who mentioned emotion education as a further
approach to responding to children's fears. Melissa said she would follow up stories with discussion and then an activity:

> If I knew they were helping at home, I would back it up with stories, stories on things like that, like we have stories here, books on fear of different things like fear of storms, spiders, snakes. So we’d go through different fears and then we’d talk, we’d do small groups, like group therapy type thing. And we’d talk about our fears here. And we have little things like little round cushion things with expressions on them- happy, sad. We’ve also got a book on emotions...and then I’d talk to the children about when do they feel happy or sad and have that certain child in the group.

Throughout this research I have collected several children's books on emotional issues, particularly on children's fears. Some of these resources were pointed out to me by caregivers at the four preschools. Seven people mentioned stories as a way of further responding to children's fears. Rowena described using stories as well as relating situations to other peoples' experiences:

> I know they do it by reading a book that's relating to, for example, a spider or a snake situation or broken arm or whatever the situation is. I know that they do that. But I think that's the best way to do it with children, from my experience. By reading a book or showing by example someone else, some other experience that it's happened to.

Lenore also said she used stories and examples. "If they are scared of a beetle, pick it up and show the child it's okay, maybe read books of beetles."

However, some beetles sting, so it might be advisable to discuss this idea with children. There is always a need to balance emotion responses with safety. During morning tea one day, the topic of spiders came up in conversation. Simone responded by giving factual information. For example, she said that there are spiders called tarantulas that are as big as children’s
toys. They are cooked in banana leaves and eaten in Brazil. While acknowledging that some spiders are dangerous, she was also balancing this information with other spider information, about spiders being used as food.

Irene said she used "stories and language experiences which examine different fears" and Candice said she would "extend, and maybe if there's something there, just read stories." Stories are used along with songs by Melinda, who said she would work on educating children about the fear before it occurred:

I think dealing with the fear before…the children experience it. Either through stories or through song or whatever else….Before the children actually experience it…they've got a bit of background knowledge on it.

Two parents suggested lessons about fear. Ellen reported that caregivers should be "teaching them [the children] things to be afraid of plus things they shouldn't be afraid of." Mandy described a child protection program at another preschool that Benita attended one day a week. “They have a day talking about stranger danger just in the teaching process, so the children learn how to…behave to keep themselves safe in a situation.” However, most perpetrators of child abuse are known to the child. While teaching children stranger danger is useful, child protection should go beyond this to inform children about bad feelings that can happen in any interaction with another person.

Visits from community members and excursions into the community were other approaches suggested for emotion education. Candice and Jane noted
children's fear of police officers. Candice said, "Some children have got a fear of police. Maybe invite them along to give talks." Jane also suggested a police visit, or excursions [to a police station].

**Consideration of Situation and Culture**

For emotion education to be effective, caregivers must consider the individual, the situation and the culture. Knowing the children and understanding their fears not only strengthens the caregiver-child partnership, but also helps to inform caregivers' practices in responding to children's fears. Ruth describes this as follows:

> Look there’d be as many approaches are there are children who are afraid of things. For some children, reassurance is all they need. They may be afraid because it’s something totally unfamiliar. And if you take it one small reassuring step at a time they can overcome that fear straight away. For other children you might really have to go back lots of stages and start to practice that kind of desensitisation process where you start with something that’s far away and approximates the thing and just get closer and closer till you overcome it…as many children as are exhibiting fears, there will be that many approaches.

Ruth's comments show a need for caregivers to be sensitive to each individual child and to respond on an individual basis, rather than with a blanket response that applies to all situations and children. Consideration of the situation should also determine how caregivers choose how to respond. Sandra said that her response to fear "depends on how they've [the children] exhibited them [fears]." Kelly agreed, saying that her response varies "depending on…how they [the children] display it [fear]."
Besides considering the situation, caregivers should consider the cultural background of the children. This was pointed out by three Aboriginal caregivers, but not by non-Aboriginal caregivers. Grace advised that an approach "depends on the situation and cultural background. Koori kids act differently to other children. They react different." Helen added:

> It does depend on different, individual children…Some Koori kids are a little bit different…sometimes they know more…they're a bit older in the head…I think they just hear it from their parents. Certain things. Like the police went past once and it was, "Oh, there's the Gungees [police]." Not many kids know that. Or the word "Gunje [hairy monster]."

Karen also described a need for cultural sensitivity in emotion education:

> Taking the cultural needs into consideration, especially with the Gunje, the didgeridoo and like other culture things. They probably got fears of other things too, so we’ve got to take that in consideration also. With the Koori culture, for instance, they’re more or less even taught at home… not to be afraid of your fear…It’s just in their culture, especially with the Koori culture…I say to my kids, "Gunje is gonna get you. He’s comin there"…It’s just part of em…It’s a way of growing up. Their life style, I suppose. And it’s not just brought in with me as a parent and caregiver. It’s actually brought from the home through aunties, uncles, grandparents, elderly people. We do take other cultures in consideration too, because they got their beliefs also and we’ve got to respect that also.

Karen described Aboriginal children as living side by side with fear. They learn to accept scary things like the "Gunje" as part of their lifestyle, passed down through the generations, as a means of teaching acceptable behaviours. By telling a child that "Gunje is gonna get you" the adult is able to elicit acceptable behaviours, such as staying close and not wandering far from home, in a way that children accept and live with. Indigenous Australians have an oral culture that encourages storytelling and verbalising, often
through legend and metaphor. These techniques could be adopted by white culture, as is suggested in the literature (Dunlop, 1984) to help children to understand and live with their fears and other emotions.

**Case Studies**

During my time in the preschools, there were very few examples of fearful behaviour. On the occasions where children did exhibit fearful behaviour, it was generally in response to separating from the parent to attend preschool. For example, Curt's mother Laura and caregiver Melissa described his fearful behaviour and I witnessed a relatively successful incident where Melissa responded to Curt's fears. As discussed above, parents, caregivers and children were largely satisfied with the ways that fears are expressed and dealt with in the preschool environment. However, not only did some adults express concern about the effectiveness of current practice and suggest further practice, but some children were identified to me because caregivers felt they were unable to respond effectively to their fears or behaviours. These were Wade, who was afraid of the giant living under his bed; Brett, who was afraid of bears; and Michelle, whose behaviour had taken a dramatic turn due to changes in her living circumstances. Caregivers were not having any success in responding to these children's fears. In the case of Wade and of Brett, caregivers asked me to intervene. In Michelle's case, intervention had gone beyond me to clinical intervention. Their stories follow.
The Giant under Wade's Bed

When Wade joined the study, I interviewed him using the Focal Group Interview form. Wade had just turned five the week before and was living with his mother and seven-year-old sister. His parents had been separated for six months. He was very articulate, describing a feeling as "if someone gets hurt, you feel sad" and saying that he had "happy feelings." He reported that he had experienced every emotion except disgust, and he described a circumstance in which he experienced the emotion, and how he exhibited the emotion. Table 5.5 below shows Wade's descriptions of the circumstances that caused each emotion and how he displays each emotion.

Table 5.5  Wade's description of his emotion experiences

<table>
<thead>
<tr>
<th>Emotion</th>
<th>What causes emotion</th>
<th>How emotion is displayed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>I learn things here</td>
<td>Tell them</td>
</tr>
<tr>
<td>Sad</td>
<td>When people hurt me</td>
<td>Tell the teacher</td>
</tr>
<tr>
<td>Angry</td>
<td>When someone don't share</td>
<td>Frown</td>
</tr>
<tr>
<td>Surprised</td>
<td>When someone gives me something good for my birthday</td>
<td>Wade: I do a silly face. REESA: Show me. Wade: <em>opened his mouth wide.</em></td>
</tr>
<tr>
<td>Afraid</td>
<td>When I have bad dreams.</td>
<td>Wade: I do a scared face. REESA: Show me. Wade: <em>widened his mouth and quivered his teeth</em></td>
</tr>
<tr>
<td>Interested</td>
<td>When I look at something.</td>
<td>I tell people.</td>
</tr>
<tr>
<td>Excited</td>
<td>When we're going somewhere.</td>
<td>When I'm surprised. I smile.</td>
</tr>
</tbody>
</table>

Wade responded with "yes" to several items on the fear checklist. He also commented on many of them. He said he was afraid of being left with a babysitter "when I don't know the babysitter," and that he was afraid of snakes "when they're out of glass." He reported that he was afraid of bad
dreams and nightmares "about giants." Wade described a fear of dentists and
of getting a needle - "I'm scared when I get one, but I'm not scared when it's
done." He mentioned that he was afraid "when I go to new schools" and of
dep deep water, "when I fall in there."

Wade told me that when children are afraid in preschool "their mums take
them home" and that helps. He also said that teachers could "just say not to
do things" to help children who are afraid.

After the interview, I read Wade the story, “I’m not scared.” When the child
in the story said he isn’t scared of ice skating, Wade said he’s not even
scared of roller-skating. The child in the story is scared in the dark in his
room. Wade told me that he has a television in his room and he watches
"The Simpsons" as he goes to sleep.

The boy in the story is afraid of monsters in his room. Wade remarked, “He
might be dreaming.” When I finished the story, I asked Wade if he was
scared of anything that we hadn’t talked about during the interview. He said
he was scared of guns (an item in the Focal Group Interview). I told him that
when I was his age, I was scared of losing my mum in a shop. He said he is
also scared of getting lost from his mum. He said, “I shout ‘Mum, I’m
here.’”

At group time, Irene began with a song, then introduced the story, “Franklin
in the Dark.” When she showed the front cover of the book to the class,
Wade told her that the story was about Franklin’s fears. She asked Wade if he was afraid of anything, and he said he was afraid of monsters. Irene asked him, "Are there monsters?" and Wade said, "Nah." Wade noticed that the monsters in the book looked like things in the sea.

Irene asked the class to imagine there were monsters in their rooms.

Callum: They’re in my bedroom and they hide around my bed. They look like ghosts. The duck in the story is afraid of deep water. Wade: I’m not afraid of deep water.

Irene read the story and talked about it. She made the point that Franklin’s mother was afraid she might lose him.

Wade: Sometimes mothers might be afraid cause they don’t want to lose you. Irene: What could Franklin do if he’s scared of the dark? Wade: Look under his bed. Joey: Tell his mummy. Sam: Get a torch. I sometimes get scared and I take something in my bed.

From the discussion that followed, it was suggested that if you have bad dreams, you should go into your mum’s bed. Irene said that when you’re afraid, you can do something to help yourself.

A follow-up activity to the story was set up at the drawing table, where children were asked to draw what scares them. Joey drew a redback to scare Irene and said that he wasn’t scared of anything. Mardi drew a spider picture and said, “A huntsman makes me scared.” Kate drew a picture and said, “I’m scared of the dark. Mummy and daddy turn the lights on when I’m
in bed." Wade drew a monster. He said, “It’s got its big eyes sticking out here. There’s blood on its tummy.” Using a brown texta, Wade drew what looked like genitalia on his monster. I asked him what it was. “It’s Willy” he said.

The following week I interviewed Sally, Wade's mother, using the Parent Survey. Sally described Wade as "very insecure at the moment", displaying anger, fear of separation, and fear of bad dreams, ghosts, monsters or spirits, new people or experiences, dogs, the dark, deep water, burglary, high places and rides. She said that the way she responds to his fears is "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." She reported that he is afraid of being left at preschool and cries and won't join in when she is at the centre. Wade stayed with Sally during her interview, as he doesn't leave her side when she is in the preschool.

The issue of safety was repeated by Sally in her description of caregivers' responses to children's fears:

I've seen them respond the same way that I do. Making him know he's safe and secure...They pick him up the same way I do and hug him and he feels safe with them. He feels very safe here. I couldn't leave him with anyone else. He's grown to feel safe with them.

Sally said that she was concerned that in the past few months, Wade had become very clingy, even getting upset when she goes out to hang the washing. She mentioned that recently Wade’s dad took him to a movie
during an access visit, and left Wade sitting in his seat in the theatre while he went out to buy lollies. This made Wade feel afraid. Wade confirmed his mother’s comments, saying that he had been scared. Wade spoke again of his fear of giants. He told me that the giant had come from "Jack and the Beanstalk". It had brown skin and it lived under his bed and told him to sleep at the foot of the bed. Sally said that she shoves pillows in the space between Wade's bed and the wall. Wade said this is so the giant can’t stick his hand up from underneath the bed. Sally added that Wade usually comes to sleep with her.

After the interview, I took Wade into the classroom, where he drew the following picture of the giant. All children’s drawings presented in this thesis were done on A4 paper, and have been reduced to present in this format.
Wade drew a large figure with curly hair, brown skin and a green t-shirt. He said the giant was the “same size as a grownup.” I told him that there was a smile on the giant’s face.

Wade: That’s because the giant thinks I like him. I don’t like him.

REESA: What do you do about it?
Wade: I tell him to go into mum’s room.
REESA: What does she do?
Wade: She says to the giant to go away, so he goes back into my room.
REESA: Maybe it would have been better if mum had told the giant to leave the house.
Wade: Yeah.

When Wade had finished describing his giant, I picked up the drawing and began talking to Wade from the giant’s point of view.

REESA: I like you and I think you like me.
Wade: I don’t like you because you are horrible and brown.
REESA: I’m horrible, but lots of people are brown.
Wade: Not brown like Aborigines, brown like giants.
REESA: I like living under your bed, and you never tell me to go away.
Wade: Go next door to the neighbour. He’s scared of monsters.
REESA: I like your house better, but I’d really rather be in my own house. But you haven’t sent me to my own house.

I suggested to Wade that we mail the giant back to his house at the top of the beanstalk. He liked the idea. He folded up the drawing. I got an envelope and drew the house above the beanstalk and said I’d mail the giant back to his house, on my way back home. But he had do be sure he wanted to send his giant home. Wade said yes, he was sure, so I took the envelope with me.

The next week, when I attended Braddock Preschool, I went to see Wade to ask him if my mailing the giant home had gotten rid of the giant. He told me
it had; the giant had gone. I asked him to draw what his bed looked like now, without the giant. He drew the bed and his head sticking out one end. Then he drew the giant’s head poking out the side. I asked him why he drew the giant’s head if the giant had gone. He said that the giant had gone, but now the giant’s brother lived under his bed. But he wasn’t scared of the brother giant; he was a friendly giant.

Wade's drawing of the friendly giant under his bed appears below:

![Drawing of a friendly giant under a bed with a head poking out the side and a comment saying, "My head"](image)

A few weeks later, I asked Wade if anyone was living under his bed these days and he replied that no one was. I asked what had happened to the friendly giant and he said that it had gone away. Irene reported that Wade
seemed happier and less fearful than before. Later, during outdoor play, I asked Wade to draw his bed for me. He drew the bed, himself in bed, and a face sticking out the side. I asked him who the face was. He said that it was the friendly giant. I asked him what the friendly giant was doing under his bed, as he'd just told me that it had gone away. He replied that he had been teasing me, and that the friendly giant was still under his bed. I asked him if it still scared him and he said "no". He was eager to play with the other children, so he ran off, happily.

Wade's fears seemed to be separation fears. With his parents' separation and his father moving away from the family home, he had lost one of his two primary attachment figures. Access visits, rather than attempting to reinstate the closeness with his father, were further advancement of Wade's fear with his father leaving him alone in a crowded cinema while he went to buy lollies. While his mother clearly linked the caregivers at Braddock Preschool to herself, describing them as acting in the same way as she herself acted towards Wade's fears, the link was not as strong for Wade. While his mother was present in the preschool classroom, he clung to her. She offered him safety, but the offer was qualified by safety in her presence. To a small child, this could equate with safety only in the presence of his mother, and other situations and people being perceived as unsafe. Wade was very articulate - he could name and describe the cause of emotional states and emotion expressions and he described in detail his "giant" experience.
My work with Wade implemented art and drama, where Wade drew his giant, talked to his giant, and made the decision to send his giant back to the beanstalk. This process seemed to contribute to Wade's empowerment in the situation - he was the one making the decisions rather than the giant or his mother. Before this, when he told the giant to leave, he said the giant went into his mother's room and she also told the giant to leave. So the giant returned to Wade's room. This time, Wade's message seems to have worked - the giant returned to the beanstalk and was replaced by the giant's brother, a friendly giant. Wade made the choice to allow this friendly giant to stay in his room; to coexist with the once fearful situation over which he now had control. Both Irene, Wade's caregiver and Sally, Wade's mother spoke of changes in Wade, saying that he didn't seem as fearful anymore and his separation from his mother to attend preschool was not as dramatic. Data collection ended shortly after this, so I was unable to follow up Wade in a long term study. However, a case study such as Wade would be an ideal longitudinal study in children's fear.

**Brett and the Bear**

Two-year-old Brett was identified to me by Kelly, who told me that he had a fear of some bears. The next week I brought in two picture books, *Where the Wild Things Are* and *The Bear Under the Stairs*, which I read to Brett. He told me that Max tamed the monsters by saying “Don’t Be Scary” and “Monsters, go away,” expressions that he repeated several times. Brett drew the following picture for me, which included a monster, a bear, a snake and five lions. He told the creatures in the drawing to "go away." I folded up the
paper and put it away.

Brett’s first drawing, of a monster, a bear, a snake and several lions.

Brett did a second drawing, this one of himself and his monsters having a good time:

Brett’s second drawing of himself and his monsters having a good time.
Brett's drawing of himself frolicking with his monsters was similar to Wade's drawing of the friendly giant under his bed.

When Brett had completed this drawing, we read the book, “Going on a Bear Hunt.” As the people in the story reached the bear, I encouraged Brett to say “Go away, bear, don’t be scary” in his loudest voice. He wanted me to read the story over and over again and at each reading he chanted "go away, bear, don't be scary." When I left, I asked Liz to read Brett the story again in the afternoon, dramatising it, and I suggested that Brett might want to get dressed up and have his face painted like a lion; to be fiercer than the other monsters.

Brett told me that he had a favourite teddy, which made me wonder if his fear was actually fear or perhaps interest. I asked Brett the questions from the Focal Group Interview and he centred his answers around his fear of bears. He kept mentioning that he would shoot the bear with his gun. Brett said that he had experienced anger, fear and interest. His reasons for these emotions and his answers to emotion display are in Table 5.6 below.

<table>
<thead>
<tr>
<th>Emotion</th>
<th>What makes you feel this?</th>
<th>How do you show this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>The bear - I would shoot him.</td>
<td>I will get guns.</td>
</tr>
<tr>
<td>Afraid</td>
<td>I been run away. The bear will scratch me.</td>
<td>There's scary bears outside.</td>
</tr>
<tr>
<td>Interested</td>
<td>Cause I have to cuddle my mummy.</td>
<td>Brett didn't answer this.</td>
</tr>
</tbody>
</table>
When I questioned Brett about items on the fear checklist, he said that he was afraid of being alone, and added, "I'm afraid of bears and monsters." For the item "ghosts, monsters or spirits," Brett said that he was afraid of lions. For the item "sharp things like knives hurting me," he said he was afraid that "monsters will bite my finger." For the item "hearing grown ups argue," Brett said that he was afraid of the monster. For the item "the dark" Brett said "bear angry cause I'll shoot him." Brett's answers were not included with the other children's because he was under the age of the study's focal group. He didn't seem to understand all the items in the questions, but repeated his comments about bears, lions and monsters.

Giving Brett the opportunity to illustrate his fears and to address them, telling them not to be scary or to go away, gave Brett some power over his fears. His caregivers need to follow this up, allowing him to dress up and scare his monsters away and by encouraging him to verbalise his fears.

**Michelle's Emotional Changes**

The strongest case of separation fear I witnessed during data collection was that of Michelle. In a matter of a few months and at just under the age of five, Michelle experienced separation from both her parents and her grandparents. Unwilling separation from the parents and other attachment figures signifies increasing danger and manifests itself as fear in the child (Bowlby, 1973; Gardner, 1978). Michelle's story doesn't speak overtly of fear, but of anger, an emotion commonly linked with fear, and aggressive behaviour. However, as was discussed in Chapter 4, sometimes children
display their fear through aggression. Ida noted that "sometimes they [children] are very aggressive."

Michelle was very bright and cheerful when I first met her. Her grandmother explained that she was looking after Michelle and her sister and two brothers as their parents were drug-dependent and lived interstate. Michelle seemed very happy with her grandparents. When I attended Chelsea Long Day Care Centre, Michelle always greeted me, showed me the activities she'd been involved with that day, and played happily with the other children. The day I brought the emotion pictures, Michelle and Chloe looked at the pictures and could identify every emotion. I was away for three weeks during semester break, and when I returned, found a very different Michelle. She seemed very sad. She would not talk to me or look at me. She ate large amounts of food for morning tea and lunch, but did not want to join in activities with the other children.

Simone told me that a few days before that, her grandparents had put Michelle and her siblings into foster care. She also said that Michelle had told her how upset and angry she was with her parents leaving her in the first place. At lunchtime, I tried to talk to Michelle, but she wouldn’t respond. I finally got her laughing, but she turned away from me so I wouldn’t see her laughing. At music time, she was singing and dancing and seemed happy.

The next week I focused on Michelle. My aim was to re-interview her and interview Donna, her new primary caregiver (replacing Lenore). Kelly
joined Donna and me in the staff room and gave me more information about Michelle’s situation.

While the week before I had observed Michelle as withdrawn and unhappy, she had actually been behaving in a very aggressive way since being placed in foster care. She had told Kelly that she was acting like Jesse, another very aggressive child who attends the centre on days when I am not present. Caregivers' expectations of Jesse are low and they are very tolerant toward him because of the very bad home situation that he comes from. Kelly insisted that this is not the case with other children in the centre.

Kelly described Michelle’s behaviour as “defiant.” She said it was in response to things not going her way. She became physically aggressive, spitting, kicking, punching and screaming “get lost!” The only way they had found to control her was to hold her firmly from behind. She was one of three children now attending the centre who exhibited very aggressive behaviours. All caregivers have been hurt by these three children; one was on sick leave at the time. Kelly said that one day Michelle noticed another child screaming and becoming aggressive and she told Kelly that the other child was copying her behaviour. Kelly said that after aggressive episodes, Michelle tends to cry and apologise. Kelly described Michelle's behaviour as "an outlet for her anger." She reported that caregivers respond by encouraging Michelle, telling her it’s okay to feel and show emotions, but hurting other children, teachers and equipment is not acceptable. Kelly had arranged with the foster mother that if Michelle became aggressive, she
would be sent home and to her room. This had happened the Friday before my visit.

**Donna** told me that after I had left the previous week, Michelle had refused to sit still during rest time. She had gone into the home corner and started throwing things around. **Donna** had restrained her, and she scratched, hit, kicked and spat. They sent her home. Since then she hadn’t acted out as much. **Narelle** added that one day she had to restrain Michelle in the bathroom, and Michelle kicked the basin violently.

**Kelly** spoke of an “Extreme Behaviour Policy” in the centre. Under this policy, she is able to have the three problematic children picked up at 3pm, or when needed. If behaviour continues, the final result is that the children are unable to attend the centre. **Donna** and **Kelly** said that Michelle is seeing a child psychologist. They felt that they were not trained to deal with her behaviour. They had managed to get some funding for relief workers, so that a worker could offer one to one to the children in question.

I interviewed **Donna** and compared her responses about Michelle to those by **Narelle**, who had previously been Michelle's primary caregiver in the preschool. I noted a number of differences in their responses. While both caregivers had ticked that Michelle had "been happy for various reasons," **Narelle** had added "happy most of the time." **Donna**, on the other hand, wrote "lately has displayed sadness and anger." While **Narelle** had written that Michelle had not "demonstrated or displayed a fear of being left alone",

267
Donna said that she had demonstrated this fear, adding, “told me about how her parents left her. Wanting grandparents.” This clearly indicates Michelle's separation fear.

About the item, "Has shown surprise at something new in the daily routine," Narelle had answered “yes”, adding “for example - a change in the indoor environment”. Donna answered "no." The item, "has shown anger when things haven’t gone her way" was answered with “yes” by both caregivers, however Narelle added: “frowns, sometimes cries” and Donna added: “has been physical”.

Both caregivers noted that Michelle had "been sad for some reason." Narelle commented that sometimes Michelle was sad when she didn't get her own way. Donna noted that Michelle will “often will go by herself and cry.” Narelle was unsure whether Michelle had shown disgust; Donna had seen Michelle display this emotion.

Narelle said that Michelle had not been "afraid of being teased or picked on by other children," but Donna said "yes" and added that she "will come to a teacher if a child hurts her, etc.” Narelle was unsure whether Michelle "had been afraid of doing something new. Donna wrote "yes" adding “Yes and no. More a reluctance.”

The changes in Michelle's behaviour and emotion display became even more evident through comparing caregivers' reports. Yet, when I re-interviewed
Michelle, the only major change to the interview was her acknowledgement of the emotion of anger. She still did not acknowledge fear or sadness. She said she didn’t know what makes her angry, and she shows it because “you just want to be.”

The following week, I observed Larry playing with a guitar while Michelle was having morning tea. She got up to watch him. Donna told her to sit down and finish morning tea, which she did, pointing out something another child had done. Donna replied, “That wasn’t a good thing to do was it?” and Michelle nodded in agreement. While she was finishing, Sarah told Donna that her auntie had slept at her house the night before. Michelle added that her auntie Rose sometimes sleeps over at her house. When other children said something, Michelle seemed to match what they said.

When Michelle had finished morning tea, she went to look at the guitars for a few minutes, then went outside. I found her outside with a child named Tanya, whom she introduced as her cousin. The two girls were poking sticks through the wire mesh of cage that contained the preschool's pet rabbits. After a little while, Michelle left Tanya, running off with a shout. She returned to Tanya and the two girls moved on to the rocking horses, each one riding a horse. When two other children arrived, Michelle and Tanya gave them turns to ride, then resumed riding when the children moved on to another activity. Michelle got off and started "blowing raspberries" at Tanya. Tanya got off her rocking horse and reciprocated. They moved back to the rabbits; then Michelle went back to chasing another child whom she had
chased previously. Tanya followed.

Shortly afterwards, Michelle's behaviour began to change. In the climbing area, Michelle fell over a log and began to cry. Narelle went over to Michelle, checked her leg, and talked to her about what had happened. Michelle said she couldn’t move her leg. Narelle moved it with support, attentively discussing the situation with Michelle. But Michelle started pulling small pieces of wood off the log surround on which she was sitting. Narelle asked her to stop, explaining that little children could get splinters. After a short discussion, Michelle went off to play and Narelle went back to what she was doing.

A group of children brought wooden blocks to the soft foam area. Narelle asked them to move the blocks away. They protested, but she explained why and asked them all to take a block each. All but Camille and Michelle took a block and returned it to its original place. Narelle spoke to Camille and Camille then returned a block. Michelle refused. Narelle spoke to her for several minutes, then Michelle gave the block up, saying that it was too heavy. I offered to help her return the block, so Michelle had saved face. Narelle also asked Michelle not to turn the foam shapes over as they could be dangerous. Michelle began kicking and hitting out. Narelle put the foam the correct way and as soon as she had turned away, Michelle reversed it back and started rocking on it. I tried to talk to her, but I felt that the attention she was getting was encouraging the negative behaviour, so I moved away.
Michelle started playing with Roland, a younger child. Simone came over and chatted with them. When she left, Michelle turned the foam over again and started pushing Roland off the foam. She shouted to other children and hit out at Roland when he came near. Roland finally got on the foam, but Michelle kept pushing him. Simone came up and asked Michelle to stop pushing Roland. Michelle kept shouting, “I don’t want him here”. She started pulling the zipper of the foam. Simone asked her to stop so Michelle moved to another part of the foam. Simone left and Michelle and Ronald continued rough and tumble play.

My last image of Michelle was of her standing on the seat of a bicycle, shouting “Da, da, da, da, da.” Simone lifted her off the bike. She got on again. Simone took her off again, explaining that she could fall and hurt herself. Liz joined Simone. Michelle sat, rather than standing, on the bike, loudly singing a line from a popular song by a band called "Offspring." "My friend’s got a girlfriend and he hates the bitch!” she sang.

Michelle's separation fear had manifested itself in anger and aggression and had reached the point where clinical intervention was necessary. Like caregivers, my first impression of Michelle was that she was a bright and cheerful little girl, friendly and willing to talk and share with adults and children. Her fears were not visible to me. When Violet, her grandmother and guardian told me about Michelle's past, I listened and accepted what she had to say. I expect Michelle's caregivers did the same. No one addressed
Michelle's situation until the final blow of being separated from her grandparents as well as her parents produced aggressive, antisocial behaviour in Michelle. At that point, she was referred to a child psychologist. Donna and Kelly said they felt they weren't trained to deal with Michelle's behaviour. And while it is true that caregivers are not trained psychologists, as educators they can be trained to recognise and address fears before they reach clinical proportions. Chapter 6, in analysing the data, will look at ways caregivers can become more proficient at recognising and responding to the fears of early childhood.
Chapter 6 – Analysis

This chapter looks at issues that arose from the data presented in Chapters 4 and 5. These are:

- Fear, as it is currently presented in the literature, should be reconceptualised.
- While basic emotions and fears are experienced by preschool aged children, their display is not always clear nor apparent to adults.
- Some parents reported that caregivers respond to children’s fears in the same way that they, themselves respond. Yet when comparing their responses to their reports of caregivers’ responses, their reports of caregivers’ responses did not include a physical component.
- Some responses to children's fears by parents and caregivers may actually be invalidating or encouraging the fear in the child.
- There is a need for parent/caregiver/child partnerships.
- There is a need for professional development in emotion education.

Reconceptualising Fear

In the literature, fear is conceptualised as "the most toxic of all emotions" (Izard, 1977), its effects on social and cognitive development devastating (Darke, 1988; Dodge in Garber and Dodge, 1991; Izard, 1991; Lazarus, 1991). With fear display described as sweating, becoming pale, breathing
rapidly and then becoming immobilised or seeking escape from the feared object, the positive effects of fear, such as its adaptive force (Eible-Eibesfeldt in Ledoux, 1998; Izard, 1991) and its increase in motivation (Yerkes and Dodson, 1908) and memory (Ledoux, 1998) are given low priority. This research revealed that fear is not always seen as something negative to be eradicated. Karen reported that Aboriginal children are taught to live with fear: “With the Koori culture, for instance, they're...taught at home...not to be afraid of their fear...It's just in their culture...It's a way of growing up. Their life style.”

In the literature, fear is categorised as either modelled or inherited fear, separation fear, or developmental fear. These categories are very broad and somewhat ambiguous and need to be reconceptualised to describe the kinds of fears people in this study report experiencing.

Challenging Modelled or Inherited Fear

While there is no scientific proof for inherited fear, there are some fears that have been reported as present in young infants and that may have an innate or evolutionary base. These include fear of loud noises, fear of heights or falling and fear of loss of support (Bowlby, 1973; Watson, 1970). Robinson and Rotter (1991) suggested that some children are predisposed to fear, but Sroufe (1995) said that "fear does not exist in the newborn period" (p. 101). While this research did not investigate the presence of fear in neonates, it
also notes that no data collected suggests that the fears reported in preschoolers were present from birth.

It does suggest, however, that fears may be intentionally or unintentionally passed on to, or encouraged, in children. The use of the term "passed on" is preferable to "modelled" as "modelled" suggests that children pick up others' fears in non-verbal ways, through observing processes of behaviour. To say a fear is "passed on" gives it the scope to be picked up through both verbal and non-verbal ways (Saarni and Harris, 1989). For example, Mona reported that Ariel is terrified of having her hair washed. Her explanation for this fear was that she had a similar fear as a child. In recollecting her own fear, Mona may have been hesitant or cautious while washing Ariel's hair and this could have given Ariel the message, both verbally and non-verbally, that hair washing is a fearful situation.

While nothing was apparent at the time of data collection, Lyn 's spider phobia could also be passed on to Tim and Kane. She said, “If it's creepy crawlies [that the children are afraid of] they definitely don't come to their mother…My father says, "If there was a spider on your child, you'd let them die."

Nadine also mentioned that she doesn't like spiders, and her response to a spider in the preschool is to kill it. While she didn't state an overt spider fear, she said, "I don't like spiders…I think a dead spider's the best sort." Her fear of spiders seems implicit in her comments and actions and this could be
passed on to her students. Preschool children often come home with comments or behaviours that have been picked up in the preschool setting.

Some fears are passed on explicitly. These may be considered "healthy fears" or fears that alert us to danger. Mandy spoke of a "Stranger Danger" program that warned children to be careful of strangers. While there is reason for alerting children to possible harmful situations, these warnings could also develop in children a fear of anyone who is unfamiliar. Laura described a fear of traffic, which she had "hopefully" instilled in Kevin. She said:

He's sort of at the age too where he's just keen for everything. Hopefully, he's afraid of cars on the road. (To Kevin): You can't go running on the road, can you?
Kevin: NO. They'll get me.
Laura: Yeah, that's right.

Some fears, like some emotions, may be present from birth. This research did not set out to investigate the origins of fear, but rather the types of fear experienced by young children and how these fears are responded to by adults, particularly caregivers in the preschool classroom.

**Challenging Bowlby's Separation Fear**

Bowlby (1971, 1973) named separation from primary caregivers as a common, instinctive fear that signals danger to the young child. He also stated that separation fear can take a variety of forms, including fear of strange people, events or objects, fear of the dark or of injury or death, fear of being alone, and fear of school. To be true separation fear, the
child must fear becoming separated from the primary caregiver. This assumption in itself challenges Bowlby's notion that separation fear takes the form of fear of strange people, events or objects, fear of the dark and fear of injury is far too general, as these fears can occur in the presence of the attachment figure. Fear of being alone, fear of school and fear of death are all situations where a child would become separated from the primary caregiver, so are acceptable as separation fear. It is noted that Ollendick (1983) categorises fear of being alone and fear of being left with a babysitter as "fear of the unknown." This research supports Bowlby's conceptualisation of fear of being alone and being left with others as a "separation fear". The category, "Fear of Separation from the Attachment Figure" could include Bowlby's items: fear of separation from the primary caregiver, fear of being alone, fear of school or preschool as well as Ollendick's items: fear of becoming lost and fear of being left with a babysitter.

The other items Bowlby includes as separation fear: fear of strange people, events or objects, fear of the dark and fear of injury are fears that can be experienced by children in the presence of the primary caregiver. Fear of strange people, events or objects and fear of the dark are included in Ollendick's (1983) Fear Survey Schedule for Children-Revised as "Fear of the Unknown." This category is more accurate, but children can be afraid of the dark or of strange looking people or objects not only on first encounter but on follow-up encounters. The term "Fear of the Unfamiliar" is more suitable for these fears and other incidents with
which the child is unfamiliar. Children can experience these fears with an attachment figure present, but it is the unfamiliar factor that seems to be the trigger.

Fear of injury might be included in a category of "fear of being harmed." Currently, Ollendick categorises fear of minor injury in the category "fear of minor injury and small animals" and fear of more severe injury in the category "fear of danger or death." This is quite ambiguous, as there is no way to determine the degree of injury in the fear, as the feared event has not actually occurred. It would be more appropriate to put all fear of injuries in a category, along with fear of danger, illness, accident and death. Labelling this category "Fear of Being Harmed" relates to all of these fears.

Fear of deep water and fear of fire could be categorised in "Fear of Being Harmed." Ollendick (1983) categorises these items as fear of danger or death. Sixty percent of children reported a fear of deep water and the same number reported a fear of fire. Adults' reports of these fears were much fewer.

**Challenging Developmental Fears**

Many theorists see fear as a function of age and maturity that children experience, then grow out of (Bowlby, 1973; Izard, 1982; Izard & Kobak in Garber & Dodge, 1991; Saarni & Harris, 1991; Smiley & Huttenlocher in Saarni & Harris, 1991). For example, infants are reported as
experiencing fears of heights, loud noises and loss of support (Walk & Gibson, 1961, in Bowlby, 1973; Watson, 1970). However, older children and adults may experience a fear of loud noises or a fear of heights as well as infants. A passing ambulance or a severe thunderstorm might cause fear in people of all ages. As children grow and develop, other fears are said to appear, such as fears of unfamiliar situations, fear of animals and fear of monsters (Arnold, 1970; Sarason et al, 1960; Sroufe, 1995; Woolfolk, 1990). However, the reader must tread carefully when linking fears to development or maturity. Fears can develop at any age or life stage and they do not necessarily disappear as one grows and matures.

**Fear Redefined**

Rather than defining the origins of fear or linking specific fears to age or stage of development, this research suggests six discrete fear categories that can be experienced by individuals at various times within the life span. The first three were discussed in preceding sections:

- Fear of separation from the attachment figure - these are fears of times when the child is apart from the attachment figure, such as the child attending preschool, becoming lost in a crowd, or being left alone.

- Fear of the unfamiliar - these are fears of people, places and things that are unfamiliar to the child, such as fears of strangers or dark places.

- Fear of being harmed - fear of injury, accident, illness or death as well as medical fears such as getting a needle from the doctor or having to go to hospital. Fear of being harmed might also include fear of deep water, fire, rides at fetes and burglary.
To these categories, I would add three more categories as follows. Table 6.1 defines the new fear categories and examples of each type of fear.

- Fear of failure, criticism and embarrassment - Ollendick's (1983) FSSC-R category includes items such as fear of punishment, fear of being teased, fear of being in a fight and fear of making mistakes. Fear of being teased was the second most reported fear by caregivers. While not as prominently reported by parents and children, fifty-one percent of parents reported a fear of punishment in their children and forty-four percent of children reported a fear of being in a fight. Ollendick (1983) places fear of adults arguing in this category and, while this research acknowledges that adults arguing may be perceived as a loud noise to children, it seems to be appropriately placed in this category because of children's egocentric view of events, which could cause them to relate adults' arguing to their own behaviours.

- 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 highlighted fears of spiders and snakes and some fear of other animals. Lena described Curt's fear of the family's two dogs. It is also noted that fear of animals and fear of insects, spiders and snakes were reported in similar numbers. Fifteen percent of caregivers reported a fear of insects, spiders and snakes, and thirteen percent reported a fear 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 difference was in parents' reporting, with sixty-two percent of parents reporting fears of insects, spiders and snakes and forty-seven reported fears of dogs or other animals. However, if all types of non-human animals are categorised together, it would give the respondent more scope to describe fears specific to each child.

- Fear of the intangible - Fear of ghosts, monsters or spirits originally named in this research "imaginary fears." But some cultural groups do not believe these items to be imaginary, but to be real. Fifteen percent of caregivers reported these fears, along with thirty-four percent of parents and forty-four percent of children. Fear of bad dreams or nightmares could also be included in this category. These fears were reported by forty-nine percent
of children, fifty-seven percent of parents and seventeen percent of caregivers.

Table 6.1 New Fear Categories

<table>
<thead>
<tr>
<th>Fear Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of Separation from Attachment Figure</td>
<td>Fear of school/ preschool</td>
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<tr>
<td></td>
<td>Fear of being lost</td>
</tr>
<tr>
<td></td>
<td>Fear of being alone</td>
</tr>
<tr>
<td></td>
<td>Fear of being left with a babysitter</td>
</tr>
<tr>
<td>Fear of the Unfamiliar</td>
<td>Fear of strange people, places or objects</td>
</tr>
<tr>
<td></td>
<td>Fear of the dark</td>
</tr>
<tr>
<td></td>
<td>Fear of loud noises</td>
</tr>
<tr>
<td>Fear of Being Harmed</td>
<td>Fear of injury, accident, illness or death</td>
</tr>
<tr>
<td></td>
<td>Medical fears</td>
</tr>
<tr>
<td></td>
<td>Fear of deep water, fire, rides at fetes and burglary</td>
</tr>
<tr>
<td></td>
<td>Fear of heights or falling from high places</td>
</tr>
<tr>
<td>Fear of Failure, Criticism and Embarrassment</td>
<td>Fear of being teased</td>
</tr>
<tr>
<td></td>
<td>Fear of being in a fight</td>
</tr>
<tr>
<td></td>
<td>Fear of making mistakes</td>
</tr>
<tr>
<td></td>
<td>Fear of adults arguing</td>
</tr>
<tr>
<td>Fear of Insects or Animals</td>
<td>Fear of spiders or other insects</td>
</tr>
<tr>
<td></td>
<td>Fear of snakes</td>
</tr>
<tr>
<td></td>
<td>Fear of dogs</td>
</tr>
<tr>
<td></td>
<td>Fear of cats</td>
</tr>
<tr>
<td></td>
<td>Fear of bats</td>
</tr>
<tr>
<td>Fear of the Intangible</td>
<td>Fear of bad dreams or nightmares</td>
</tr>
<tr>
<td></td>
<td>Fear of ghosts, monsters or spirits</td>
</tr>
</tbody>
</table>

The most commonly reported fears by caregivers were fear of preschool, fear of being teased, fear of new people or strangers, fear of being left alone and fear of doing something new. Parents, on the other hand, reported fear of the dark, fear of being left alone, fear of loud noises, fear of insects, spiders and snakes, and fear of bad dreams or nightmares as children's most commonly reported fears in general, but when asked about their children's fears in preschool, parents, named separation from parents, having no friends, being hurt by other children, being teased, strangers and sirens as the fears. As can be expected, fears of the dark, loud noises, insects, spiders and snakes, and bad dreams or nightmares are not likely to be reported as preschool fears because they probably
would not happen in the preschool context. Children's most commonly reported fears were fear of heights, fear of deep water, fear of fire, fear of being left alone and fear of being lost. Using these new categories, most of the commonly-reported fears in children are re-categorised in Table 6.2.

Table 6.2 Most commonly reported child fears in rank order by respondent group

<table>
<thead>
<tr>
<th>Caregivers</th>
<th>Type of Fear</th>
<th>Parents</th>
<th>Type of Fear</th>
<th>Children</th>
<th>Type of Fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preschool</td>
<td>Separation Fear</td>
<td>1. The dark</td>
<td>Fear of the Unfamiliar</td>
<td>1. Heights/ falling from high places</td>
<td>Fear of being harmed</td>
</tr>
<tr>
<td>3. New people/ strangers</td>
<td>Fear of the Unfamiliar</td>
<td>3. Loud noises</td>
<td>Fear of the Unfamiliar</td>
<td>3. Fire</td>
<td>Fear of Being Harmed</td>
</tr>
<tr>
<td>5. Doing something new</td>
<td>Fear of the Unfamiliar</td>
<td>5. Bad dreams or nightmares</td>
<td>Fear of the Intangible</td>
<td>5. Being lost</td>
<td>Separation Fear</td>
</tr>
</tbody>
</table>

This table shows that according to caregivers, children experience separation fear, fear of failure or criticism and fear of the unfamiliar. These are all fears that could quite feasibly occur in preschool. Parents' reporting of children's fears was broader, including fear of the unfamiliar, separation fear, fear of insects and animals and fear of the intangible. The two extra categories in parents' reporting of fear are "fear of insects and animals" and "fear of the intangible," which are less likely to occur in the preschool environment. Parents, however, did not include a fear of failure or criticism in their most reported fears, which could suggest that
in the home situation children are not positioned to experience these kinds of fears. In children's reporting of fear, their most common fears are fear of being harmed and separation fear. Fear of being harmed was highly reported by children, yet neither caregivers nor parents reported this type of fear as common to the children. Separation fear was reported by all participants in their lists of most common fears, which supports Bowlby's (1973) concept of the great significance of secure attachments in early childhood.

The least commonly reported fears, which appear in Table 6.3, for caregivers were fears of being harmed, and fear of failure, criticism and embarrassment. For parents, the least commonly reported fears were fear of being harmed and fear of failure, criticism and embarrassment. Children's least commonly reported fears were fear of being harmed, fear of insects and animals and fear of failure, criticism or embarrassment. Two issues of concern are that fear of failure, criticism and embarrassment appeared in caregivers' most reported and least reported fears, and that fear of being harmed appeared in children's most reported fears and least reported fears. Perhaps the categories, "fear of failure, criticism and embarrassment" and "fear of being harmed" need further reconceptualisation. While the focus of this research is on caregivers' practice in responding to fear, further research into types of fear could be the focus of research at a later date.
Table 6.3 Least commonly reported child fears by rank across respondent groups

<table>
<thead>
<tr>
<th>Caregivers</th>
<th>Type of Fear</th>
<th>Parents</th>
<th>Type of Fear</th>
<th>Children</th>
<th>Type of Fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rides</td>
<td>Fear of Being</td>
<td>1. Fear of</td>
<td>Fear of</td>
<td>1. Rides</td>
<td>Fear of</td>
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<tr>
<td></td>
<td>Harmed</td>
<td>being in a</td>
<td>failure,</td>
<td></td>
<td>Being</td>
</tr>
<tr>
<td></td>
<td></td>
<td>fight</td>
<td>criticism and</td>
<td></td>
<td>Harmed</td>
</tr>
<tr>
<td>2. Heights</td>
<td>Fear of Being</td>
<td>2. Burglary</td>
<td>Fear of</td>
<td>2. Insects,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Harmed</td>
<td></td>
<td>Being</td>
<td>spiders or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Harmed</td>
<td>snakes</td>
<td></td>
</tr>
<tr>
<td>3. Fire</td>
<td>Fear of Being</td>
<td>3. Making</td>
<td>Fear of</td>
<td>3. Doctors,</td>
<td></td>
</tr>
<tr>
<td>Burglary</td>
<td>Harmed</td>
<td>Mistakes</td>
<td>failure,</td>
<td>Dentist or</td>
<td></td>
</tr>
<tr>
<td>4. Adults</td>
<td>Fear of failure,</td>
<td></td>
<td>criticism and</td>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>arguing</td>
<td>criticism</td>
<td></td>
<td>embarrass-</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>and</td>
<td></td>
<td>ment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>embarrassment</td>
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</tr>
</tbody>
</table>

Clarity of Fear and Emotion Display

Each of the eight emotions identified in the literature as basic was identified by parents, caregivers and children as having been experienced by preschool children. Emotions varied across groups in terms of frequency of reporting. The most commonly-reported emotion across both adult groups was happiness, but for children it was surprise, which was the least reported emotion by parents. And, not unexpectedly, children seemed to have more difficulty naming and identifying emotions. Somewhat more surprising is that parents and caregivers varied in their frequency of reporting of some emotions, particularly anger and disgust. Parents seemed generally more aware of the range of emotions than caregivers. Further, the least commonly reported emotion across the three groups was fear, the prime focus of this study.
While the literature describes a variety of fear displays, including habitual
behaviour (Darwin, 1965; Izard, 1991; Ledoux, 1998), physical reactions
(Darwin, 1965; Ledoux, 1998), facial expressions (Ekman & Friesen, 1975;
Fewtrel & O’Connor, 1995; Izard, 1977) and external responses (Bowlby,
1973; Ekman & Friesen, 1975; Frijda, 1986; Goleman, 1995; Izard, 1991;
Watson, 1970), participants in this research observed mainly external
responses. Yet recognising emotions in others is one component of being
emotionally literate:

To be emotionally literate is to develop skills in recognising
our own and other people’s emotions as well as knowing how
our emotions are best expressed for the maximum enhancement
of ethical, personal power (Steiner, 1997 in Rodd, 1999, p. 4).

No participant reported physical responses, such as rapid breathing or pale
skin. The only facial expressions reported were done so by children. Evan
said that he shows fear "by opening my [his] mouth." Many other children
actually made a face to show fear and other emotions, not necessarily
describing in words what they were doing. When asked how she shows
people that she is afraid, Cayley replied, "I do something." This indicated to
me that the emotions are there, but the words to describe emotions or their
display are not necessarily developed in the preschool child.

No parent noted facial expression as a fear display, and only one caregiver
alluded to this, noting that children show fear through their body language
(Liz). Yet when surveyed about appropriate emotion display, all caregivers
said that facial expression was an appropriate way to display fear. This
indicates that both parents and caregivers either take biophysical displays of fear for granted or are not aware of and need to be alerted to them.

Caregivers and parents both reported physical and verbal fear displays by children. Verbal displays included the child talking about his/her fear, asking to go home or refusing to participate. Physical displays included passive displays such as withdrawal, hiding and clinging to attachment figures, and active displays such as crying, screaming, moving back from the feared object, or becoming aggressive.

Parents mainly reported the fear displays of crying, withdrawing and clinging behaviours, whereas caregivers reported these behaviours as well as screaming and becoming aggressive. Caregivers may be drawing on their knowledge of child psychology to report more behaviours, which parents may not recognise as signs of fear.

When surveyed about appropriate fear expression, besides facial expression, caregivers reported that it is acceptable to display fear by: withdrawing, clinging, talking about the fear or expressing the fear through the arts. Vocalisations, such as screaming or crying, were only considered acceptable by half the caregivers surveyed.

Vocalisations and aggression were observed by caregivers as ways children displayed fear, but in discussion and in some interviews, were reported as unacceptable ways to display fear. Yet other forms of expression that
caregivers consider appropriate, they reported they had not observed in their focal children. These included: facial expression and expressing the fear through the arts. These are forms of expression that could be taught to children and that could replace other displays deemed less appropriate.

“The Same Way That I Do”

The greatest discrepancy in parents’ reporting of their own and caregivers’ responses to fear was in the physical component of those responses. A response coded as “physical” was one where it was reported that an adult gave the child a hug, a cuddle, or picked up the child. While physical responses were the same for parents and caregivers – hugs, cuddles and physical proximity – the number of reports was very different. Eighteen parents said they respond physically to their child, whereas only eight parents had observed or expected a physical response from caregivers. This occurred despite a number of parents reporting that caregivers respond, or they expect them to respond, in similar ways to their own responses. This points to the issue of child protection, an issue that may be implicit in their answers.

Three parents who said that caregivers respond, or are expected to respond, in a similar fashion to the way they, as parents respond, described their own response as having a physical component. Yet when describing caregivers' responses, the physical component was missing. Jody said that she responds to Kyle's fears "usually with a cuddle and then an explanation why it's okay
to be afraid, but then I try and explain that even though it's okay to be afraid, there's no real need to." Of caregivers' responses, Jody commented:

> From what I've noticed, it's the explanation as well as that, you know, "I can understand that you're frightened, but" and then you go into an explanation of why you really don't have to be. So I've noticed them doing basically the same thing that I'm doing.

While Jody reported both herself and caregivers giving children an explanation and reassurance, she only reported herself as giving the physical response of cuddles to her child. Renee said that she uses physical and verbal responses and action to respond to Adam's fears, and that she expects caregivers to respond "the same way I would have." Yet her expectation of caregivers is a verbal response only:

> I think you need to reassure them that if you're frightened of the spider, well, we don't touch the spider and we don't go near the spider. And if you don't want to play on the gym because it's hight, then you don't have to play on the gym. And we're here to protect you and to let nothing hurt you.

Norman also said he expected caregivers to respond "much the same way as, the same qualities a parent would show" but his description of the two responses was different and the caregivers' response lacked a physical component. He said that his response would be:

> Take him, reassure him, give him some kind of physical affection, cuddle him or something like that, and then usually try and take him back into the environment to show him that it's not dangerous and that I will look after him and try and get him reacquainted so he feels safe.

Norman reported his own response to be verbal, through reassurance and offering safety, physical and taking action. Yet his expectations of caregivers was that they use modelling and offer safety. No physical response or action
was mentioned. "Authority, trust that a child can go to when he's unsure, when he feels unsafe or hesitant that it's like a little, that the adult is a safe little enclosure for him."

*May*, on the other hand, said that she responds to Aidan's fears with action and a verbal response, but expects caregivers to respond verbally and physically. She described her response:

> I usually try and explain to him. When he was younger, he didn't like thunderstorms. I just told him what it was, like clouds clapping together, and we went outside and tried to see, just tried to experience a bit. And he's not frightened any more.

*May* expected caregivers to respond, "much the same way as I respond. Probably if they're really frightened, hold the child and try and explain what's happening, whatever's frightening them." Unlike the above three parents, rather than taking out the physical component when describing caregivers' responses, *May* added this component to her expectations of caregivers, but did not herself report responding physically.

With child protection a widely recognised issue in early childhood, the observations or expectations of parents that caregivers mainly respond in a verbal way could be indicative of parents' wariness of potential abuse by caregivers. This is supported in the literature. Briggs and Hawkins (1997) caution early childhood services to carefully screen potential employees for evidence of former child abuse.
In 2000, the New South Wales Department of Education and Training distributed a "Prohibited Employment Declaration," based on the 1998 Child Protection Act, to all employees working with children in New South Wales. This declaration was to be signed by all employees to ensure that they were not prohibited by previous child sexual convictions from working with children.

While child protection was not an issue mentioned explicitly by parents, their statements suggest an underlying concern. While on the one hand parents would like caregivers to be like “parents away from home”, on the other hand they expect caregivers to respond, but not touch their children.

Invalidating children’s fears

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. Methods reported in this research that seemed to invalidate children’s fears included: denying the fear or telling the child “there’s nothing to be afraid of”, giving the child mixed messages, using fear to control the child, some fear metaphors, modelling non-fearful behaviour, redirecting the child and making judgements on the child’s behalf.

Denying the fear or telling the child “there’s nothing to be afraid of”
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 this continuous fear, Sue Ellen's response to Matthew was "look, no one's gonna rob our house. It's not going to happen, you'll be alright." Matthew's fear continued, possibly through it remaining invalidated by his mother. Izard (1991) noted that 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" (p. 304).

Other parents who told their children not to be afraid, seemed to add that they would explain the situation to the child, so that they weren't merely invalidating the child's fear, but showing the child the actual situation. Jaye said that she would, “Just let him [Brandon] 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.
Giving the child mixed messages

Mixed messages were apparent in some parents’ comments. For example, Sally's said that in response 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 is not justified in being 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 the result of his fears not being validated by his mother and the mixed message about his safety that she was conveying.

Another example of giving children mixed messages occurred during Laura's interview, which Kevin attended because, like Wade, 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 tone, resembling “motherese”, the language adults often assume with infants.

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. Kevin's separation fear persisted during the data collection period, which 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.

**Using fear to control the child**

Fear should not be used to control a child (Berger and Thompson, 1994; Izard, 1991). Yet it is often used this way by parents. Karen 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 own children, saying, “I say to my kinds, ‘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).

**Fear metaphors**

While metaphors were both reported by some parents and encouraged in the literature (Dunlop, 1984), I would question their impact on young children, whose understanding at the preschool stage is still quite literal (Santrock, 1994). When Christa tells Keeran and Toby that thunder is "God playing ten-pin bowling", the image could be taken literally by a young child and, rather than being a comfort could be very disconcerting. 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.

**Modelling non-fearful behaviour**

Modelling, where the parent acts non-fearful, may be successful in some situations (Walden in Garber & Dodge, 1991), but can also be a way of negating or invalidating the child's fear. Maggie reported that she acts brave to help Curt overcome his fears, “We've 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 fearful, and this is a message that should be conveyed to children. Parents who try not to show fear are invalidating the emotion as much 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 & Harris, 1991, p. 16). Saarni and Harris (1991) add that the outward display of emotions can be different from the underlying effect, but the young child may not pick up this discrepancy. Instead they could read the parent's 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.
Redirecting the child

Another form of invalidating children's fears was the action of redirecting the child. Some parents and caregivers suggested redirecting fearful children to other activities, which could be a way of temporarily repressing the fear or permanently invalidating it. When Kevin was sobbing during morning tea, wanting his mummy and daddy, Melissa tried reassuring him that his parents would be picking him up at 3:00. When this didn’t work, she said, “I can see some chooks over there. If you’ll eat your banana, we can go look at them.” Kevin stopped crying, looked towards the chickens, went with Melissa to see the chickens, then began playing with the other children. While Melissa’s persistence eventually led to her distracting Kevin, it did not address, but only postponed the fear. In Psychoanalytic Theory, repression of unresolved emotions in early childhood is a source of anxiety and conflict later in life (Santrock, 1994). If redirection is a temporary measure, it may provide time for the child to calm down and relax before addressing the fear. This is how Maria said she would use redirection, as a stop-gap measure until the child was ready to talk about the fear.

Making judgements on the child's behalf

Some parents addressed children’s fears by making judgements about the situation on the child’s behalf. For example, Ann described her response to Avral's fears: “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.” Here Ann is making the
judgment for Avral about whether the fear is justified, rather than working with her to decide.

When Tim was afraid of thunder, Lyn said that she "took him outside and held him and said '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," which could be read as a mixed message. 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.

Renee said that when Adam demonstrates a fear of the dark, she goes back into the room with him, turns the light on and “shows him there’s nothing there.” Rather than Renee showing Adam that nothing is there, she could look around with him and let him discover for himself that nothing is there, to help him to address and understand his fears (Sorin, 1994). Izard (1991) suggests that parents encourage children to confront the fear source and to develop their own coping strategies to their fear.

**Validating Children's Fears**

Adults who validated children's fears and explained the situation to the child reported more success and less anger towards their children. As Izard (1991) explains:

> 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. (p. 305)

By accepting or validating children's fears, adults are in a better position to utilise other techniques to help them to deal with their fears. **Barbara** noted:

> Acknowledge their fear. Let them know that, "you feel frightened, does this frighten you, does this scare you? Just acknowledge that that's the emotion that they're feeling at the time. And helping them with their fear...yes they feel frightened, but the child that's next to them, he likes the big dog, or I like the dog. But you don't like the dog. So sort of like helping them to express that yes, that's okay to feel like that. And that not everyone feels the same about different things.

Empathy, putting yourself in the child's position, is a way of validating the child's fear. **Leona** reported that she tells Cindy "it's okay to experience her emotion." **Liz** said that when a child is afraid, she expresses empathy by telling the child of situations in which she, too has experienced fear.

Including the child in assessing and evaluating their fear 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). **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.

In comparing caregivers' responses to fear and to other emotions, however, fear is an emotion that is not as validated as other emotions. Caregivers reported physical responses more for fear than for other emotions. But in most cases, teaching strategies were reported more for other emotions than
for fear. By validating children's emotions, adults are helping children to understand them, to express them and to accept and understand emotions in others.

**Partnerships**

The role of partnerships in emotion education became apparent through this research. Almost one quarter of the adults surveyed suggested partnerships as a method of addressing children's fears. Partnerships, in the form of a “network of caring” are also suggested in the literature (Goleman, 1995; Rodd, 1999). *Jane* noted the importance of partnerships when she said:

> Be really open with parents and talk to them about their children. Police visits, excursions and I mean it’s really just following through in your normal program but if incidents arise you look round at the resources in the community, talk with other staff members.

Partnerships between parents, caregivers, children and members of the community work could address many of the issues illuminated in these data. For example, in this research, all three participant groups were not equally aware of each type of fear or of fear display. Through working in partnerships, all groups would benefit from others’ insights and experiences into the range of fears and emotions that young children experience and the way they express those fears and emotions.

Parents in this research had limited perceptions of caregivers’ practices in responding to children’s fears, and all groups found the issue of responding to fear a difficult one for an adult to address. But with strong partnerships,
all members’ perceptions and practices are made explicit and help to inform better practice in responding to children’s emotional needs.

The importance of partnerships to early childhood education has been recognised for some time:

Parents and children benefit from improved relationships, as well as from the development of a more positive attitude by parents towards education, and an understanding of the education process. Early childhood educators also benefit from the establishment of a partnership with families that focuses on the best interests of the children. (Arthur et al, 1999, p. 12)

However, the place of partnerships in emotion education remains implicit, while cognitive and social development are focused upon:

Teachers work with children to solve problems that emerge during the preschool day and guide children in their decision making through encouraging and modelling discussion, observation, cooperation, consensus building, listening to the perspectives of others and generating alternatives. (Queensland School Curriculum Council, 1998, p. 21)

Through communication with parents, caregivers can gain insight into children’s emotional needs and methods parents use to respond to those needs. Goleman (1995) said that an emotion education program implemented in the classroom "works best when the lessons at school are coordinated with what goes on in children's homes" (p. 280).

Caregiver-child partnerships also increase caregivers awarenesses of children's fears and other emotions, and help children to understand and display emotions in socially appropriate ways. "It is through interactions with adults and more capable peers that children are able to test out new..."
ideas and consolidate their learning" (Arthur et al, 1999, p. 241). Vygotsky's "Zone of Proximal Development" states that with the guidance and assistance of adult or more highly skilled peers, children can achieve beyond the level of their performance alone (Santrock, 1994).

Partnerships between caregivers is a way to increase effectiveness in responding to fear and other emotions. Caregivers working as partners can share their observations and ideas with each other and decide together on strategies to implement. This can broaden the range of approaches used as well as ensure consistency in approach. Teamwork is recommended by Arthur et al (1999) as a partnership that leads to personal and work satisfaction as well as improving quality of program delivery. “Teamwork characterises effective, high achieving settings, and leads to a program where all concerned are heading in the same direction and working towards the same goals” (p. 243).

Finally, partnerships that involve members of the community support emotion understanding and continued learning. Goleman sums up the need for partnerships in emotion education as follows:

The optimal design of emotional literacy programs is to begin early, be age-appropriate, run throughout the school years, and intertwine efforts at school, at home, and in the community. (Goleman, 1995, p. 281)
Many participants reported that caregivers could do more to effectively respond to children's fears. Greater than half the adults surveyed suggested other approaches that caregivers could take to respond to children's fears. While this research has shown that young children experience at least all of the basic emotions and possibly others, it also indicates these children may not be able to understand or articulate their emotions.

During data collection, caregivers voiced a need for more strategies and resources to help them facilitate emotion understanding in their students. Parents, through their responses to children's fears and their observations or expectations of caregivers' responses, also demonstrated a need for more information about emotions and responding to emotions. Goleman (1995) suggested education for parents as well as educators so that home and school responses would be similar and in keeping with the best interests of the child. According to Rodd (1999),

> It is important for parents, teachers and other caregivers to understand the importance of developing their own emotional literacy and resilience because they are the guides and models from which children learn to express and manage their emotions in acceptable and appropriate ways. (p. 5)

Professional development, in the form of resource development, in-servicing and preservice teacher training, is a necessary step towards toward effectively responding to children's fears and other emotions. Professional development needs to have the following foci: quality resources, in-service and pre-service training in emotion education, and emotion education programs that help children to understand and express fear and other emotions.
Resources

Resources developed to assist in emotion education should begin with parent interview forms, asking questions about children's emotions. Forms such as these were referred to but never produced during data collection. Preschool interview forms usually ask about the child's medical condition, position in the family and routines. They could also be designed to include questions such as: "What fears does your child have?", "What makes your child happy and sad?", "Does anything disgust your child?" and "What interests does your child have?" This emotion information is beneficial to caregivers as they develop an understanding of the child and would also benefit parents and children to consider the affective side of the child. Questions such as these would provide opportunities for parents and children to discuss emotional issues amongst themselves and with caregivers.

Interview forms are currently completed in writing by parents. However, in a similar fashion to the Parents' Survey in this research, interviews could also be conducted verbally with caregivers, parents and children present and even audiotaped or videotaped for future reference. This could be a starting point in developing ongoing partnerships with families. Partnerships should not end in preschool, but continue throughout schooling.

But information shared between partners should not end with the interview form. Other resources, such as ongoing informal verbal interviews and periodic written interviews could provide partners with specific opportunities to stop and reflect upon the emotional and indeed the whole
development of the child. Other forms of written communication, as mentioned above in discussion of partnerships, could be established within the preschool context. A caregiver-parent communication book, as described above, is a particularly useful resource. It can include samples of children's work as well as anecdotes about their experiences and dialogue, concerns felt either by parents or caregivers, and other information which either party wishes to share.

A number of children's picture books that address emotional issues are currently available. Appendix 37 lists a number of them that I have come across during this research. However, there seems to be a need for more books about emotions, that are culturally and age-appropriate. Even the best books on emotion issues, however, need to be shared with children in sensitive ways. *Irene's* reading of *Franklin in the Dark*, described in Chapter 5 demonstrated how caregivers can use the story as a base for emotion discussion and drawing.

While caregivers can use books currently available to teach emotions, books constructed by children may have an even greater impact. During data collection, I constructed an emotion book with the children from the four venues, including their drawings and photographs of Cameron displaying each of the eight emotions. As the book developed, children began to discuss the emotions and to produce more drawings of incidents in which they had experienced each of the emotions. They pored over other children's contributions and took great pleasure in identifying the emotions in the
photographs of Cameron. The emotion book became a source of discussion about emotions as well as a motivator to get children to draw their feelings.

While the children did not always interpret the pictures as they may have been meant to be interpreted, their discussion indicated that they were exploring emotion language and understanding. Emotion understanding was also developed with emotion puppets. As with the pictures the emotion puppets offered children opportunities to explore emotion understanding. The difference between the earlier activities – the puzzles and ferris wheel and the latter activities – the Feelings Lotto, posters and puppets was that the earlier activities had set answers where children had to name the emotion. Both the posters and the puppets were open-ended activities that allowed children to interpret and explore their own emotion understanding and to be scaffolded by other children and adults in that understanding.

Open-ended resources proved more successful in facilitating children's emotion understanding. However, like picture books, the range could be expanded by other activities and games that deal directly with emotions.

Arts activities as responses to fear and other emotions were under-reported in this research. Donna said that when children are afraid, she gets them to draw their fears and Irene followed up the story, Franklin in the Dark by getting children to draw what frightens them. Jane and Sandra spoke about using persona dolls, where children can re-enact emotional situations through the doll. Other than these, no adult reported utilising the arts as an
emotion education resource. Yet in the Appropriate Emotion Survey, all caregivers reported that it is acceptable for children to express fear and other emotions through the arts. Catron and Allen (1999) view the arts as excellent ways for children to explore and communicate their emotions:

Young children often cannot verbalise their thoughts and feelings about stressful events. For these children, art and other forms of creative expression provide a valuable alternative to verbal communication. (p. 48)

Dau asserts that sociodramatic play contributes to emotional development, problem-solving ability, creativity and language development (in Wright, 1991, p. 74). Van Hoorn (1999) adds that distressing experiences can be relieved and integrated through arts expression.

Fear can become less overwhelming through the arts. For example, children can draw their fears and caregivers can use these drawings to initiate discussion about the fear and how the child copes. However, children may not want to talk about their pictures, and this should be accepted by caregivers (Catron & Allen, 1999).

The art works themselves can provide caregivers with insights into the child’s fears, ideas and emotions that can then be used to plan ways to address these issues. Art can also be remade: pictures drawn over or redrawn, sculptures altered and drama re-acted so the child can reconstruct the experience in a way that allows the child power and control of the situation (Catron & Allen, 1999; Sorin, 1994). Art is a therapeutic process for children as they express ideas and deal with emotions that adults do not
always know about or understand (Catron & Allen, 1999, p. 49).

**In-Service and Pre-service Training**

As well as quality resources to facilitate emotion education, participants in this research suggested in-servicing of teachers about emotions. Kelly said "caregivers need more training in the more obvious emotions and how do deal with them." Other caregivers supported this idea. In-servicing of existing staff and including emotion education in pre-service teacher training are necessary strategies for implement effective emotion education. Goleman (1995) says:

> Whether or not there is a class explicitly devoted to emotional literacy may matter far less than **how** these lessons are taught. There is perhaps no subject where the quality of the teacher matters so much, since how a teacher handles her class is in itself a model, a de facto lesson in emotional competence - or the lack thereof (p. 279).

This training would begin with educators becoming more aware of their own emotions. As Dunlop (1984) pointed out, to effectively teach emotion education teachers must firstly be aware of their own emotions.

When caregivers gain a better understanding of their own emotions and motivations, they must then come to understand children's emotions. As discussed above, this can happen through partnerships. But it can also be included in in-service and pre-service training, where examples of children's emotional experiences and parents' perceptions of their emotions are shared with caregivers, through speakers, video presentations and reporting of research in this area. The range of fears

306
and emotions that children experience, and the ways they display these emotions, can be made explicit through workshops and classes that target these areas and their relationships to learning and development.

Along with awareness of children's emotional experiences and displays, teachers can develop or be offered strategies to respond to these needs. Starting with a play approach, activities using visual arts, drama, movement, music, visualisation and storytelling can be implemented to address existing emotions or in anticipation of other emotions (Dunlop, 1984). Children can paint, sculpt, dance or dramatise their fears. Claycomb (1995) described a visualisation activity to help children understand bad dreams as follows:

Have all your children close their eyes and pretend to be asleep. Explain that a dream is like a story you can see while you are sleeping. Then lead them through this pretend dream. Ask the children to picture a dog in their minds. Have them imagine the dog running and drinking some water. Then ask them to picture the dog chasing a rabbit. Have them open their eyes and "wake up" before the dog catches the rabbit.

Ask the children questions about their "dream" such as these: "Was your dream real? Was there a real dog chasing a real rabbit? Was the rabbit real?" Reinforce the idea that the dreams are not real and that the children are safe even if the dream gives them a scary feeling.

Then discuss with your children ways they can make themselves relax and go back to sleep after a scary dream, such as the following:

Turn on the light for a minute. Show yourself that everything is safe in your bedroom.

Pick up a favourite stuffed animal and hug it.

Lie in bed and take deep, slow breaths. Think of something you like to do.
Close your eyes and think of something pretty, like a rainbow arching over your bed (p. 10).

Activities such as chanting to overpower a fear and singing songs about emotions help children to gain understanding and the ability to deal with their feelings (Catron & Allen, 1999). Picture books and storytelling help children to understand emotions (Goleman, 1995). Realistic stories and myths or legends that present emotional issues in metaphorical terms help children to develop the language of emotion they need to deal with affective issues (Herzog, 1992). Finally, in-servicing and pre-service training should aim to help caregivers become aware of children's individual, situational and cultural needs. Karen described how Aboriginal children live side by side with fear, while Rowena expected fears to be responded to and eradicated immediately. Michelle's life situation was very different to that of her peers and greatly determined her emotional needs. Lenny and Sam, while brothers, were reported as having very different emotional needs.

Currently, there are very few technology-based resources that address emotional issues. It is hoped that in the future more will be developed. This is an area of particular interest because much of technology does not require intrapersonal or interpersonal skills, thus making it a challenge to designers to incorporate these aspects of learning in their program development.

**Emotion Education Programs**
For people to achieve their full potential, they need to learn to acknowledge, communicate and control their emotions, impulses and behaviour. Such skills are aspects of emotional intelligence and emotional literacy. Research suggests that they can be learned from the earliest age as part of a long term program and should be taught alongside other more academic subjects. By identifying the key components of emotional literacy, parents and early childhood professionals can create a program or curriculum for teaching young children the crucial emotional, cognitive and behavioural skills which contribute to the development of emotional intelligence (Rodd, 1999, p. 6).

In-service and pre-service training will promote partnerships amongst caregivers, as they work together on best practice in emotion education. But the implementation of emotion education programs in classrooms is a necessary sequel for the development of emotional competence in children. Goleman (1995) affirms:

As children advance through the curriculum from grade to grade, there are discernible improvements in the tone of a school and the outlook and level of emotional competence of the girls and boys (p. 283).

Emotion education can be a separate subject or integrated into other subjects (Goleman, 1995). It is both planned and spontaneous, "using opportunities in and out of class to help students turn moments of personal crisis into lessons in emotional competence" (Goleman, 1995, p. 280). Areas covered can include emotion self-awareness, empathy or recognising emotions in others, appropriate emotion expression and managing emotions.

In the preschool years, emotion education could adopt a play approach, offering children opportunities to access materials and interact with
others to address their emotional issues (Catron & Allen, 1999; Harlow & Mears in Plutchik & Kellerman, 1983). The role of the caregiver is that of facilitator or guide, setting up the environment, interacting with children and offering words for emotions and suggestions for emotion display. Although it is assumed that caregivers have already established a degree of understanding of their own emotions, they are also positioned as co-learners, exploring, sharing ideas and discovering, alongside the children, the emotions in themselves and in others and the most effective ways to respond to those emotions.

Summary

A number of techniques or strategies can be used to facilitate an effective emotion education program. These include books, storytelling, story writing, drawing, painting, three-dimensional art, music, movement, dance and drama. In the future, it is hoped that more books and technology-based resources will address issues of emotion education. These resources, combined with educators who are aware of their own and others' emotions, and sensitive placement within the education context, will make a great difference to children's understanding of fear and other emotions.

Emotional literacy programs improve children's academic achievement scores and school performance...In this sense, emotional literacy enhances schools' ability to teach (Goleman, 1995, p. 284).

Chapter 7 - Conclusion
Review of Research Process

This research was designed in the qualitative paradigm, using surveys, interviews, observations and reflection to inform the data. Constructivist in approach, it attempted to gain knowledge from the insights of participants in naturalistic settings. The Parents' and Caregivers' Surveys contained checklists and open-ended questions. The checklists may have been leading as they contained fear and emotion items. An entirely open-ended survey may have elicited very different responses. The Focal Group Interview also contained emotions and fear items. Had children been asked open-ended questions, they may have mentioned different items to the checklist. Even mentioning the word "fear" or other emotions may have encouraged responses in participants. Had this study been set up as an ethnography over an extended period of time, I may have recorded comparable or very different answers to those in the surveys and interview.

Time spent in the centres after the surveys and interviews were complete was brief and much of it spent implementing emotion activities with the children. Therefore my observations were restricted and served mainly to complement information from interviews (Burns, 1991). Had this study been conducted as an ethnography, observations would have been the major research tool. I had intended originally to be a participant-as-observer, but my brief time with each group positioned me an observer-as-participant, where I remained a relative stranger to the group (Burns, 1994).

Reflection facilitated changes in the surveys as well as developments throughout data collection. For example, Ruth's comments on encouraging
appropriate emotion displays and discouraging others led me, through reflection, to devise a survey for caregivers regarding appropriate emotion display. The information from this survey was used to compare how caregivers report that children display emotions with what they deem appropriate emotion display. Again, this survey was in the form of a checklist, designed for ease of response. As mentioned above, checklists might lead participants to answer in certain ways. While the Appropriate Emotion Display Survey gave the respondents room to add their own comments, very few caregivers utilised this opportunity.

Following a constructivist approach to research, data were coded in an inductive, or grounded way. Codes emerged from what participants reported and were trialled and revised as the analysis proceeded. Data displays and matrices were created and informed both the results and analysis chapters. Rich description was used to present the findings in narrative form, largely through the participants' words.

This research made every attempt to be trustworthy, through authenticity and ethics (Denzin and Lincoln, 1994). While reality in this research is accepted as a construction, it attempted to portray the situations through comprehensive narratives. Credibility was also increased through triangulation, which took the form of data collected both from checklists and open-ended questions, getting participants to write their responses, then interviewing them on tape and writing notes as they spoke. I also checked back with participants as to the accuracy of what I'd transcribed and re-
interviewed some children. I included three groups of participants to further triangulate the data - children, parents and caregivers.

The number and variety of participants from four different early childhood settings offered a satisfactory range of responses and description (Denzin & Lincoln, 1994; Miles & Huberman, 1994) that may be transferable to other early childhood settings. As was noted in Chapter 3, another geographical location or a different preschool system could produce different results. Suggestions for further research follow this discussion. Dependability can only be determined with a retest after a period of time, or with other researchers using the same methods. But dependability can be enhanced by overlapping methods and documenting procedures and audits. Overlapping methods, such as verbal and written responses, along with an audiotape and my notes, were used to enhance dependability, along with an extensive audit trail and ongoing coding checks.

No researcher is unbiased, so to obtain confirmability biases must be considered throughout the research process. The most obvious bias is that the researcher is both an early childhood teacher and an art teacher. I hold beliefs regarding child development and early childhood pedagogy and, as I have stated earlier, began this research with a concern that art "therapy" was confined to clinical situations. I was concerned that my ideas might have come through and influenced participants' responses, and did regular checks of audiotapes and notes to try to address this. Other biases have been discussed throughout the reporting of this research.
The ethics of this research were of great concern to me. I made every attempt to protect the privacy of all participants and to keep the welfare of participants as my first priority. I also attempted to report all data with honesty and with the goal of helping other professionals to provide the best care to young children. At all stages of the research, I welcomed feedback from participants, other professionals and people interested in the study.

**Recommendations for future research and resource development**

**Research Technique**

A number of issues arose from this research. The first, as discussed above, was that the limited time and checklists may have influenced the outcomes. A recommendation for future research would be to investigate practice in emotion pedagogy through an ethnographic approach. This would require more time, but has the advantage of looking deeper into the situation and giving participants a greater voice in the research. A longitudinal study, where children are tracked over several years, would benefit researchers in discovering the development and outcomes of emotion and emotion display.

Another technique that could be explored is a quasi-experimental technique, where children's emotion understanding is assessed before and after the implementation of an emotion education program. This form of research requires the development of the emotion education program and the recruitment of both control and experimental groups.
Age Groups

In this current research, there could have been more division of age groups. Children in the study were between three and five years of age, but no differentiation was made between three year olds, four year olds and five year olds. A comparison of fear and fear responses of three year olds and five year olds could be another possible research problem. Five year olds have more developed vocabularies and broader experience from which to draw their understandings.

As the issue of innate or basic emotions (Bowlby, 1973; Darwin, 1965; Ledoux, 1998) was discussed in relation to the theoretical perspectives, another age group that could be investigated would be neonates, for signs of emotion, particularly signs of fear. While the existence of emotion in this age group has been investigated in the past (Bowlby, 1973; Harlow & Mears in Plutchik & Kellerman, 1983; Izard, 1977; Watson, 1970), further research could investigate parents' and caregivers' responses to fear and other emotions in neonates for the purpose of suggesting best practice in responding to emotions in this age group.

Sex Differences

Sex differences in fears have been noted in children, although more for school-aged children (Stevenson-Hinde and Shouldice, 1997), and different ability groups have demonstrated different fears (Matson and Love, 1990). These differences could be a source of future study, along with the way educators respond to fears in boys and in girls.
Qualifications

While all employees of the preschools studied were termed "caregiver" for the purposes of this study, the participants came with very different educational qualifications and experience. A future study could look at the years of training and experience compared with the strategies used to respond to fear. Parents, as well, may respond in different ways depending on their levels of education and years of parenting experience.

Resource Development

Besides further research, this research has shown the importance of developing resources and training packages for early childhood educators. Educators must recognise their own fears and other emotions and understand the emotions of their students. Further to this, they need strategies and resources to implement emotion education, both as a topic in its own right and as an integrated topic in other curriculum areas. Teaching to the whole child involves addressing the emotional and social as well as the cognitive areas of the child, yet most resources address cognitive issues only. Time would be well-spent developing resources that address the affective side of development.

Curriculum

Currently, Key Learning Areas in primary schools are: English, Mathematics, Science, Studies of Society and the Environment, Technology, Health and Physical Education, Languages other than English, and the Arts.
Of these areas, only Health and Physical Education includes emotion issues, in the form of developing a sense of self. Foundation Learning Areas, which target the preschool age group of this study, include: Thinking, Communicating, Sense of Self and Others, Social Living and Learning, Health and Physical Understanding, Cultural Understanding and Understanding Environments (Queensland School Curriculum Council, 1998). Emotion issues are included in the "Thinking" area but are implicit in other areas.

An explicit emotion curriculum is an integral need in early childhood and primary education. With training and resources, teachers could implement a program to develop emotion understanding in their students. As Goleman (1995) suggests, what is important is the way emotions are taught rather than whether they are taught as a specific subject or integrated into other subject areas. It is a matter of developing a "'caring community', a place where students feel respected, cared about, and bonded to classmates, teachers and the school itself" (Goleman, 1995, p. 280). However, Goleman (1995) cautions that implementation of such a community is not easy:

Many parents may feel that the topic itself is too personal a domain for the schools, that such things are best left to parents…Teachers may be reluctant to yield yet another part of the school day to topics that seem so unrelated to the academic basics; some teachers may be too uncomfortable with the topics to teach them, and all will need special training to do so. Some children, too, will resist, especially to the extent that these classes are out of synch with their actual concerns, or feel like intrusive impositions on their privacy (p. 280).
But emotion education leads to educational advantages as well as helping children to lead better lives (Goleman, 1995).

Conclusion

One of the reasons I began this research was because of my conviction that the arts hold enormous potential in helping children to resolve emotional issues. I was dissatisfied with the arts being used only in clinical settings for "art therapy" with children who had been diagnosed with problems. It seemed to me that the arts were a perfect classroom tool for teaching the emotions. Having taught Visual Arts Education to preservice teachers, I can see a problem with this. Teachers themselves are not comfortable with the arts, so are often unable or unwilling to use the arts as tools to facilitate emotional development. But the other issue that has become clear through this study is that many teachers are not completely aware of or comfortable with their own fears or other emotional issues. Very few teachers acknowledged themselves, as well as their students, as emotional during the interviews or in the time I spent in their classrooms.

The literature review revealed a significant gap in emotion education for preschoolers. Very little is written about emotion education, and most of what is available addresses fears and emotions in older children. Emotion development is often coupled with social development and writing in this area bases itself on interactions with others and development of self-concept. Early childhood educators are often limited to a few paragraphs in a
textbook that talk of the importance of emotional development but give sparse, if any suggestions about implementing emotion education.

Early childhood educators need to be aware of their own fears and of themselves as emotional beings. They need more information about fears that young children experience and other emotional issues pertinent to early childhood. They need to be aware that fear does not have to be eradicated; that they don't have to negate children's fears or other emotions. They need practical strategies for responding to fear and other emotions. And they need resources – a book list, activities, teachers' guides, videos – along with professional development in emotion education. Strategies and resources for emotion education can be used alone or integrated into other areas of the curriculum. But, as Rodd (1999) confirms, the schooling of the emotions needs to be addressed:

By working to enhance the emotional and social skills of young children, early childhood professionals can help them to develop self-awareness and understanding, motivation to learn, fluency in communicating with others, the ability to form meaningful relationships, resourcefulness in meeting challenges and a willingness to engage with their communities. It is hoped that such a focus will help to equip young children, not only to achieve the academic results so prized by society today, but equip them to lead full and satisfying lives within healthy communities (p. 9).
Bibliography


Cairns Post. 29 July 2000. “Killers’ brains may be altered”. p. 34.


Rodd, J. (1999). Emotional Intelligence and Emotional Literacy in Young Children: Keys to Effective Learning and Achievement. Keynote Presentation, OMEP World Council Meeting and Conference, Singapore, 29 July – 1 August.


