ELICITING INFORMATION FROM CHILDREN ABOUT THEIR FEARS

A MIXED METHODS STUDY

By

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ABSTRACT

TITLE: Eliciting Information From Children About Their Fears: A Mixed Methods Study

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The primary purpose of this methodological study was to examine how the nature of information from children differs when elicited by offering children the opportunity to draw and tell their own stories compared with the nature of information elicited by offering the same children an objective self-report survey. Fear was selected as the topic to focus the methodological comparison because it is a common response to health care interventions and environments, an individual yet undiscriminating phenomenon in terms of age, gender, and ethnicity, and often implicated in the development of mental health disorders and acts of violence.

A mixed methods [QUAL + quan] design for complementarity and initiation of findings was used. Data were analyzed using concurrent mixed analyses that included both within- and an across-method exploration that included narrative and thematic analyses of the children's stories and a statistical analysis of the children's self-report survey scores as compared to existing normative data. Twenty-two children ages seven and eight years and of mixed ethnicity and socio-economic status participated.

The qualitative analyses revealed stories that resisted typical narrative structuring, overusing selected elements, omitting others, and suspending the listener linguistically in

the story line alongside the narrators. The children's stories focused primarily on the circumstances of their fear experiences. Five themes emerged from the analysis and centered on feeling isolated (*And you're all alone*), being taken off guard (*Didn't see it coming*), helpless (*Nothing you can do*), unsupported (*Nobody's watching for me here*), and immobilized (*Just waiting there knowing*). The quantitative analysis focused primarily on known referents of fear, rather than the circumstances surrounding it, and revealed significant differences in the study sample scores when compared to the normative sample in both overall fearfulness and one sub-category of referents, *Danger & Death*. Study sample scores were higher than normative data scores in both instances.

Implications for nursing research and clinical practice were included with particular focus on the *draw and tell* dialogue approach to eliciting information from children. The study concluded by calling attention to children's fear experiences and that we may indeed not be focusing enough research or clinical attention to them.

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Children are not here primarily for us.
We are here primarily for them.

Max van Manen
The Tone of Teaching

Chapter 1

INTRODUCTION

Introduction

In recent years a variety of research institutions, including the National Institutes of Health (NIH), the National Institute of Nursing Research (NINR), the Health Care Finance Administration (HCFA), the Health Resources and Services Administration (HRSA), the Food and Drug Administration (FDA), and the United States Public Health Service (USPHS), issued a call to hear the voices of those individuals who are marginalized, disenfranchised, and socially silenced within society and health care. These individuals, identified as socially vulnerable, have become the primary focus of health disparities research. Among these socially vulnerable individuals are ethnic minorities, women, the elderly, those who are homeless, live in rural areas, or in poverty, and children. This study focuses on children who, like the other socially vulnerable individuals, are now not only understood to have privileged information about themselves and their experiences but also are deserving and capable of articulating them.

In both clinical and research practice, children typically have been treated as passive objects of study (Barker & Weller, 2003). The focus has been on what happens to them and the processes they undergo, rather than on what they have to say, their perspectives, or their voice (Alldred, 1998; Carter, 2004; Christenson & James, 2000). Children traditionally have been viewed within the construct of developmentalism - a linear, sequential, and normalized process by which children become adults (Alldred, 1998). This construct of children as human *becomings*, rather than as human beings, has exacerbated children's objectification within research, health care, and society (Alldred,

1998; Carter, 2004; Christenson & James, 2000). To date, children have been known primarily through adult observations, proxies, or accounts.

In response to the call to hear the voices of children, both clinical and research practice began to shift from seeking information about children to seeking information from them (Docherty & Sandelowski, 1999). However, trying to satisfy the call to attend to, and to hear, children's voices without actually altering *how* they are heard, may only perpetuate their objectification. Traditional methods, such as questionnaires, survey tools, and directed interviews, are often adult-centered, -dominated, and -biased (Bradding & Horstman, 1999). New methodologies for communicating with children that allow for moments in which children occupy a more privileged and powerful position, need to be explored and developed.

Background and Significance

The primary challenge for both clinical and research practitioners is to recognize how difficult it is to imagine the extent to which children can present their accounts, or voice, when the entire frame of reference or context for such accounts tends to be adult-centered and dominated (Barker & Weller, 2003). To be heard, children must render themselves meaningful in an adult context. They must explain themselves convincingly, using language that by definition is reflective of adult status and authority, not their own (Alldred, 1998). Few methods, if any, exist to elicit children's voices, especially young children whose command of the language and comfort in the health care system is limited. A clinician or researcher's keen observation skills and simple presence are at best only indirect informants and represent only part of the picture.

Currently, there is a growing interest in the use of art, a natural medium of children's expression, as a means of facilitating communication with children (Malchiodi, 1998). Once thought of as windows to children, art work and art making might better be viewed as doorways, thereby inviting an entry rather than a momentary glimpse into children's worlds. Although a variety of art media and methods is available, drawing has been the art directive most often offered to children in both clinical and research settings (Malchiodi, 1998). Interviewing methodologies that include drawing may have considerable potential to facilitate children's reports of their experiences, thereby privileging their voice and their stories about their lives.

Numerous studies have found that drawing facilitates children's abilities to talk, particularly about those events or concepts they might otherwise find difficult to describe (Gross & Hayne, 1998; LaGreca, 1990; Pipe, Salmon, & Priestley, 2002; Stafstrom, Rostasy, & Minster, 2002; Weinle, 2002; Wesson & Salmon, 2001). One of the concepts explored in many of these studies was fear, which is often central to children's responses to health-related interventions. However, each of these studies was driven by a theoretical framework and question that resulted in quantitative data sets and the resultant analyses focused primarily on the *amount* of information reported by the children rather than on the *nature* of the information reported.

Fear is an individual yet universal phenomenon (Nicastro & Whetsell, 1999). In many ways, fear parallels and sometimes accompanies pain. Like pain, it is subjective and real, no matter how imaginary or ungrounded it may appear to the observer. As discussed above, children's fears are often central to their responses to health-related interventions. However, fear has also emerged as core to many children's responses to

current events. Children have not escaped exposure to the recent acts of terrorism, ongoing war, and the continuing broadcast of an elevated threat level with which we live today (Beauchesne, Kelley, Patsdaughter, & Pickard, 2002). Nevertheless, there is limited research on children's fear.

Fear that is not identified or addressed can have detrimental effects on children's learning, social skills, and self-concept (Ollendick, Langley, Jones, & Kephart, 2001). Unresolved fear, with its resultant sense of loss of control, has been implicated in the development of both mental health disorders and violent behavior in children (Nicastro & Whetsell, 1999; Ollendick et al., 2001). Furthermore, unresolved or benumbed fear can easily lead to irrational prejudice, toxic rage, and acts of violence (Greenspan, 2003; Ollendick et al., 2001). Another, more qualitative, look at fear is warranted to obtain description that initial quantitative approaches could not access.

Significance to Nursing

The moral mandate of nursing is to illuminate the experiences of those marginalized and silenced within society and hence, within health care. This mandate requires us to link and direct our work as nurses toward the transformation of the systems that produce those who are marginalized (Reimer-Kirkham & Anderson, 2002). Nursing scholarship must necessarily look beyond the individual experience of health and illness and encompass the social foundations that determine it (Reimer-Kirkham & Anderson, 2002). Similarly, scholarship must address children and the determinants of their health, both mental and physical.

The construction of children as active participants in, rather than objects of, health care and the recognition of their unique perspectives and experience are core to the

practice of pediatric nursing. Pediatric nurses have typically looked for, listened to, and advocated for the voices of children. However, integrating these voices into care decisions in an adult-centered and -dominated world has been challenging and problematic (McPherson & Thorne, 2000). The twofold challenge for nursing is to create a context that values children's voices within the cultural milieu that has silenced them and to expand nursing's methodological armamentarium by seeking approaches to data collection and analysis that privilege children's voices.

In this era of health care cost containment, offering children the opportunity to draw and to tell their stories may be a cost effective yet powerful intervention pediatric nurses can employ. Analyzing these stories both for content and narrative structure may well provide an avenue for insight not only into children's lives and thoughts but also into the discourse that shapes them.

Purpose of the Study

The primary purpose of this study is to examine how the nature of information from children differs when the information is elicited by offering children the opportunity to draw and tell their own stories compared with the information accessed by objective self-report surveys completed by the children on the same topic. An additional pressing concern for nurses caring for children is to discover more about children's fears and how to facilitate their resolution.

Specific Aims

To this end, the study will be guided by the following specific aims:

1. To analyze the information obtained from young children's stories about fear for both content and narrative structure,

2. To assess the information obtained from young children's completion of an objective self-report fear survey, and
3. To compare the nature of information elicited from young children provided the opportunity to draw and tell their stories about fear to the nature of information elicited from the same children completing an objective self-report fear survey.

Chapter 2

SELECTED REVIEW OF THE LITERATURE

Introduction

This selected review of the literature begins with an examination of both the *call* to hear children's voices and the historical, legal, and social influences that contributed to and resulted from this call. An evolving focus on children's drawings as facilitators of communication, rather than as objects for interpretation, is introduced. An exploration of the role of narratives in understanding human experience as well as the analytical options for understanding and representing narratives is presented. This discussion is followed by a review of the current tools available to researchers for understanding and representing children's fears. The chapter concludes with a discussion of two theoretical approaches or foundational perspectives that influenced the conceptualization of and methodological approach to the research question. These include *Symbolic Interactionism* (Blumer, 1969) and *Making special* (Dissanayake, 1988, 1995).

The Call to Hear Children's Voices

The exploration of the *call* to hear children's voices began with an examination of the call itself. In this process, several trends that contributed to or resulted from the call emerged. Attending to who had extended the call informed the context for how to develop a methodological approach to hear children's voices.

Parental Consent to Child Assent

The introduction of federal regulations for the protection of human research participants that required a child's affirmative agreement, or *assent*, to participate in research was a crucial first implied call to hear children's voices (DHHS, March 8,

1983a). Historically, permission for children's participation in research was obtained from parents, through the informed consent process, with parents serving as surrogates for their children's decision-making (Lindeke, Hauck, & Tanner, 2000). The assent process was developed to increase a child participant's voice, especially in the consent process.

The notion of informed consent has its roots in the Nuremberg Code (1947) which was developed by the World Court in the context of the Nuremberg trials and the discovery of abusive research practices of Nazi physicians during World War II (Glantz, 1998). The first of its ten principles identified that consent from the research participant was not only essential but also needed to be voluntary and informed (Glantz, 1998). However, this principle applied only to those with the legal capacity to consent. Children were considered incompetent by law and therefore the right to consent belonged to their parents.

It was not until twenty years later that children's rights were addressed. In 1964, the Declaration of Helsinki was developed by the World Medical Association. It not only reaffirmed the need for informed consent but also introduced an alternative to the consent process for children and others with limited legal capacity – participant *assent* with surrogate or substitute *permission* (Bragadottir, 2000). For children, assent was defined for children as their affirmative agreement to participate and not just their mere failure to object (Powell, 1994). Parental or surrogate permission was still required but their consent was no longer primary.

Despite this apparent reaffirmation of informed and voluntary consent and increased attention to the rights of children and others with limited legal capacities,

abuses of human research participants continued. This was especially true for children and other vulnerable populations such as those institutionalized for mental illness. A public outcry ensued as abuses were uncovered and reported. In 1974, Congress responded by establishing the National Commission for the Protection of Human Subjects of Biomedical Behavioral Research.

Five years later, the Commission issued *The Belmont Report* (1979) which is considered to be the cornerstone of ethical principles guiding federal regulations for the protection of human research participants. Of the three fundamental principles outlined in the report, which include *beneficence* and *justice*, the first is *respect for persons*. This principle not only acknowledged the personal autonomy and self-determination of individual research participants but also established specific guidelines for the protection of those participants with diminished autonomy, such as children.

As a result, the informed consent process was required to include a full disclosure of information and documentation about the participant's understanding of that information. This requirement for documentation gave birth to written consent. Information needed for a full disclosure included an explanation of the condition, the procedure(s) used and the consequences, a description of alternative treatment(s) or procedure(s), a description of the benefits to be expected, an offer to answer questions, and freedom from coercion, unfair persuasion, or inducements (Dickey & Deatrick, 2000).

These requirements were also held by the assent process that applies to children ages seven to eighteen years. Children and adolescents now needed to give their own assent while their parent or guardian gives only his or her permission. As the risk level to

the child or adolescent increases in research, both parents, as opposed to only one, are required to give their written permission. In some states, the legal age to consent varies, acknowledging adolescents who are mature and/or emancipated minors as capable of consenting for themselves (Glantz, 1998).

What the Belmont Report established was that autonomy is the same for everyone and not just an empirical concept that can be measured or a rule about how we treat people and whether or not we accept their rights (Dickenson, 1994). Children's autonomy was now to be valued separately from their rationality and their right for self-determination preserved (Alston, 1994). However, although the assent process introduces and demonstrates respect for children's rights in the research process, it does not guarantee them. The assent process does not begin and end with the signature of the research participant on a form. It is a process and, while the integration of a child's voice into research decisions adds a dimension of complexity, it is certainly not impossible (McPherson & Thorne, 2000).

In 1997, the National Institutes of Health issued a request for applications for studies addressing issues and topics related to research participants. Of the 14 funded projects, only one addressed children's participation in research (Knafl, 2001). The major finding of this study was that the traditional research establishment's one size fits all approach to informed consent is inappropriate, at least when it comes to children (Broome, Richards, & Hall, 2001). In its place should be a process that allows a research study to be introduced to each child and family that extends from and builds on the child participant's understanding of the research (Broome et al., 2001). Yet, few practical models are available to assist in designing such an assent process with children. The ones

that do exist are limited to outlines for consideration or introduction of sample assent forms (Abramovitch, Freedman, Thoden, & Nikolich, 1991). The paucity of models may reflect the fact that specific documentation of the assent process with children is not consistently required. However, it is more likely that it is reflective of the difficulty of establishing a model that can adjust to varied developmental and cognitive levels.

Regardless of the difficulty, Broome and colleagues (2001) urged investigators to become more cognizant of the multiple factors influencing the assent process with children and to develop an assent process that includes children in specific and meaningful ways. For their voice to be present, children must not only be able to express their thoughts and feelings, but those thoughts and feelings must also be heard and valued with an attendant appreciation of the conditions under which they were expressed. It is paramount that researchers recognize those situations in which a child's voice is least likely to be heard, as well as those in which a child's voice may be absent, difficult to decipher, or suppressed (McPherson & Thorne, 2000).

Current research suggests that parents and researchers may be sources of inadvertent pressure for children to assent to participate in research (Abramovitch et al., 1991). Having given their written permission for their child to participate, parents may influence their child's decision to assent. Younger children have often indicated that they chose to participate even when they did not want to because their parents had already approved it (Abramovitch et al., 1991). Simply acknowledging that children can competently speak for themselves about their experiences of the worlds in which they live, does not deny that childhood, as a socio-cultural institution, exists beyond and influences their lives (Barker & Weller, 2003). Research methodologies are refracted in

unique ways with children because of the particular context of adult-child relationships and especially the unequal power dynamics that constitute these relationships (Mauthner, 1997). Therefore, research with children requires increased reflexivity and awareness of these issues on the part of the researcher (Agell & Goodman, 1995; Barker & Weller, 2003; Conrad & Horner, 1997; Powell, 1994).

To date, a process has been developed that acknowledges children and their rights to *voice*, although this process does not in itself guarantee they are heard. The challenge for the research community is to establish a model that not only addresses all the elements required for informed consent but also readily adapts to a child's developmental and cognitive level.

Child's Best Interests

A second trend in children's rights in research came from within the legal system where children evolved from being conceptualized as property without any individual rights to being conceptualized as individuals whose best interests are the focus. The conceptualization of children as property, belonging to their fathers, dates back to Roman times and more recently to English common law. Until the mid-19th century, fathers had a near absolute right to their children. However, several historical forces converged to weaken this paternalistic dominance, most important of which was the Industrial Revolution (Conrad & Horner, 1997). As fathers left home and sought work beyond their farm or village, mothers remained in the home and were re-conceptualized as the primary caretakers with fathers relegated to the role of wage earners.

This re-conceptualization was coupled with an emerging image of children as developing human beings rather than small adults or property (Wilcox & Naimark, 1991).

This image was referred to as *the tender years* and resulted in mothers being viewed as primary caretakers and nurturers, giving birth to the emphasis in legal arenas on the importance of the maternal-child relationship. This image became firmly encoded into legal statutes by the early 1900's and, until recently, influenced most child custody decisions.

In recent years several forces have converged to necessitate the legal system to reexamine existing images and models of children, childhood, and the maternal-child relationship (*Best interests of the child: A re-examination of the District of Columbia's Child and Family Services Receivership Hearing*, 2001). These forces include the feminist movement, constitutional concerns about equality and claims of sexual and reverse discrimination, rising divorce rates, and the entry of large numbers of women into the workforce. The model that emerged placed children as central in legal decisions on their behalf. The prevailing legal test today is rooted in the consideration of the child's needs or interests, not the parent's gender. This model is called *in the best interests of the child* (Alston, 1994).

Who decides an individual child's best interests is still actively debated and has given rise to the need for separate legal representation for children. This representation occurs not only in family divorce and custody issues but also in cases where children are victims of and witnesses to domestic and other violence. In some cases, children are assigned separate legal representation to protect their best interests. Such representation has influenced both research and clinical matters. To date, it is usual that the legal guardian, according to the courts, is deemed able to sign consent for clinical matters. However, in research, an additional standard that reflects a child's best interest includes

obtaining a child's assent. Both parental permission and child assent are required for participation in research affecting the child (Powell, 1994). However, if a child chooses to dissent, the child's decision should prevail even if a parent continues to give permission.

This centering of attention by the legal system on children and their best interests attempts to bring children's voices into decision-making on their behalf. However, this shift in focus has only recently seen a corresponding attempt to shift the methods of communication in order to ascertain their interests. One such development is more interest in the use of children's drawings as facilitators of communication, especially in childhood forensic interviews (Pipe et al., 2002; Salmon, 2001).

Children in Research

Perhaps the most important trend for nursing research was the introduction of new policy from both the National Institutes of Health (NIH) and the Food and Drug Administration (FDA) that called for an increase in the participation of children in research involving human subjects, including clinical trials (Glantz, 1998; Hall, Stevens, & Pletsch, 2001). The policy was developed because of concerns that treatments used with children are often based upon testing done exclusively in adults; consequently, scientifically evaluated treatments are less available to children. These concerns were specifically articulated in a Congressional directive that strongly encouraged both the NIH and the FDA to strengthen their portfolio of basic, behavioral, and clinical research that not only focused on but included children. As a result of this new policy, proposals for research involving human subjects must include a description of plans for including

children. If children will be excluded from the research, the investigator must present an acceptable scientific or ethical justification for their exclusion.

The overall goal of the policy was to increase the participation of children in research to obtain appropriate data. However, there was no call for a parallel examination of existing regulations governing the participation of children in research or of available research methods and tools that were developmentally appropriate for children. The call was issued to increase children's participation with a requirement to present a plan for their inclusion with each research proposal, but no instructions or guidelines were issued about how to adapt the existing system to their cognitive or developmental needs.

To satisfy the mandate to increase children's participation, the researcher's focus has been directed toward increasing the numbers of children involved in research. Less attention has been paid to the informed participation of the children, the key to which is ensuring respect for their voice. The research participation of children, even when designed by well meaning adults, amounts to non-participation, no matter how many children are involved, if children are manipulated, used as decoration, or as tokens. Tokenism is difficult to identify and deal with because it is often carried out by adults who are strongly concerned with giving children a voice but have not begun to think carefully and self-critically about how to do so. A close look at research studies that include increased numbers of children sometimes reveals representation by proxy, using objective tools completed by clinicians, parents, or researchers about the child instead of the actual participation of the child. The result is that situations are created in which children seem to have a voice but in fact have little or no choice about the subject, the

style of communicating it, or any guarantee that anyone is listening or valuing what is shared.

Child participation can drift into being adult-centric, be imposed on unwilling children, or be designed in ways inappropriate for a child's age and capacities. One of the emerging ethical challenges for researchers is with the assignment of incentives. The use of incentives for research with children remains controversial and without definitive guidelines (Rice & Broome, 2004). If the children are the participants in the research, then the incentives should be directed at them, not at their parents (Rice & Broome, 2004). When parents are offered incentives that are especially appealing, children who are reluctant to enroll in a study might be persuaded to participate (Rice & Broome, 2004). Parents, on the other hand, should be informed about incentives to be offered to the children because children offered incentives that are especially appealing are also be capable of persuading otherwise reluctant parents to give permission (Rice & Broome, 2004). Because children are especially vulnerable as participants, researchers not only need to seek their informed participation but also assure that the participation is child oriented and free from coercion.

Children's Rights in Decision Making

The United Nations Convention on the Rights of the Child (1990) was not only the first legally binding international instrument to incorporate the full range of human rights but also the most universally accepted - ratified by every country in the world except two. Countries around the world declared their commitment to changing the world for and with children and agreed to hold themselves accountable for this commitment before the international community. The United States, which is one of the

two countries that had not ratified the Convention, has now signaled their intention to ratify by formally signing the instrument.

The Convention states that children have the right to participate in decision-making processes that are relevant in their lives (*"Convention on the Rights of the Child,"* 1990). It also recognizes that this right to participate requires clear commitment and effective actions to become a living reality (*"Convention on the Rights of the Child,"* 1990). The goal for children is not simply to increase their participation but also to optimize their opportunities for meaningful participation. Put into practice, this involves adults listening to children – to their multiple and varied ways of communicating, ensuring their freedom to express themselves, and taking their views into account when coming to decisions that affect them (Bellamy, 2002).

The first General Assembly Special Session on Children, held in 2002, was the first time the General Assembly met exclusively to discuss children's issues. Further, it was the first time large numbers of children were included as official members of delegations, representing both governments and non-governmental organizations. This assembly was guided by the assumption that a child whose active engagement with the world is encouraged from the outset will grow and develop into a citizen of the world who is more likely to value her or his own opinion and beliefs, and the opinions and beliefs of others (Bellamy, 2002). The subsequent focus of the 2003 State of the World's Children report was child participation. The emphasis throughout the report points out that authentic and meaningful participation of children requires a radical shift in adult thinking and behavior (Bellamy, 2002). Authentic child participation must emerge from the children themselves, echoing a previous recommendation that children's participation

in research must extend from and build on the child participant's understanding of research (Broome et al., 2001).

Children's competency to express themselves not only changes with age but also reflects the opportunities - or lack of opportunity – for autonomous self-expression. Where words and phrases might come relatively easily for adults or even older children, crayons were identified as the most expressive media for younger children (Bellamy, 2002). At the U. N. Special Session on Children, the voices of nearly 34,000 children from more than 125 countries were heard through their drawings. The Special Session issued a call to all members of society to join the U.N. in a global movement to help build a world fit for children and to build it with them.

Engagement and Incorporation of Child Perspectives

According to the Surgeon General, we are facing a crisis in mental health care for children and adolescents. In the United States, one in ten children suffers from mental illness severe enough to cause some level of impairment (Dogra, Parkin, Gale, & Frake, 2002; Twomey, 2000). Unmet needs for services remains as high now as they were 20 years ago. Recent evidence compiled by the World Health Organization indicates that by the year 2020, childhood neuro-psychiatric disorders will rise by over 50 percent, internationally, to become one of the five most common causes of morbidity, mortality, and disability among children (*Report of the Surgeon General's Conference on Children's Mental Health: A National Agenda*, 2000) .

To address these critical issues, the Office of the Surgeon General held a conference on *Children's Mental Health: Developing a National Action Agenda* (2000). The purpose of the conference was to engage a group of citizens in a thoughtful,

meaningful dialogue about issues of prevention, identification, and recognition of mental illness and referral of children with mental health needs to appropriate, evidence-based treatments or services. The report that emerged from this conference introduced a blueprint to reinvigorate mental health care services for children and elevate the federal government's commitment to these services to the same level as their commitment to childhood immunization (*Report of the Surgeon General's Conference on Children's Mental Health: A National Agenda*, 2000).

The overarching vision of this National Action Agenda clearly identifies a priority to engage and incorporate the perspectives of children and youth in the development of all mental health care planning and intervention (*Report of the Surgeon General's Conference on Children's Mental Health: A National Agenda*, 2000). The Agenda identified eight goals and multiple action steps, which included promoting public awareness of children's mental health issues, reducing the stigma associated with mental illness, and improving the assessment and recognition of mental health needs in children. Of particular interest is one of the action steps that calls for the specific creation of tangible and cost effective tools for practitioners to help in the identification and assessment of children's social and emotional needs (*Report of the Surgeon General's Conference on Children's Mental Health: A National Agenda*, 2000).

Most mental health tools have focused on the identification of risk and protective *factors* as well as individual vulnerability and resilience. New directions in research are moving beyond the identification of factors to the identification of underlying *processes* that contribute to individual risk, vulnerability, and resilience (Luthar, Cicchetti, & Becker, 2000). Exploring underlying processes is essential for advancing theory and

research as well as for designing early screening and intervention tools (Luthar et al., 2000). This call from within the mental health community is to move from a *downstream* approach, in which caregivers identify and care for children who have already fallen into the river or are diagnosed with alterations in mental health to more of an *upstream* approach, in which caregivers seek out how children get into the river in the first place and why some cannot swim (Hunter & Dryden, 1999).

Summary

In summary, the call to hear the voices of children invites researchers to reexamine methods, tools, and designs currently used with children in the research process. This study addresses this call, not only by reexamining an existing tool for gathering information from children but also by comparing it to an approach that may privilege and integrate a child's voice – the integration of children's drawings into a conversational dialogue or interview process.

Children's Drawings as Method

The use of children's drawings for assessment in both research and clinical practice has a long tradition in the fields of psychiatry, psychology, and education (Buck, 1981; Burns, 1970; DiLeo, 1970, 1974; Goodenough, 1926, 1928; Harris, 1963; Kellogg, 1969; Koppitz, 1968, 1984; Machover, 1980). Although children's drawings may not demonstrate the skill found in mature artists, they are infused with personal meaning. Drawings have given form and meaning to puzzling, scary, interesting, funny, familiar, and unfamiliar things children encounter at home, in school, on the street, through the media, in books, and during play (Engel, 1995). Deeply emotional content, untold family problems, forceful messages, and heart wrenching stories have been poignantly depicted

and narrated (Malchiodi, 1998). Yet, until recently, drawings have been separated from the child and interpreted by adults. Most assessments approached children's drawings as a direct method of interpretation, focusing entirely on the researcher's or clinician's interpretation of the child's drawing rather than on the child's explanation of what the drawing meant (Buck, 1981; Burns, 1970; DiLeo, 1970, 1974; Goodenough, 1926, 1928; Harris, 1963; Koppitz, 1968, 1984; Machover, 1980; Ryan-Wenger, 1998).

The projective value of children's drawings for assessing intelligence and psychological or emotional disturbances has simultaneously been supported and challenged in the research literature (Gross & Hayne, 1998, 1999). In the last several years, there is renewed interest in the use of children's drawings not only for their projective value but also for their importance in process therapy or therapeutic intervention (Malchiodi, 1998). In these arenas, art of any kind is thought to act as a transitional space or as a parallel arena where children's feelings can be externalized into concrete forms (Hanney & Kozlowska, 2002). These externalized forms can then be manipulated, returned to, reworked or reconstructed by them. It has been reported that when art directives are given prior to written or verbal directives, the act of *doing* art serves as a relaxant not only in children but also in adults (Arrington, 2001). Research in the field of art therapy further indicates that art reduces individual defensiveness and denial, and enhances communication (Arrington, 2001). In these studies, the research focus shifted to what the child said rather than on what the child drew (Gross & Hayne, 1998, 1999).

Young children typically know more than their reports suggest. When they are interviewed, the brevity of their verbal responses or reports may actually relate more to

their ability or inability to retrieve information than to their knowledge or understanding of an event or concept. According to principles of encoding, how an item-to-be-retrieved is originally encoded and stored determines the effectiveness of retrieval cues (Salmon, 2001). Young children are more likely to attend to sensory and perceptual information than to semantic information for coding, in contrast to adults who can retrieve information from a broader range of less specific and semantic cues (Salmon, 2001). Giving children the opportunity to draw may moderate the retrieval process by generating retrieval cues that are both sensory rather than semantic and internally rather than externally generated. Drawing may thereby actually help children organize their narratives, allowing them a better opportunity to share their perspective or voice.

Drawing may also inadvertently provide children a focus away from the interviewer. This shift of focus decreases both the adult bias and the social demands for the child, resulting in a child-driven report of events (Gross & Hayne, 1998). In the following paragraphs, studies are reviewed that reflect this emerging focus on drawings as facilitators of communication with children.

Drawings as Facilitators of Communication

The first study was conducted in New Zealand and examined how drawing facilitates memory performance in young children (Butler, Gross, & Hayne, 1995). The study contained two separate experiments. The first included 32 children age five to six years who were *Pakeha*, New Zealanders of European descent, and of middle income socio-economic backgrounds. All participants were exposed to a controlled memory event; a trip to the fire station, which was carefully scripted and video-taped for later reference. The children were then randomly assigned to one of two test groups: the *draw*

and tell about the experience group or the *tell* about the experience group. The day after the trip to the fire station, the children in the draw and tell experimental group were given three markers and a piece of white construction paper and asked to draw everything they remembered about the trip and then tell about it. Children in the tell control group were asked to tell everything they remembered about the trip. Both draw and tell and tell interviews were video- and audio-taped, and transcribed verbatim. The resultant narratives were parsed into clauses and coded for content. Each sentence containing a verb was considered a clause. Each clause was then assigned to one of the following categories: objects, actions, places, time, descriptions, and places. The individual and total numbers of clauses were analyzed. Two judges independently coded all of the transcripts, reporting an inter-rater reliability of 98%.

Children in the experimental (draw and tell) group reported significantly more from memory than the children in the control (tell) group, $F(1,30) = 4.20$, $p < .05$, with the experimental (draw and tell) group reporting almost twice as much ($M = 15.75$, $SE = 3.35$) as the control (tell) group ($M = 8.19$, $SE = 1.9$). Of particular note was that the increase in information did not occur at the expense of accuracy as validated by the videotape of the event.

The second experiment in this first study examined whether drawing facilitated memory performance in young children after a delay of one month. This experiment also included preschool-aged children to examine whether the facilitative effect could be generalized to younger children. Thirty-two children aged five to six years and 32 children aged three to four years were included. As above, they were *Pakeha* and of middle income socio-economic backgrounds. The procedure for the memory event, the

interview, and the coding was identical to the first experiment, except that the children were first separated by age and then randomly assigned to experimental (draw and tell) or control (tell) groups. Two judges independently coded all of the transcripts, reporting a 97% inter-rater reliability.

The five to six-year-old group reported significantly more than the three-to-four-year old group, $F(1,60) = 57.94, p < .001$. Overall, the children in the experimental (draw and tell) groups reported significantly more than the children in the control (tell) groups, $F(1,60) = 8.52, p < .005$. However, analyzed separately, the three-to-four-year old experimental (draw and tell) group did not report more than the control (tell) group. The five-to-six-year old experimental (draw and tell) group did report about twice as much ($M = 14.63$, $SE = 2.06$) as the control (tell) group ($M = 7.19$, $SE = .97$). Of note was that no difference in the overall amount of reported information was noted between children in the first and second experiment. However, the benefits of drawing may be greater for children aged five to six years old.

Gross and Hayne (1998) subsequently examined whether drawing facilitates children's verbal reports of emotionally laden events. Forty school children, 20 who were three to four years and 20 who were five to six years, were recruited from a local elementary school. The children were again *Pakeha* and from middle income socio-economic backgrounds. Separated by age group, each child was randomly assigned to one of two test groups: draw or tell. The children in the experimental (draw and tell) group were asked to draw and then tell about a time they were happy, sad, and scared as part of the interview process. The children in the control (tell) group were not offered the opportunity to draw but, instead, were only asked to tell about a time when they were

happy, sad, and scared. Interviews were video- and audio-taped and then transcribed verbatim.

To examine differences in the amount of information in children's reports, each narrative was first parsed into individual clauses and then coded for content. Two experimenters, one of whom was blinded to grouping, independently coded 100% of the narratives. A Pearson product-moment correlation yielded an inter-observer reliability coefficient of .97, $p < .05$. Analysis revealed there was no main effect for age group, so data were collapsed. The experimental (draw) group communicated significantly more information than the control (tell) group, $F(1,36) = 11.67$, $p < .05$, with the experimental (draw) group communicating more than twice as much information ($M = 8.02$, $SE = .82$) as the control (tell) group ($M = .89$, $SE = .24$).

The third study examined whether drawing facilitated children's verbal reports after a delay (Gross & Hayne, 1999). This study, also conducted in New Zealand by Gross and Hayne, included two separate experiments. The first examined children's memory of an event after delays of one day and six months; the second examined children's memory of the same event after a one-year delay. The memory event was a trip to the Cadbury chocolate factory with *Willy Wonka*. For the first experiment, 55 children, aged five to six years, were assigned to one of two different time delay groups: one day or six months. They were then randomly assigned within these time delays to one of two interview conditions: *draw and tell* or *tell*. Children in the experimental (draw and tell) group were given 10 markers and white construction paper, and asked to draw everything they remembered about the trip as part of their interview. Children in the control (tell) group were not offered the opportunity to draw and were instead asked to

tell about everything they remembered about the trip in their interview. Interviews were video- and audio-taped and then transcribed verbatim. The resultant narratives were parsed into clauses and coded for content.

Two experimenters independently coded all of the transcripts. Inter-observer reliability was reported as .99. There was no main effect for time delay, so the data were collapsed. The individual time delay statistics were not reported. However, children in the experimental (draw and tell) group reported significantly more than children in the control (tell) group, $F(1,51) = 5.07, p < .05$ with the experimental (draw and tell) groups communicating more ($M = 25.04$, $SE = 2.35$) than the control (tell) groups ($M = 18.71$, $SE = 1.62$). This second experiment is not included in later analysis because the number of participants was not reported for the experimental and control groups.

The next study was conducted in Australia and examined whether drawing facilitates children's verbal reports of emotionally laden events (Wesson & Salmon, 2001). This study extended the work of Gross and Hayne (1998) by including a third interview condition: *draw and tell, tell,* and *show and tell.* Thirty children, aged five to six years, and 30 children, aged eight to nine years, were included. They represented a range of ethnic groups and were from middle income socio-economic backgrounds. First separated into age groups, the children were randomly assigned to one of the three interview conditions. In experiment (draw and tell) group, children were asked to draw everything they could remember about a time when they were happy, sad, and scared as part of their interview. In the experiment (show and tell) group, children were asked to re-enact or show everything they could remember as part of their interview. In the control (tell) group, the children were not offered either of these alternatives and, instead,

were asked to tell the interviewer everything they could remember. Interviews were video-and audio-taped and then transcribed verbatim. Narratives were then parsed into clauses and coded by one experimenter. Another adult independently coded 25% of the transcripts, reporting an inter-rater reliability of 87%.

There was a significant main effect for age, $F(1,54) = 11.91$, $p < .001$, with the older children reporting twice the amount of information as the younger children. There was also a significant main effect for interview condition, $F(2,54) = 4.73$, $p < .01$, with children in the experiment (draw and tell) group reporting more than twice ($M = 69.88$, $SD = 53.14$) the amount of information as the control (tell) group ($M = 31.72$, $SD = 22.54$). The additional experiment (show and tell) group had similar results to the experiment (draw) group ($M = 69.69$, $SD = 63.03$).

The next study was part of a dissertation that specifically examined the facilitative role of drawing as it related to children of divorce (Weinle, 2002). In this study, 42 six-to-eight- year-olds were interviewed after being randomly assigned to one of two conditions: *draw first* or *tell first*. Those assigned to the experimental (draw first) group were provided with markers and paper and asked to draw a picture of the saddest and the maddest times they ever had. Those in the control (talk first) group were only asked to tell about these emotional events. The interview was audio-recorded and transcribed verbatim. The data were coded using the approach of Gross and Hayne (1998). Data were also analyzed qualitatively using thematic analysis.

Children in the experimental (draw first) group provided significantly more detail to their stories, $F(3,38) = 4.273$, $p = .046$, with the children reporting almost twice as much ($M = 83$, $SD = 28.48$) as the control (tell first) group ($M = 22.69$, $SD = 18.09$).

Qualitative analysis revealed few differences between children from divorced or separated households when compared to children from intact households, except that children from divorced households made more references to having their wishes denied and more references to death. Children from intact households made more references to feeling left out and being in trouble.

The final study included questions about a child's expressive vocabulary ability and temperament as influences on children's verbal reports about emotionally laden events in different interview conditions (Salmon, Roncolato, & Gleitzman, 2003). Fifty-eight children, aged five to seven years, from mixed socio-economic and ethnic backgrounds, were randomly assigned to one of three interview conditions: *draw and tell, tell,* or *re-enact*. The same procedure was followed as in the previous study except that children were only interviewed about times when they were happy and scared (not sad). Following the interview, each child was assessed for expressive vocabulary ability (EVT test) and temperament (parental questionnaire). The second author coded all of the narratives and a research assistant independently coded 33% of them. Inter-rater reliability was reported as 93% agreement. Children in the experimental (draw and tell) group reported more ($M = 78.40$, $SE = 5.38$) than the children in the experimental (re-enact) group ($M = 44.81$, $SE = 5.38$) or the control (tell) group ($M = 52.21$, $SE = 8.24$). There was a positive correlation between expressive vocabulary ability and the number of items reported in the control (tell) group and a positive correlation between high levels of effortful control behavior and the number of items reported in the experimental (re-enact) group. Expressive vocabulary and temperament did not affect the number of items reported in the experimental (draw and tell) group.

Meta-analysis

Meta-analysis will be used here to summarize the research studies on children's drawings, producing more of an overall estimate of the effect of this particular intervention than possible by addressing each study individually. Meta-analysis is a statistical procedure that quantitatively combines the results of multiple research studies of a common phenomenon to produce a pooled effect size (Acton, 2001). By statistically combining the findings from multiple studies, the magnitude of an intervention's effect on an outcome across studies can be estimated (Acton, 2001). It is an invaluable tool for research and clinical practice that is used for evaluating empirical evidence to determine the state of the science on a particular topic and providing guidance for evidence-based practice (Acton, 2001; Byers & Stullenbarger, 2003).

The first study included two separate experiments with separate samples and which were treated as two separate studies. This yielded seven sets of statistics that could be combined and summarized using meta-analytical statistical techniques. Using these techniques as guiding principles, the decision was made to utilize a calculated SD_{pooled}, rather than the SD_C, in the Cohen's *d* formula because of the small sample sizes in the individual studies. The Cohen's *d* was calculated, weighted, and then averaged across all the studies. The final *d* statistic was calculated at .95. The $SD_{average}$ was calculated at .14 with the 95% confidence interval calculated to be .68 to 1.22. Using the normal curve table, the area under the curve associated with the final *d* statistic of .95 is .8289, which means that the average experimental (draw) group score was greater than 91% [.5 + (.8289/2)] of the scores in the control (tell) group. The results of the meta-analysis are

summarized in Table 1. Using both Cohen's (H. Cooper & Hedges, 1994) and Ling Pan's (Pan, 2003) guidelines for interpretation, a *d* of .95 is a very large or strong effect.

Table 1

Mean (M), Standard error (SE), Standard deviation (SD), Number of participants (N), SD_{pooled}, Cohen's d, and Weighted Average of d

	Control Group	Experimental Group	SD_{pooled}	Cohen's *d*	Number of Participants	Weighted Average of *d*
Butler, Gross, & Hayne, 1995 [b] *Experiment 1*	*M* = 8.19 *SE* = 1.9 [a]*SD* = 7.6 *N* =16	*M* = 15.75 *SE* = 3.35 [a]*SD* = 13.4 *N* =16	10.89	.69	32	22.08
[b] *Experiment 2*	*M* = 7.19 *SE* = .97 [a]*SD* = 3.88 *N*=16	*M* = 14.63 *SE* = 2.06 [a]*SD* = 8.24 *N* =16	6.44	1.16	32	37.12
Gross & Hayne, 1998 [b]	*M* = 2.89 *SE* = .24 [a]*SD* = 1.07 *N* = 20	*M* = 8.02 *SE* = .82 [a]*SD* = 3.67 *N* = 20	2.70	1.9	40	76
Gross & Hayne, 1999[b]	*M* = 18.71 *SE* =1.62 [a]*SD* = 8.42 *N* = 27	*M* = 25.04 *SE* = 2.35 [a]*SD* = 12.44 *N* = 28	10.66	.59	55	32.45
Wesson & Salmon, 2001	*M* = 31.72 *SD* = 22.54 *N* = 20	*M* = 69.88 *SD* = 53.14 *N* = 20	40.82	.93	40	37.2
Weinle, 2002	*M* = 22.69 *SD* = 18.09 *N* = 23	*M* = 38 *SD* = 28.48 *N* = 19	23.35	.66	42	27.72
Salmon, Roncolato, & Gleitzman, 2003	*M* = 52.21 *SE* = 8.24 [a]*SD* = 35.92 *N*=19	*M* = 78.40 *SE* = 5.38 [a]*SD* = 23.45 *N*=19	30.33	.86	38	32.68
				Total	279	265.25

Note. Weighted average of *d* across studies 265.25/279 = .95

[a] calculated. [b]4 studies conducted by same research group.

Summary

In summary, offering children the opportunity to draw appears to be a relatively robust method for engaging and involving children in the interview process. The simple act of drawing may provide a series of cues that guide a child through an event, simultaneously enhancing retrieval and communication by extending the child's memory search, and providing a structure for the child's accompanying or subsequent narrative. However, the analysis of children's drawings and/or their narratives has predominately been quantitative in its approach. This study expands the current research agenda, introducing methodological diversification, by placing qualitative alongside quantitative approaches to the analysis of children's narratives emphasizing research *with*, rather than simply *on*, children.

Narrative Analysis

Researchers do not have direct access to another's experience. Rather, researchers have access to the *storying* of that experience by the individual who lived it. A story is a representation of a life at a given moment, rather than life itself. It is this *life-as-told*, as opposed to a *life-as-lived* or *-experienced*, that we in nursing are privileged to know (Sandelowksi, 1991). However, individual's stories are not the spectacles of inner selves striving to be let out, but attempts of individuals to find meaning and identity in terms of an other (Frank, 2002).

To *story* is to create order, to make sense, or to construct meaning within a particular context (Reissman, 1993). The process of storying is a relational one, in that it occurs in the context of a relationship or interaction with other(s). As with any social process, storying is inevitably influenced by power. In postmodern theory, power, which

is defined in terms of ability or possibility to influence meaning construction, is not distributed equally (Abma, 2002). Individuals who are not permitted to tell their stories, who censor themselves, or who do not have the skills or resources are excluded from this process. Their stories and voices are muted or unheard, their perspectives remain invalidated, and their lives subsequently marginalized.

Children are included in the groups identified by the NIH as marginalized, disenfranchised, and socially silenced within society and health care. Their stories and voices have been muted and gone unheard as their lives have been explored primarily through the voices of adult proxies (Barker & Weller, 2003).

All people, including children, begin with their own stories. However, personal authenticity and credibility are dialogical achievements (Frank, 2002). Human existence takes place in and is figured by a linguistic mileau with narrative being the primary form through which we construct the dimension of our life's meaningfulness and understand it as significant (Polkinghorne, 1988). Narratability means that events and lives are affirmed as being worth telling thereby implying value and attributing reality. The nurse researcher who solicits stories does not simply collect data but, as Frank (2002) reminds us, assents to enter a relationship and become a part of that individual's struggle for narratability.

This dialogic relationship requires, of the researcher, engagement *from within*, not analysis *from outside* the story. It is an ethical call to all narrative researchers and practitioners to think *with* the stories not *about* them (Carter, 2004). In many ways, this process mirrors the nurse in the clinical setting who enters into a similar relationship of advocacy within the health care arena.

Narratives vs. Stories

Narrative analysis, by definition, involves narratives. However, the literature does not present one binding theory or universal definition of what a narrative is. References on narratology, narrative inquiry, narrative knowing, narrative research, narrative discourse, and narrative analysis simultaneously introduce the terms story, narrative, and discourse as distinct, interchangeable, or permutations of the other. In addition, alternative terms, such as templates, scripts, fabulas, tales, life history, and testimonio are also interspersed. Although narrative can be regarded as both phenomenon and method, the term story is often used to describe what the individual tells and narrative is the researcher's account (Redwood, 1999). In an attempt to produce an organizing framework to present such conceptual diversity, the terms discourse, narrative, and story will be defined in relation to the others.

Discourse

For the purpose of this study, discourse is defined as a historically and culturally located system suffused in social practices (Denzin & Lincoln, 2000). Discourses are the varied patterns found in culture which are simultaneously *pro*posed to us and *im*posed on us by that culture. Regardless of how they are expressed, written or verbal discourses are integrated in such a way that they produce a global meaning that is more than that contained in the sentences viewed independently (Polkinghorne, 1988). Each of the various forms of discourse link sentences according to distinct patterns for comprehension. Five basic discourse forms have been identified: referential, expressive, persuasive, poetical, and narrational.

Narrative

Narrative is defined as a meaning-making structure. It is a form of discourse that is both embedded in and reflective of linguistic and cultural influences. Narrative is of particular interest to pediatric nurse researchers because it is acknowledged to be the primary means by which children develop the voice of their culture (Invernizzi & Abouzeid, 1995). Four basic plot templates or structures – romance, comedy, satire, and tragedy – are often referenced. However, requiring tellers to narrate their ordinary lives and researchers to interpret them using only these archetypes is limiting. Attempts to create a definitive typology of plots or an array of templates should function only heuristically for the researcher as a first level attempt to describe the story being studied (Polkinghorne, 1988). Because humans, by nature, imitate and draw on the cultural stock of narratives available, the researcher can be guided by the similarities that narratives share. However, their uniqueness is as important as the features the narratives have in common.

Reissman (1993) shared that Aristotle defined narrative as having a beginning, middle, and an end, prompting researchers to agree that *sequence* is necessary in narrative. Accordingly, Labov (Labov, 1997a, 1997b; Labov & Waletzky, 1997a, 1997b) defined a narrative as any sequence of clauses that contain at least one temporal juncture. Labov also argued that, although sequence or plot structuring can vary, narratives still appear to have six common elements. These include: 1) an *abstract*, which summarizes the substance of the narrative; 2) an *orientation* (O), which identifies the time, place, participants, and situation; 3) a *complicating action* (CA), that reflects or reveals the sequence of events; 4) an *evaluation* (E), which identifies the significance and meaning

of the action, as well as the attitude of the teller; 5) a *resolution* (R) or what finally happened; and 6) a *coda* (C), which returns the perspective to the present (See Figure 1) (Reissman, 1993). The evaluation element is considered the *soul* of the narrative because it is where the teller informs the listener how s/he wants to be understood and what s/he wants the listener to understand (Reissman, 1993). Narratives are adapted by individuals not only to contrast themes they choose to emphasize, but also to contrast the ways they choose to construct or tell their story.

A full narrative starts with an orientation, continues until the action of complication is suspended in the focus of evaluation before the resolution, concludes with a resolution, and brings the listener to the present time with a coda.

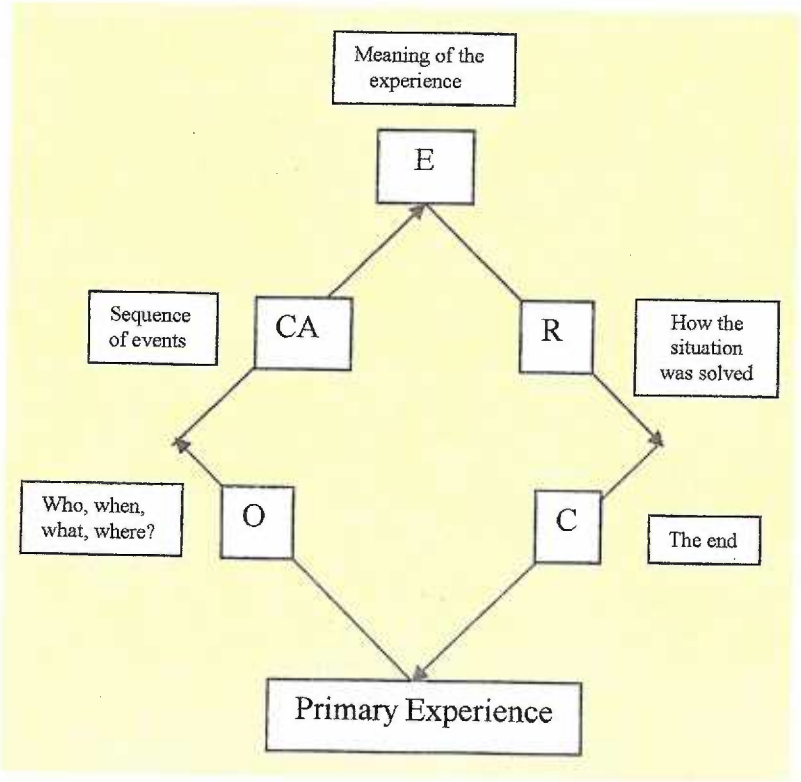

Figure 1. Labov's narrative elements

Story

Story is a form of narrative. It is evaluative by nature and reflective of a *personal* meaning that is both fluid and contextual. Story has been defined as a social process of self presentation (Lepore & Smyth, 2002) and similarly as an attempt of a self to find identity in terms outside itself (Frank, 2002). Storytellers select the components of the stories they tell in order to convey or *re*-construct the meaning they intend the listener to take from the story (Bailey & Tilley, 2002). Authenticity, if and how a story captures the listener or reader, is created in the process of storytelling (Frank, 2002). Stories are occasions when people co-author responses to questions of what should I/we do or how should I/we live. They are not the ultimate answers for all time but the local, immediate answers that guide what to do next and how to live now (Frank, 2002).

The ability to tell a story is embedded both in one's narrative competence and in one's performance ability. It involves different types of knowledge that concurrently manifest along at least three interrelated dimensions – linguistic, conceptual, and communicative (Berman, 1995a). These dimensions interact, differentially influencing individual storytelling ability over time and across contexts. The amount of interlocutor prompting and scaffolding constitute additional important factors that moderate or lighten the cognitive load of producing a story (Berman, 1995b). This has been demonstrated in children, for example, when offered the opportunity to draw before they tell their stories. The drawing seems to provide external cues, or prompting, that in turn serve to ease the cognitive load, thereby increasing the amount of detail and content they are able to share (Salmon, 2001).

When we hear stories, we expect to hear about protagonists, inciting conditions, and culminating events (Reissman, 1993). Stories are also conceptualized as containing the pentad: act, scene, agent, agency, and purpose. This pentad guides listeners through the story, answering questions of what happened (act), where and when it happened (scene), who did it (agent), how was it done (agency), and why (purpose). This is sometimes referred to as *story grammar* and is often used in story analysis.

Narrative analysis looks instead for the narrative structure, as opposed to the story grammar, that the storyteller uses. Stories are put together or constructed in contrasting ways and, as a result, convey different meanings. These meanings are the focus of narrative analysis.

Narrative Analysis

Narrative analysis examines how a story is constructed, the linguistic and cultural resources it draws on, and how it persuades the listener of authenticity (Reissman, 1993). The analysis focuses specifically on how the elements of the story are sequenced and why some elements are evaluated differently from others. Further, the analysis addresses how the past shapes perceptions of the present and the present shapes the past, as well as how both the past and present shape perceptions of the future. Narrative analysis begins with an attitude that it is not so much *about* the story but *why* was the story told in *that way* (p. 2).

Traditional approaches to qualitative analysis focus more on content, often fracturing a narrative by searching for themes, and eliminating the sequential and structural pieces that characterize it (Reissman, 1993). According to narrative analysis, the meaning of what someone says is found not simply in its content, but in how it is said

in the context of the shifting roles of both teller and listener (Reissman, 1993). It is as much about the relation among the clauses as it is about the interaction among the participants.

Narrative analysis of stories begins with the story but researchers recognize that stories begin with language. Language has three analytical but interdependent functions – ideational, interpersonal, and textual – and all are essential for the interpretation of meaning (Reissman, 1993). The meaning of what someone says is not simply its content (ideational). How something is said (textual) in the context of shifting roles of speaker and listener (interpersonal) is also critical. Narrative analysis provides the methodological approach for examining and relating meaning at all three of these levels. However, despite this ability, there is no single method of narrative analysis. Instead, a spectrum of approaches exists that vary according to epistemological influences and how narratives are originally conceptualized and defined.

For the purpose of this study, the traditional linguistic approach, first introduced by Labov (1927), refined by Reissman (1993), and adapted for children by McCabe and Peterson (1997), will be used. Ayres and colleagues, who work primarily with adults, have adopted a literary or *over-reading* approach to narrative analysis, which at times has been referred to as *narrative inquiry* (Ayres, 2000; Ayres, Kavanaugh, & Knafl, 2003; Ayres & Poirier, 1996; Poirier & Ayres, 1997). Their approach states interpretation begins not with stories told aloud to the interviewer, but rather with the transcript of the story as received by the researcher (Ayres & Poirier, 1996). For this reason, the linguistic approach was selected because it is not only more attentive to context but also because it has been used with young children in the throws of developing their language capability.

However, Ayres' encouragement to use a combination of across- and within-case analysis techniques has served as a guiding force in the development of this study.

Levels of Representation

Reissman (1993) begins her classic text on narrative analysis by reminding researchers about the representational decisions inherent in the research process. Such decisions enter the process at numerous points, reflecting our attitudes about both the narrative and the narrator.

There are five levels of representation in the research process delineated and defined by Reissman (1993) that will be summarized here (See Figure 2).

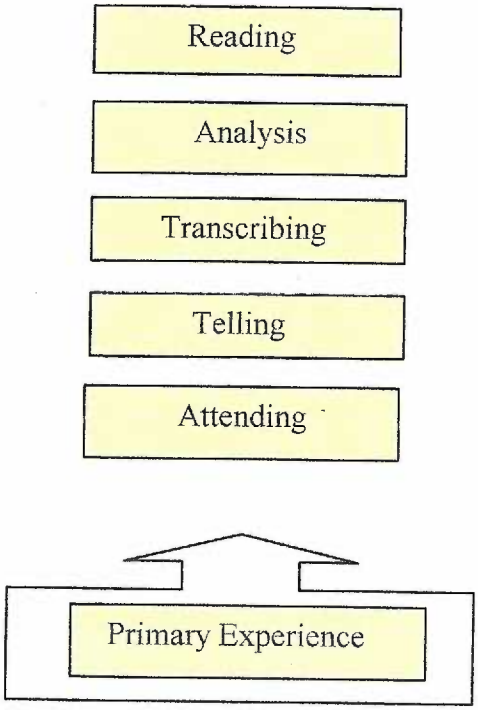

Figure 2. Levels of representation in the research process

Representation begins with a primary experience. At the first level of representation, it is an individual's *attending* to certain phenomena that make the primary experience meaningful to the individual. The second level involves *telling*, representing or reconstructing that experience and its personal meaning, with a particular listener(s). Meaning at this level is co-constructed in a process of interaction. In the telling, an individual shares with another how s/he wants to be known by them, refashioning the experience to make its importance real for the listener. It is at this level that researchers enter the process as listeners. That we choose to listen and how we listen [what it is we attend to] reflects our first series of decisions about representation. This is the first point of diversion in approaches to narrative analysis.

The third level of representation is *transcribing*, which refers to representing or fixating the telling in some kind of text (Reissman, 1993). Seemingly mundane choices of what to include and how to display, arrange, or crunch the text have serious implications for how it is understood. Different transcription conventions lead to and support different interpretations in the same way a photographer guides what we see with zoom or wide angle lenses, including or cropping images for us to view. However, when we deny readers or viewers information we paradoxically provide them room to bring more of their own information to the interpretation, privileging their interpretation rather than allowing the story or picture to speak.

So how detailed should a transcription be? Audio-recordings are more selective than video, but neither captures the nuances of an entire conversation. Reismman (1993) asked whether the rhythm of talk, the silences, the inflections and emphases, non-lexicals (e.g., *uhm)* or discourse markers (e.g, *y'know* or *so),* are reflected in the transcription or

whether the researcher functions under the assumption that language is transparent. Numerous diversions of approach to narrative analysis are rooted at this level of representation and in turn, spill over and merge with the fourth level – *analysis*.

Analysis, the series of decisions about how the fragments of lives that have been shared will be housed, is basically the creation of a meta-story or meta-representation that is born again and retold (Reissman, 1993). The researcher becomes the teller with all the agency of the original teller(s), deciding about form, ordering, and style of presentation, and negotiating anticipated and actual responses, all of which inevitably shape what gets included and excluded in their story or research report. Analysis might even be equated to the evaluation element of a narrative, ultimately revealing the attitude and soul of the researcher, by outlining who and how s/he wants to be understood based on the meaning s/he is able to bring forth in the reader.

The fifth level of representation, r*eading*, occurs as others encounter the written text, the meta-story or meta-representation. Readers bring the process of representation full circle. They become the listeners to the researcher-teller, co-creating new situated meanings with each reading.

Interpreting experience involves multiple levels of representation, constructing and reconstructing meaning over and over, during the research process. Reissman (1993) summarized this process of research using narrative analysis as a *chorus of voices with an embedded contrapuntal duet* (p. 16). It is important to remember that peoples' stories are not waiting for researchers to endow them with sense but, instead, are offered to researchers as an invitation to become a part of their struggle to be heard. With this in mind, how do we proceed in the recording, transcribing, and analysis of narratives?

Method

Telling. First, researchers must establish and provide an environment and context that facilitate telling or storying. The preference in narrative analysis is for less structure, with the interview re-conceptualized as a *dialogue session* or *conversation* (Reissman, 1993). Such a change in mindset reworks the typical researcher-participant approach to a participant-participant approach. This infuses the interview format with new ways of engaging characterized by negotiation, not imposition, an attribute of participatory action research (PAR). Participatory action research explores relationships by participating in them. By participating in the relationship researchers not only reach *out* but also reach *into* themselves, helping to understand themselves as people who also act in ways framed by discourse and make meaning for themselves in communication with another (Denzin & Lincoln, 2000). Researchers are positioned alongside participants with whom they stand and whose fate, one way or another, they share (Denzin & Lincoln, 2000).

Interview guides that are typically created with five to seven broad open-ended questions supplemented by probes are re-conceptualized in narrative analysis creating instead general guidelines for narrative elicitation that are supplemented by neutral story prompts and specific conversation maps. General guidelines and the development of a specific conversation map are adjusted by researchers according to the type of narrative to be elicited, the specific focus for the narrative, and the age of the narrator. To encourage the elicitation of personal event narratives (PEN), which are often used in narrative research, especially with children, dialogue sessions need to encourage storytelling. Reissman (1993) shares the following example of a prompt:

> *[Tell me about] a time when you weren't sure what the right thing to do was and you had to decide.*

Working with children, Peterson and McCabe (Peterson & McCabe, 1983) developed the *Conversational Elicitation Procedure,* which operates on the principle that children are much more likely to share a narrative about their own experience, if examiners share their own experiences first. This is referred to as *modeling.* More recently, McCabe and Bliss (McCabe & Bliss, 2003) share specific examples of narrative elicitation prompts, using *modeling*, and effective, relatively neutral story prompts. Using their guidelines, the above example would be adjusted to:

Two weeks ago, I was in a situation where
I was not sure what the right thing to do was.
Have you ever been in a situation like that?
Tell me about it.

Neutral story prompts are statements and questions that do not refer to the content of a story but serve to encourage the narrator to continue talking, such as: 1) repeating the exact words used by the narrator, with rising or expectant intonation, 2) saying "uh-huh", "Is that all?, and/or "Tell me more", and 3) asking "Then what happened?" (McCabe & Bliss, 2003). Overuse of closed or directed questions, which turn a dialogue session or conversation into an interrogation, should be avoided.

Transcribing. Transcribing talk into written text is an essential yet difficult step in narrative analysis. Transcription decisions involve both selection and reduction and, as mentioned earlier, reflect the researcher's standpoint and attitude about stories and their tellers. The ultimate challenge is how to organize the transcription and exactly how precise to be. Transcriptions are often reported in the literature as having been transcribed *verbatim,* but verbatim is a relative term. Seemingly irrelevant utterances or asides may provide essential context or be stories themselves. Every word needs to be

included in the first draft and researchers must check for accuracy, scrutinizing them more than once before proceeding to the next level (Reissman, 1993).

Recordings, either audio- or video- or both, are listened to more than once to ensure the inclusion of verbal and non-verbal embellishment and other striking features such as crying, inflection, short pauses, and long silences. Such observations are often inserted in brackets alongside corresponding text. Video-taping provides both visual and verbal input. However, combining video- and audio-recordings provides the most complete record, as the researcher can listen purely with the audio-recording and not be distracted by facial contortions or physical gesticulation. However, video-taping raises issues of confidentiality because participants are readily identifiable.

Once satisfied with the transcription, the researcher begins the task of identifying narrative segments. Reissman (1993) is adamant that this task cannot be delegated as it is essential to interpretation, forming the basis for analysis. Determining where a narrative begins and ends is sometimes easy, with narratives clearly bounded with entrance and exit talk, such as *let me give you an example.* Other narratives are not so clearly bounded. These may require cutting and pasting, brackets within brackets, or color-coded highlighting. Once the boundaries are established, the narrative is re-transcribed and parsed into numbered clauses or lines to facilitate examining how it is organized. Labov's framework, discussed earlier, is a useful starting point. Accordingly, each numbered clause is identified by its functional element: [A] to provide an abstract for what follows, [O] orient the listener, [CA] carry the complicating action, [E] evaluate its meaning, or [R] resolve the action (Labov, 1997b; Labov & Waletzky, 1997b; Reissman, 1993). Reissman (1993) provided the following example:

Rough transcription	*Re-transcription*
And finally, ah, it's, this is actually a critical incident because I finally got up and went into the other room. She was [talking to her lover on the phone] in the laundry room with the door closed and …	30. [and (pause) finally, ah it's (pause)] this is actually a critical incident[A] 31. because I *finally* got up and (pause) [CA] 32. and (pause) went to the other room [CA] 33. (pause) she was in the laundry room with the door closed and … [O]

Beginning with the structure of the narrative, how it is organized, is paramount in narrative analysis because it directs the interpretation to answer the question: why the teller develops the story *this* way in conversation with *this* listener (Reissman, 1993).

Analysis. Analysis begins with, and cannot be easily distinguished from, transcription (Reissman, 1993). Data reduction and interpretation take many forms, each reflective of the researcher's standpoint. One strategy is to reduce each story to its core narrative, which includes all of Labov's functional elements except the evaluation [E] element (Labov, 1997b; Labov & Waletzky, 1997b; Reissman, 1993). This provides a skeleton plot or generalizable structure that is useful in comparing plots of individuals sharing common life events across contexts. It is also useful in deciphering the underlying propositions that make the telling sensible to both participants, the taken-for-granted understanding. Evaluation [E] clauses can be examined collectively and across individuals and/or returned to narratives for more of a poetic vs. functional structure analysis. What remains most important is that the researcher's approach to analysis is visible and auditable and that the final product allows for and is open to other readings.

Summary

Telling stories appears to be a universal human activity and one of the first forms of discourse we learn as children (Reissman, 1993). How we, as individuals, know about life is through experience, but how we make sense or develop meaning of that experience is through storying (Bailey & Tilley, 2002). Traditional approaches to the qualitative analysis of stories have focused primarily on the content of stories. Narrative analysis introduces a systematic approach to qualitative study that pushes the researcher beyond examination of content, to include an analysis of underlying structure. This study expands nursing's methodological armamentarium by including a narrative analysis of children's stories and placing it alongside a traditional content analysis to discover what more can be learned from children's stories once they are elicited.

Fear in Children

Fear is chosen as a means for exploring the methods that are the focus of this study. Fear is part of every child's experience and is a common response to both health care interventions, especially those involving pain, and to health care environments. Fear has been identified as having potential detrimental effects on children's learning, social skill, and self-concept (Ollendick et al., 2001). Persistent and unresolved or benumbed fears have been implicated in the development of both mental health disorders and violent behavior in children. Such fears can develop into and manifest themselves as irrational prejudice, toxic rage, and acts of violence and racism (Greenspan, 2003; Nicastro & Whetsell, 1999; Ollendick et al., 2001).

Accessing children's fears is crucial to early intervention before they manifest with these detrimental effects. This requires a close look at our understanding and

conceptualization of fear and how it has been assessed in past research. Since children's perspectives and participation are the particular focus for this study, the discussion will be limited to measures developed for the self-report of fears by children.

Conceptualization of Fear

Fear is a universally experienced human response that includes a *cognitive, behavioral,* and *physiological* component (LaGreca, 1990; Morris & Kratochwill, 1983; Nicastro & Whetsell, 1999). The cognitive component includes the inner response to fear and includes the thoughts, feelings, and images that the individual has about fear. The behavioral component represents the outer behavioral expression, what the individual actually does, such as fight or flight. The physiological component involves the responses or changes in the body, such as an increased heart rate and the galvanic skin response (LaGreca, 1990; Morris & Kratochwill, 1983). In a fear response, these different components can vary inversely, co-vary, or behave independently, making it impossible to describe someone's specific fear response completely by describing only one of these components. Measures have been designed to assess an individual's perception of one or all of these components. However, self-report is the only method through which we can learn about the cognitive component (LaGreca, 1990).

Several approaches have been proposed to explain the development of fears and anxiety, including *operant, stimulus-respone,* and *cognitive-mediational* models (LaGreca, 1990). Each of these approaches varies in the degree to which it emphasizes the role of an individual's subjective experience. The operant model negates the importance of the cognitive or physiological elements and instead focuses on direct behavioral observations and the environmental consequences that maintain them. In

these models, the utility of self-report is not an issue since the focus is only on observation. The stimulus-response model espouses that fear is developed through classical conditioning. The association between stimulus and response is not assumed and knowledge of the pairing of the original unconditioned stimulus with the conditioned stimulus is not necessary. Self-report plays a limited role in this model, since the cognitive mode is again ignored. The most theoretically comprehensive in its explanation of fear is the cognitive-mediational model. In this model, the individual's cognition, as well as intervening variables or hypothetical constructs play an important role in the development of fear. Self-report plays a major role within this theoretical approach.

Types of fears seem to be linked to gender, cognitive development, and physical maturation and, although subject to both individual and circumstantial flavoring, the objects of fear are remarkably consistent across children (Dixon & Stein, 2000; Elbedour, Shulman, & Kedem, 1997; King, Hamilton, & Ollendick, 1988; Muris, Merckelbach, & Collaris, 1997; Nicastro & Whetsell, 1999). Although fears are prevalent during childhood, overall fearfulness tends to decrease as children age. Research has also demonstrated that cultural factors contribute to the variation of reported fears (Canino & Spurlock, 1994; Elbedour et al., 1997; Ingman, Ollendick, & Akande, 1999; Muris et al., 1997; Neal & Nagle, 1995; Ollendick et al., 2001; Shore & Rapport, 1998).

What is significant in reviewing these research conclusions is the source of the reported fears. Some investigators used children's self reports while others relied on their parent(s) as proxies. Research has demonstrated that agreement between parent reports of their children's fears and children's self-reported fears is low (LaGreca, 1990).

Therefore, relying only on parental reports may result in different childhood fears being reported. Likewise, when only children's self-reports of fear are used in research, the effects of the child's ability and willingness to report those fears needs to be considered.

Fear is a common phenomenon in childhood. It can be viewed as a positive adaptive force, an attempt to gain control over a bad situation, with both self-preserving and self-enhancing qualities (Nicastro & Whetsell, 1999). Fear is related to one's own estimate of personal power in comparison to the power of the unknown. Therefore, the less children sense their personal power, the more vulnerable they are to fear (Robinson, Robinson, Whetsell, & Weber, 1986). During times of stress or illness, children often regress and long forgotten or repressed fears may recur or reemerge (Nicastro & Whetsell, 1999).

Considerable confusion exists between the conceptualization and assessment of fear and that of anxiety, another universally experienced emotional response. In the research literature, these two terms are often used interchangeably, as synonyms, or byproducts of the other (LaGreca, 1990). Correlations between anxiety and fear are moderate in magnitude, suggesting that, while anxiety and fear share some common variance, they are not identical (King et al., 1988; LaGreca, 1990; Morris & Kratochwill, 1983; Muris et al., 1997; Nicastro & Whetsell, 1999). Fear is an emotional reaction that is associated with a clearly delineated stimulus, where anxiety describes a reaction that has no apparent or identifiable stimulus (King et al., 1988). Anxiety is more of a diffuse, less focused response with no clear stimulus.

Theoretically, the main distinction between fear and anxiety is whether the precipitating event or stimulus can be identified. The distinction between fear and

anxiety arises when the issues of assessment and measures of these two constructs are discussed. A number of the instruments or measures designed to assess one response have been validated against measures of the other (LaGreca, 1990). A careful evaluation of these instruments or measures is warranted.

Self-Report Measures of Fear in Children

A number of self-report instruments have been developed for the assessment of fear in children. However, before selecting one over another, the first step is to be clear about the concept to be measured. This includes both a critical analysis of the concept and a comprehensive review of the literature. Once the concept has been operationally defined, the process of choosing the instrument is made much easier (Roberts & Stone, 2003). In the above discussion, both an analysis of the concept of fear and a focused review of the literature were shared, highlighting some of the operational dilemmas for the researcher.

Choosing the instrument that best captures the phenomenon of interest is a critical step in the research process. A useful compendium of research instruments is the Health and Psychosocial Instruments (HAPI) data base. HAPI is a searchable electronic database of citations used to identify and evaluate measurement tests used in health and psychosocial research (Roberts & Stone, 2003). Using both HAPI and OVID search engines with fear as the key word, four self-report instruments designed for assessing fear in children were identified: 1) Fear Thermometer (Walk, 1956), 2) Fear Survey Schedule for Children (FSS-FC) (Scherer & Nakamura, 1968), 3) Louisville Fear Survey for Children (LFSC) (Miller, Barrett, Hampe, & Noble, 1972), and 4) Fear Expression and

Research Survey (FEARS) (G. M. Davies, 1982). A discussion of key aspects and psychometric properties for each of these instruments follows.

Fear Thermometer

The *Fear Thermometer* (Walk, 1956) entailed a rating by the child of the level of fear on a simulated thermometer-like scale. It was used in assessing a specific pre-determined or identifiable fear focus (e.g. darkness, pain) just after a simulated exposure. An elaborate version of this tool emerged later with a vertically slotted board and movable lever (King et al., 1988). This newer version had five levels where a lever could rest, each defined by a distinct color. No information was located in the literature about its reliability and validity.

The use of the *Fear Thermometer* with children facing dental treatment is the most common use of this instrument. A highly temporal stability and a significant correlation with another fear instrument, the *Fear Survey Schedule for Children*, and observational ratings are reported. However, no specific statistics are shared. Articles were located using the instrument to focus on fear of school (Lang et al., 1998; Tonge, 1994), fear of dental procedures and pain (Francis & Gordon, 1989), and other childhood phobic disorders (Melamed, Siegel, Silverman, Kurtines, & Ginsburg, 1999; Smith, Adams, Kubacki, & DeVilliers, 1990). However, again, no statistics about the *Fear Thermometer* were reported. There is reported use of the *Fear Thermometer* clinically as an informal self-report measure, especially with younger or non-English speaking children; however its use has seen a decline in recent years as young children today have less of a sense for a traditional thermometer, being exposed primarily to digital versions.

Fear Survey Schedule for Children (FSS-FC)

The *Fear Survey Schedule for Children* (FSS-FC) (Scherer & Nakamura, 1968) was developed for both clinical and research purposes and included the assessment of both the intensity and frequency of fears in children. Its format was patterned after the *Wolpe-Lang Scale*, a fear survey developed for clinical use with adults (Wolpe & Lang, 1964). The FSS-FC consists of eighty items that were selected conceptually to represent what were thought to reflect the most frequently reported fears in children (LaGreca, 1990). A five point Likert scale is used (1 = none, 2 = a little, 3 = some, 4 = much, and 5 = very much) for each item. The tool was developed and tested on children aged nine to twelve years of age. Specific demographics, other than an equal distribution of gender, were not reported.

Reliability reports on the FSS-FC include reference to a good split-half reliability (r = .94) and adequate short-term (over one week) test-retest reliability (LaGreca, 1990). Validity reports included moderate correlations with the *Children's Manifest Anxiety Scale* in two separate studies (r = .55, LaGreca, 1990; r = .49, Scherer & Nakamura, 1968). Children reporting higher levels of anxiety also had more fears. Factor analysis revealed eight factors, including: fear of failure, major fears, minor fears, medical fears, fear of death, fear of the dark, school fears, and miscellaneous fears (LaGreca, 1990).

Revised (FSSC-R).

In 1983, the *Fear Survey Schedule for Children* was revised to develop a response format that considered the developmental and cognitive limitation of younger children (Ollendick, 1983). Ollendick changed the original five-point scale to a three-point scale (1 = none, 2 = some, and 3 = a lot). The specific items were not altered. These items

were drawn from extant adult fear survey schedules and from consultations with professionals familiar with children's fears (Ollendick, 1983). Children between 8 to 11 years of age, from two geographically diverse regions of the U.S., were used in the initial development and validation of the revised FSSC-R Subsequent studies extended its use to 7 to 16 year olds (Ollendick, King, & Frary, 1989).

The FSSC-R has a relatively robust factor structure that has been replicated across sex, age, and various nationalities (Fonseca, Yule, & Erol, 1994; Ollendick et al., 1989). Principal components analysis (PCA) with *varimax* rotation was used to determine the original factor structure. Confirmatory factor analysis procedures have been used to validate the structure in subsequent studies. The five factors are: *failure and criticism* (e.g., making mistakes, being teased), *the unknown* (e.g., dark places, ghosts or spooky things), *Minor injury and small animals* (e.g., snakes, getting a cut or injury), *Danger and death* (e.g., being hit by a car or truck, not being able to breathe), and *Medical fears* (e.g. having to go to the hospital, getting a shot from the nurse or doctor). Studies, using the *Medical fears* sub-scale have been done in a variety of health care settings and populations (Broome & Hellier, 1987; Huth, 1999).

Cronbach's alpha coefficients for the total fearfulness score have consistently been reported to be .90 and above (Friedman, Campbell, & Okifuji, 1991; King et al., 1988; Ollendick, 1983; Ollendick et al., 1989). Factor subscale internal consistency estimates have ranged from .57 to .89, with the lower coefficients associated with the *Medical fears* factor (4 items) and the higher coefficients associated with the *Failure and criticism* factor (18 items). The test-retest for total fearfulness has been estimated to be .82 for one week, .85 for two weeks, and .62 for three months (King & Ollendick, 1992;

Ollendick, 1983). FSSC-R total and subscale scores have been found to be stable over one and two weeks but decrease in stability over a three month period (King & Ollendick, 1992). The temporal stability of the scores should be heeded by clinicians and researchers using the FSSC-R for treatment outcome purposes.

The validity of the FSSC-R has been demonstrated in a number of ways. In the initial studies of the FSSC-R, girls reported higher levels of total fearfulness than boys and younger children reported higher levels of total fearfulness than older children and adolescents (Ollendick, 1983; Ollendick et al., 1989). These findings were reported as consistent with the extant literature on gender-related fears in adults and developmental features of fear. In addition, children who were school avoidant or phobic were also shown to demonstrate higher levels of total fearfulness than normal controls (Ollendick, 1983). Total fearfulness was also shown to be positively related to levels of trait anxiety and negatively related to indices of internal locus of control and healthy self-concept (Friedman et al., 1991; King, Gullone, & Ollendick, 1992; Ollendick, 1983). In addition, factor subscale scores and specific fear items have been related to specific phobias and anxiety disorders, establishing both convergent and divergent validity (Last, Francis, & Strauss, 1989; Weems, Silverman, Saavedra, Pina, & Lumpkin, 1999).

Second Revision (FSSC- II).

A second revision (FSSC-II) was made in Australia (Gullone & King, 1992). Although the previous revision (FSSC-R) had been applied in normative and clinical research and had been demonstrated to have acceptable psychometric properties, its item content had remained unchanged since the original scale was developed by Scherer and Nakamura (1968).

An extensive literature review identified 58 fears, 19 of which were not on the previous version (e.g., fear of AIDS, fear of nuclear). In addition, free recall testing, where teachers, psychologist, psychiatric nurses and primary and secondary school students were provided a listing of fears, was used in an attempt to generate fear stimulus items that might have been overlooked. One hundred ninety-two fears were identified and 31 fears were added to the new survey based on criteria that greater than five per cent of the respondents identified the fear. Several fears from the previous version were dropped due to reported low internal consistency and a few additional items were added that were specific to adolescents yielding 130 items. The final version of this second revision consisted of 127 items after three items, fear of sex, fear of incest, and fear of rape, were dropped, at the request of the schools where the scale was being normed. A three-point scale was retained (1 = not scared, 2 = scared, 3 = very scared).

Children and adolescents 7 to 18 years of age from two samples of participants were used in the development and validation of the FSSC-II. The FSSC-II was reported to have high internal consistency ($\alpha = .96$) and high test-retest (one week) reliability ($r = .90$) (Gullone & King, 1992). Convergent validity was assessed by correlation ($r = .38$) with the *Trait* sub-scale of the *State-Trait Anxiety Inventory for Children* and a revised version of the *Manifest Anxiety Scale* ($r = .42$) (Gullone & King, 1992). Divergent validity was reported as the absence of correlation with the *State* sub-scale of the *State-Trait Anxiety Inventory for Children* (.07) and the *Goodenough-Harris Drawing Test of Intellectual Maturity* (.01). A principal components factor analysis (PCA) with *varimax* rotation revealed the previous five factor structure was sound, supporting its construct validity of this revision. The FSSC-II provides an updated schedule of items

yet it was revised in an Australian context and may pose certain limitations on the generalizability of its use.

Louisville Fear Survey for Children

The *Louisville Fear Survey for Children* (Miller et al., 1972) and consists of 81 items. It is completed by both parent and child independently using a three-point Likert scale (1 = no fear, 2 = normal or realistic fear, 3 = unrealistic fear). It was developed and tested on children 4 to 18 years of age. A factor analysis was conducted using parents rating's of their children's fear behavior at home disclosing three factors: *physical danger or injury, natural or supernatural dangers,* and *psychic stress* (Miller et al., 1972).

A factor analysis was conducted using mother's responses to an expanded version (Form B) of the *Louisville Fear Survey for Children* revealing five factors: F*ear of physical injury, Fear of animals, Fear of public places, Night fears,* and *School-related fears* (Staley & O'Donnell, 1984). This group of factors reported *good* internal consistency and appear to have considerable clinical utility, but their stability has not been evaluated (LaGreca, 1990).

Fear Expression and Research Survey (FEARS)

The *Fear Expression and Research Survey* (FEARS) (M. H. Davies, 1982) consists of 34 items rated on a five point Likert scale (1 = not at all, 2 = a little, 3 = some, 4 = much, 5 = very much). It focuses on four different fear components: death and destruction, social acceptance, social conflict, and imagination. Internal consistency is reported as good, ranging from high (α= .92) for death and destruction to low (α = .80) for social conflict (LaGreca, 1990). Validity and reliability of the four components were examined employing factor analysis and each item met statistical criteria for inclusion in

the scale component (LaGreca, 1990). Convergent and discriminant validity studies have not been reported.

Recent research studies have included an opportunity for children to construct a self-generated list of fears (Lane & Gullone, 1999; Muris et al., 2002). Requesting that children list their three greatest fears, intensity was also assessed. These studies found a difference between self-generated fear items and those measured in the same populations using either the FSSC-R (Muris et al., 1997) or the FSSC-II (Lane & Gullone, 1999). A careful examination of the wording may be one source for this inconsistency. For example, an item on the FSSC-R is *Ghosts* or *spooky things*. The inclusion of the term spooky things may imply a more childish fear and therefore may be under reported in older children and adolescents, as ghosts were consistently reported on self-generated lists of older children and adolescents.

The differences found between self-generated fears and those yielded using the FSSC-R or the FSSC-II, suggest that a combination of these methods and/or the introduction of other methods that facilitate children's ability to communicate their fears may produce a more valid picture of a child's fears.

Summary

In summary, research experience with self-report measures of fear in children is limited and primarily quantitative. The FSSC-R emerges as the most widely recognized self-report measure of fear in children to date and also has the most extensive psychometric evaluation. This study re-examines this self-report measure (FSSC-R), which asks children to give coded responses to pre-selected fears, and places it alongside

a qualitative approach to eliciting the self-report of fears – offering children the opportunity to draw and tell about their fears.

Theoretical Underpinnings

Theories are guides for researchers, providing principles and ways of examining behavior and discussing what is important. For this study, *Symbolic Interactionism* and *Making special* will be used as two broadly conceived theoretical approaches or foundational perspectives that frame the approach to the research question, design, data collection, and provide the scaffolding for the analysis.

Symbolic Interactionism

Research using a symbolic interactionist perspective entails searching for ways to understand the meaning of specific situations from the perspective of the individual. It is imperative not only to understand what individuals know about their world and what they believe to be important (their perspective) but also to understand the processes by which that perspective developed (Benzies & Allen, 2001).

Symbolic Interactionism approaches human behavior from the standpoint of society, rather than biology. Human society is conceived as people in interaction, actively shaping their own behavior through the medium of symbols. For the symbolic interactionist, both human behavior and social reality are conceptualized as symbolic, communicated, and subjective in both form and content (Berg, 2001; Canfield, 2004; Vrasidas, 2001). Objects, people, situations, and events do not in themselves possess meaning. Meaning is conferred on them through interaction with others. Communication, both verbal and non-verbal, is interactive and inter-subjective in that there must be a sharing of meaning for there to be mutual understanding (Canfield, 2004).

The core task of the symbolic interactionist researcher is to capture the essence of this process.

There are three basic assumptions of symbolic interactionism (Blumer, 1969). First, it is assumed that we act toward people and things on the basis of the meanings we have for them. Second, such meanings are assumed to arise out of the interaction of the individual with others. The third assumption is that these meanings are assigned and modified through an interpretive process that is ever-changing. According to symbolic interactionists, humans have the unique capacity for abstract and reflective thinking that enables the use of language for the negotiation and communication of meanings and allows them to place objects and events in time, create imaginary phenomenon, and learn without directly encountering the things to be learned (Benzies & Allen, 2001). Perhaps the most important tenet of symbolic interactionism is that the individual and the context in which that individual exists are inseparable, making "truth" tentative, never an absolute (Benzies & Allen, 2001).

Making Special

All human societies, past and present, make and respond to art. Far from being the province of a few gifted and talented people, Dissanayake (1988; 1995) argued that art is not only *universal and essential* but also *the biological endowed proclivity of every human being* (p.11, 1995). Assuming an ethological or bio-evolutionary point of view, Dissanayake introduced her behavioral theory of art entitled *Making special.* In so doing, she was not saying that humans possessed some sort of art gene, but rather a biological need – *deeply dyed in the behavioral marrow of humans everywhere* (p.42) –to make

[important things] special. She proposed that this need is readily expressed through the making of art, a view that stresses the doing or the process over the final product.

According to Dissanayake, the m*aking* [of important things] *special* originates from a human ability to take note of those things in our environment that appear out of the ordinary (a protective mechanism) and then selecting a response to them that goes beyond basic instinctual fight or flight responses. These responses, and the art they inspire, draw attention to those experiences that have great significance, experiences that are profound and not amenable to control. The process of making special provides a way of creating a container for the profound feelings that such experiences provoke while revealing deep meanings and creating new ones (Gaydos, 2004). Reality is elaborated and given not only particularity but also import. Both the artist and the perceiver feel they have an intimate connection with a world that is different from, if not superior to, the ordinary experience (Dissanayake, 1988).

Dissanayake (1995) asserts that making art is a normal and necessary human behavior that, like other common and universal human behaviors such as parenting, socializing, playing, learning, and caring, should be recognized, encouraged, and developed in everyone. She suggests that this universal human predilection to make [important things] special deserves support and cultivation and urges everyone from the federal to local level to explore ways to enable all people to make their individual and collective lives more significant through art.

A relative unknown to nursing's compendium of theoreticians and philosophers, Dissanayake connects the art and science of human nature with a haunting familiarity long known to a profession that is both an art and a science. Only recently has

Dissanayake's behavioral theory of art emerged in the nursing literature as a potential framework for understanding the art of holistic nursing and linking it to aesthetic knowing and aesthetic understanding (Gaydos, 2004).

Summary

The theoretical approaches of *Symbolic Interactionism* and *Making Special* direct the researcher not only to the perspective of the individual but also to the process by which that perspective was developed. The term [making special] may appear simplistic or imprecise yet it seems to capture, emotionally and cognitively, the quality of an experience (Gaydos, 2004).

The primary purpose of this study is to examine how the nature of information about children's fears differs when the information is elicited by offering children the opportunity to use art, or drawings, to share their perspectives and make [their stories] special. The core task will be to capture this process using qualitative approaches to analysis, including narrative analysis, and contrast it with a traditional quantitative self-report measure – a self-report survey.

Chapter 3

RESEARCH DESIGN AND PROCEDURES

The Study

This methodological study examined how the nature of information elicited from children differed when a *qualitative* approach to data collection, the opportunity to draw as part of a dialogue or conversation, was compared to a *quantitative* approach to data collection, a standardized self-report survey tool on the same topic. Because of a parallel concern for pediatric nurses to discover more about children's fears, fear was selected as the topic for this comparison of methods.

The use of more than one method within a particular study, as in this study, is referred to as a mixed methods design (Tashakkori & Teddle, 2003). There are five identified purposes for adopting mixed methods designs including *triangulation, complementarity, development, initiation, and expansion* (Creswell, 2003; Greene, Caracelli, & Graham, 1989; Rocco, Bliss, Gallagher, & Perez-Prado, 2003). Triangulation refers to the convergence or corroboration of data about the same phenomenon. Complementarity focuses on overlapping but also different facets of a phenomenon. Development uses results from one method to help develop another method. Initiation involves the intentional analysis of inconsistent qualitative and quantitative findings and expansion is a call for widening the scope or range of a study. Research design options become wider as design purposes move from triangulation to expansion. This study pointed to the use of mixed methods for both complementarity and initiation.

When using a mixed methods design, it is important to recognize the theoretical drive of the study and adhere to its methodological assumptions (Tashakkori & Teddle, 2003). This study's theoretical drive was primarily qualitative with a supplemental quantitative component. Therefore, the sample was small and purposively selected. In addition, it is important to remember that all data were obtained using qualitative assumptions. Therefore, the quantitative component was analyzed using existing external normative values.

An exploratory data analysis approach was utilized using concurrent mixed analysis [QUAL + quan]. The upper case letters denote priority, the plus [+] represents a concurrent relationship (Tashakkori & Teddle, 2003). This design is presented as a visual model in Figure 3 and followed by a description of the context, the participants, the data collection process, the data analysis procedures, and the protection of human subjects.

CHILDREN'S FEARS Multi Methods Design			
	Qualitative		*Quantitative*
Data Collection Method	Draw & Tell Dialogue/ Conversation		Fear Survey Schedule (FSSC-R)
Unit of Analysis	Personal event narratives		Survey responses
Data Analysis Approach (within method)	Narrative analysis (structure) *How* do the children *construct* and *tell* their story?	Thematic analysis (content) *What* do the children say?	Number/types of fears and overall fearfulness (compared to existing external normative values)
Data Analysis Approach (across method)	Structure and content of children's stories about fear	↔	Reported fears and overall fearfulness

Figure 3. Visual model of research design

Context

Child participants were recruited through a private, religiously sponsored school system in Des Moines, Iowa. Two elementary schools were selected, with the assistance of the Superintendent of Schools, to include a spectrum of family socioeconomic status and ethnicity. Second grade students, ages seven and eight years, were targeted.

The school system was selected for data collection over a health care facility in order to gain access to healthy children in their typical daily environment. Children who are hospitalized or ill may have regressed in their behavior and be more fearful. They are also not in a familiar environment and may feel added apprehension. However, a child's school, despite being a place the child spends a great deal of time, is also a space in which the child has little or no control (Barker & Weller, 2003).

The first school, whose total enrollment was 211, had 25 children who met the grade/age criteria. Seventy-two per cent of this school's children received financial assistance and/or were eligible for free or reduced lunches. Twenty-eight per cent were Caucasian, 30% Latino, 19% Asian, 6% African American (US), 10% African American (Sudan), and 7% bi-racial. The second school has a total enrollment of 373 with 42 students meeting the grade/age criteria. Only eight per cent of this school's children received financial assistance. Ninety-five per cent of these children were Caucasian, 2% Latino, 2% Asian, and 1% African American.

Participants

The selection of participants for this study was purposive and criterion based. The participants were second grade students, seven and eight years of age. This age group was selected because it includes children at the lower end of the age requirement

for the assent process. It is also an age group in which children's command of verbal skills is limited. In addition, children in this age group are not only capable of constructing personal event narratives or stories, but also can use personal event narratives in their conversations more than any other type of discourse (McCabe & Bliss, 2003).

The estimated sample size was 20 to 60 children. Estimating the number of participants required to reach saturation in a qualitative study depends on the amount and quality of information elicited from each participant, the scope of the study, the nature of the topic, and the number of interviews per participant (Morse, 2000). Because this was a focused study, with a clearly defined topic and limited scope, a relatively small (6-10) sample size was required (Morse, 2000). However, each child participant was only interviewed once and the amount of information elicited was anticipated to be limited. Therefore a larger number (20-60) was sought to ensure reaching saturation.

The final number of participants was 22. Overall participation was 33% with 36% participation from the first school and 31% participation from the second school. Data were collapsed into one sample. The children ranged in age from 7.4 to 8.5 years of age ($M = 8.0$, $SD = 0.3$). Seven (32%) of the children were female and 15 (68%) were male. Eleven (50%) of the children were of European American descent, four (18%) Latino American, three (14%) were Asian American, three (14%) African American and one (4%) Pacific Islander.

Socio-economic status was identified by the parents indirectly by requesting their child's participation level in the school lunch program. Families who qualified for free and/or reduced lunch earned less that $25,000 per year. Those families earning between

$25,000 and $50,000 per year were classified as financial need and eligible for reduced lunch only. Those families earning over $50,000 per year received no financial assistance. Nine (41%) of the families were in the category of financial need, six (27%) qualified for free and/or reduced lunch, and seven (32%) received no financial assistance. The individual demographics are listed by participant in Appendix I.

The Data Collection Process

The first step in the data collection process was securing access to the schools, beginning with the Superintendent of Schools, individual principals, and teachers. Once secured, the proposal was submitted for review to the Oregon Health & Science University Research Integrity Office and approved by the Institutional Review Board (IRB) (Appendix A).

A recruitment letter (Appendix B) was sent home from school with all second grade students. At the suggestion of the school principals and second grade teachers, the students *Wednesday folders* were used. These folders were sent home every Wednesday, to be returned on Friday, and contained information teachers wanted parents to have. The recruitment letter included a form that parents could return to the classroom, via the folder, indicating willingness for their child to participate in the study. These forms were collected by the classroom teacher and placed in a communication envelope to be picked up by the researcher. As the returned forms were collected, parents were called by the researcher to schedule a data collection time and answer any questions of either the parent(s) or children. A phone call to remind the parent(s) of the data collection appointment was made the evening before. Parents were also asked at that time to remind their child of the upcoming appointment.

Parental permission (Appendix C) and child assent (Appendix D) were obtained at the beginning of the data collection session. Parental permission was obtained first. Because this was a low risk study, only one parent needed to give permission. Parents were also asked to complete a brief demographic form to identify the child's age, ethnicity, and socio-economic status (Appendix E). Child assent was obtained after parental permission was secured. Explaining and obtaining assent from the children took a minimum of 15 to 20 minutes and was guided by the Child Assent Form Addendum (Appendix D). Children were given the option of having the parent stay in room during data collection. All children excused their parents to the hallway.

Data collection took place in one session and lasted under one hour. Each session was conducted one-on-one with the child participant in the child's classroom at the end of the school day. Each child was invited to sit in the teacher's chair inside a U-shaped small group work table. The researcher sat on one of the outer seats typically occupied by the students. The classroom was selected because of its familiarity to the students. The invitation to sit in the teacher's chair was a deliberate attempt to empower the child in relation to the researcher and the context. The classroom door remained opened throughout the session. No other students were present. However, the teachers did come in and out on occasion and parents occasionally notified their child if they were going elsewhere in the building.

Following the initiation of the assent process, each child was invited to participate in the two agreed upon activities. First, the children were asked to draw their biggest fear and then enter into a dialogue or conversation with the researcher about the drawing. Children were given the option not to draw. However, all chose to do the drawing

without hesitation. The second activity was the completion of the Fear Survey Schedule for Children (FSSC-R), an 80 item self-report survey on fear. Each of these activities is explained in detail in the following sections.

Draw and Tell Dialogue

The first activity for all the children was the *draw and tell* dialogue or conversation. The opportunity to draw is familiar, typically perceived as fun and non-threatening, and unlike most testing situations. During this activity, each child was offered a choice of plain white or manila 8 x 11 inch paper as well as a choice of drawing instruments that ranged from pencils to markers and crayons. Offering children choices from the beginning was done to shift the sense of power and control to the child.

The blank surface of the paper framed by the outer edges represents a very secure and clear boundary and a familiar, passive, and receptive medium for expression (Seiden, 2001). If the paper is viewed as passive and accepting of marks and images then the drawing instruments are viewed as aggressive and exist on a continuum that ranges from fluid to controlled, with finger paint and pastels on the fluid end and pencils on the controlled end (Robbins, 1994; Seiden, 2001). One of the most common controlled instruments used for marking is the lead pencil. It is familiar, used by most children early in life for writing and drawing, and it leaves a mark that can either remain permanent or be easily erased. The gray color is emotionally noncommittal compared to the feeling qualities attributed to most colors (Seiden, 2001). To the naïve, untrained and hesitant artist, a pencil is relatively safe. Colored marking pens and crayons, on the other hand, are viewed as no-nonsense tools, more decisive, committed, and unable to be erased. Color is individualized, culture based, and often used arbitrarily by young children

(Malchiodi, 1998). For the *draw and tell* dialogue, only those drawing medium that exist toward the controlled end of the continuum were offered so again the child remained privileged in terms of control.

During the *draw and tell* dialogue activity, the researcher followed the *General Guidelines for Narrative Elicitation* as well as an informal *Conversation Map* (Appendix F). One question [Where are you in this picture?], not previously identified on the *Conversation Map*, emerged in the process of data collection with the first participant and was subsequently asked of each of the children. The primary focus of the *draw and tell* dialogue or conversation was not on the drawing but on the children's resulting PEN or story. The art directive to the children was to draw what it was that scares them the most, what it was that they were most afraid of, and, when they were finished with the drawing, to tell the researcher all about it. At the end of this activity, each child was asked to give the drawing and accompanying story a title.

The *draw and tell* dialogue was audio-taped. The control of the tape recorder was given to the children. They placed the recorder where they were comfortable with it, ran a test recording, initiated, and then ended the taping when they were finished with their story. Each of the children was given the option of returning to the drawing and accompanying narrative after the second activity.

Fear Survey Schedule for Children- Revised (FSSC-R)

The second activity was the completion of the Fear Survey Schedule for Children (FSSC-R). The FSSC-R purports to identify general categories and numbers of fears as well as the overall level of fearfulness in children. The survey consists of 80 items that are scored using a three point Likert scale (Appendix G). The children were asked to put

an **[X]** in the box in front of the words (none, some, or a lot) that best described how much fear they have for each item. The survey took 15 to 30 minutes to complete, with many of the children having difficulty with placing the **[X]** on the right line and needing assistance. They also had difficulty recognizing some of the listed items, including *Terrorists, Giving an oral report*, and *Being criticized*. If the children did not know or understand a word or phrase, the item was skipped rather than defined for them.

At the completion of this activity, the children were asked if they wanted to return to the *draw and tell* activity. In addition, each child was asked if there was ever a time during either activity when s/he wanted to stop. At the end of the data collection, the children were given a parcel of art supplies and asked to evaluate which of the two activities they thought was a better source of information for adults who wanted to know more about children's fear(s).

FSSC-R psychometrics.

The FSSC-R fear items are drawn from extant adult fear survey schedules and from consultations with professionals familiar with children's fears (Ollendick, 1983). Children 8 to 11 years of age from two geographically diverse regions of the U.S. were used in the initial development and validation of the FSSC-R. Subsequent studies extended its use to 7 to 16 year olds (Ollendick et al., 1989).

The FSSC-R has a relatively robust factor structure that has been replicated across gender, age, and various nationalities (Fonseca et al., 1994; Ollendick et al., 1989). Principal components analysis (PCA) with varimax rotation was used to determine the original factor structure. Confirmatory factor analysis procedures have been used to validate the structure in subsequent studies. The five factors are: *Failure & criticism*

(e.g., making mistakes, being teased), *The unknown* (e.g., dark places, ghosts or spooky things), *Minor injury & small animals* (e.g., snakes, getting a cut or injury), *Danger & death* (e.g., being hit by a car or truck, not being able to breathe), and *Medical fears* (e.g., having to go to the hospital, getting a shot from the nurse or doctor). Studies, using the *Medical fears* sub-scale have been done in a variety of health care settings and populations (Broome & Hellier, 1987; Huth, 1999).

Cronbach's alpha coefficients for the total fearfulness score have consistently been reported to be .90 and above (Friedman et al., 1991; King et al., 1988; Ollendick, 1983; Ollendick et al., 1989). Factor subscale internal consistency estimates have ranged from .57 to .89, with the lower coefficients associated with the *Medical fears* factor (4 items) and the higher coefficients associated with the *Failure & criticism* factor (18 items). The test-retest for total fearfulness has been estimated to be .82 for one week, .85 for two weeks, and .62 for three months (King & Ollendick, 1992; Ollendick, 1983). FSSC-R total and subscale scores have been found to be stable over one and two weeks but decrease in stability over a three month period (King & Ollendick, 1992). The temporal stability of the scores should be heeded by clinicians and researchers using the FSSC-R for treatment outcome purposes.

The validity of the FSSC-R has been demonstrated in a number of ways. In the initial studies of the FSSC-R, girls reported higher levels of total fearfulness than boys and younger children reported higher levels of total fearfulness than older children and adolescents (Ollendick, 1983; Ollendick et al., 1989). These findings were reported as consistent with the extant literature on gender-related fears in adults and developmental features of fear. In addition, children who were school avoidant or phobic were also

shown to demonstrate higher levels of total fearfulness than normal controls (Ollendick, 1983). Total fearfulness was also shown to be positively related to levels of trait anxiety and negatively related to indices of internal locus of control and healthy self-concept (Friedman et al., 1991; King et al., 1992; Ollendick, 1983). In addition, factor subscale scores and specific fear items have been related to specific phobias and anxiety disorders, establishing both convergent and divergent validity (Last et al., 1989; Weems et al., 1999).

Data Analysis Procedures

An exploratory data analysis approach using concurrent mixed [QUAL + quan] analysis was utilized for this study. Referring back to the visual model of the research design (Figure 3), data analysis was conducted *within-method* first and then followed by *across-method* analysis.

Within-method [QUAL] *Analysis*

The within-method [QUAL] analysis addressed the first specific aim of the study: *To analyze the information obtained from young children's stories about fear for both content and narrative structure.* The qualitative data were obtained through the *draw and tell* dialogue. The children's personal event narrative, or story, was audio-taped, transcribed verbatim and then analyzed using narrative analysis to examine the structure of the story and thematic analysis to examine the content or fears identified in the stories.

For the purpose of this study, a traditional linguistic approach to narrative analysis was used (Labov, 1997; Reissman, 1993). The entire draw and tell dialogue or conversation was audio-taped, transcribed by the researcher, and checked for accuracy. Recordings were listened to more than once to ensure the inclusion of embellishments,

such as inflections, short pauses, and long silences. It was not necessary to identify narrative segments because the children's stories were short and focused. However, the narratives were parsed into clauses and each clause was then identified as one of six functional elements identified by Labov (1997) and Reissman (1993). These include: 1) an *abstract*, which summarizes the substance of the narrative; 2) an *orientation*, which identifies the time, place, participants, and situation; 3) a *complicating action*, that reflects or reveals the sequence of events; 4) an *evaluation*, which identifies the significance and meaning of the action as well as attitude of the teller; 5) a *resolution*, or what finally happened; and 6) a *coda*, which returns the perspective to the present. Special attention was given to identifying and separating the evaluation element as it is considered the *soul* of the narrative or the place where the teller informs the listener how s/he wants to be understood (Reissman, 1993). The resultant core narrative provided a skeleton plot or generalizable structure.

Thematic analysis involved searching the transcribed text for recurring words or themes in an attempt to identify core content, categories, and/or meanings (Patton, 2002). The researcher read the entire dialogue transcript and identified the primary themes or content categories using *in vivo* coding. These were then validated through a discussion with a group of expert nurse researchers. Because the dialogue session was narrowly focused, there was no need to develop codebooks and primary and sub-categories.

An audit trail was created to ensure the completeness and accuracy of the documentation and the data analysis procedures. In addition, the researcher maintained a reflective journal throughout the data collection process. Because the researcher is considered the instrument in qualitatively driven research, the reflective journal notations

included how personal characteristics, feelings, and biases that might be influencing the research process and how the researcher attempted to mange them to the extent possible.

Within-method [quan] *Analysis*

The within-method (quant) analysis addressed the second specific aim of the study: *To assess the information obtained from young children's completion of an objective self-report survey.* The completion of the FSSC-R self-report survey resulted in a quantitative accounting of the children's fears, factor sub scores, and overall fearfulness scores. Information was sought as to how to handle missing data from those children who were instructed to skip items if they did not know the words. The score for the missing item was replaced with the mean score that was obtained for that factor. In that way, the researcher was still able to compare the scores with existing normative data for this age group using an Independent-Samples *t* test. This solution, as well as the normative data, were provided by Dr. Thomas H. Ollendick, who holds the copyright for the FSSC-R (*Personal communication*, March 30, 2005).

Across-method Analysis

The across-method analysis addressed the third specific aim of the study: *To compare the nature of information elicited from children provided the opportunity to draw and tell their stories about fear to the nature of information elicited from the same children completing an objective self-report survey.* There are five identified purposes for adopting mixed methods design: triangulation, complementarity, development, initiation, and expansion. This study used mixed methods for both complementarity and initiation. Complementarity focuses not only on the overlapping but also the different facets of a phenomenon and results in two different but non-conflicting conclusions or

interpretations. Initiation involves the intentional analysis of inconsistent qualitative and quantitative findings and results in two divergent interpretations. These purposes guided the approach to analysis across-method producing an integrated mixed or meta-inference or interpretation. This meta-inference or interpretation is shared in a narrative format.

Protection of Human Subjects

Children are the driving force for and the primary focus of this study. Every attempt was made to engage them as active participants in the research process. Approval by both the Superintendent of Schools, individual school principals, and the Oregon Health and Sciences University Institutional Review Board was obtained. Parental permission and child participant assent was obtained prior to the collection of data. Participant data were anonymized using a chronological identifier that linked the data to basic demographics only. All data were transferred in a locked carrier bag and transferred to a locked file cabinet.

This was a low risk, non-interventional study that did not involve health information. However, because children were asked to draw, tell, and write about their fears, it was anticipated that they might become fearful either during the drawing, the telling, or during the completion of the fear survey. To attend to this possibility, children were not left alone at any time during data collection and were reassured that they were able to stop at any time. If any child would have become overly fearful or apprehensive, parents were told in advance that the data collection would end and a listing of specialized health care providers and mental health counselors made available if needed. This did not occur. It was also anticipated that information might be discovered regarding abuse or neglect of a child. Parents and children were informed that the

researcher was legally required to report that information to Child Protective Services (CPS). The need for CPS referral(s) did not arise.

Although incentives for children involved in research are generally addressed in the Department of Health and Human Services regulations, they do not include specific guidelines about appropriate types, amount, or schedules other than they should not be coercive (Rice & Broome, 2004). Many factors influence the type or even whether to offer an incentive for participation. Specific factors to consider in creating an incentive for studies involving children are the developmental level of the child and the burden of participation on both the child and family (Rice & Broome, 2004). For this study, a collection of developmentally appropriate art supplies was given to each child who participated. This was not ascertained to be coercive. Parents were not compensated. Each of the teachers was presented with a classroom art supply gift at the end of the study.

Chapter 4

FINDINGS

The Data Collection Process

Data collection took place in one session and was conducted one-on-one with each child participant. Within each session, children participated in two activities, the *draw and tell* dialogue or conversation and the completion of the FSSC-R survey tool. The time for the completion of the *draw and tell* activity ranged from 6 to 22 minutes ($M = 8.09$, $SD = 3.5$). The time for the completion of the FSSC-R activity ranged from 16 to 29 minutes ($M = 21.23$, $SD = 4.13$). The total time for the individual data collection sessions was less than one hour and ranged from 22 to 52 minutes ($M = 29.68$; $SD = 6.98$). One participant's *draw and tell* activity took 10 minutes longer than any of the other child participants. This same participant's total data collection session was 15 minutes longer than any of the other participants. Individual *draw and tell* activity, FSSC-R survey, and total data collection session times are listed individually by participant in Appendix I.

Of particular note was the amount of time spent with each child participant preceding actual data collection. This time was secured for the initiation of the assent process and orientation of participants to the study. A minimum of 15 minutes was spent with each child, guided by the *Child Assent Form Addendum* (Appendix D). The children had many questions about both nurses and research. Most of the children's exposure to nurses had been through primary care providers, school screenings for vision and hearing, and/or through the media. Of interest were six of the 22 children who specifically asked about *Madame Pomfrey*, the school nurse in the popular *Harry Potter*

children's book series (Rowling, 1997, 1998, 1999, 2000, 2003, 2005) and if she did research like this at the *Hogwarts* school. Each of their questions and concerns was thoroughly addressed prior to proceeding with the data collection process. An orientation to the varied art supplies and tape recorder was also included in this process.

Data Analysis

An exploratory data analysis approach using concurrent mixed methods analysis [QUAL + quan] was utilized for this study. Referring to the visual model of the research design in Figure 3, data analysis was conducted within-method first and then followed by across-method analysis. The presentation of findings will follow this sequence, specifically addressing the related aims of the study.

CHILDREN'S FEARS Multi Methods Design			
	Qualitative		*Quantitative*
Data Collection Method	Draw & Tell Dialogue/ Conversation		Fear Survey Schedule (FSSC-R)
Unit of Analysis	Personal event narratives		Survey responses
Data Analysis Approach (within method)	Narrative analysis (structure) *How* do the children *construct* and *tell* their story?	Thematic analysis (content) *What* do the children say?	Number/types of fears and overall fearfulness (compared to normative sample)
Data Analysis Approach (across method)	Structure and content of children's stories about fear ⟷ Reported fears and overall fearfulness		

Figure 3. Visual model of research design

Within-method [QUAL*] Analysis*

The within-method [QUAL] analysis addressed the first specific aim of the study: *To analyze the information obtained from young children's stories about fear for both content and narrative structure.* The qualitative data were obtained through the *draw and tell* dialogue or conversation activity. The resultant narratives were transcribed verbatim, checked for accuracy, parsed into clauses, and then analyzed using *narrative* analysis to examine the structure of the stories and *thematic* analysis to examine the content or themes that emerged from the stories. Each of the children's drawings and the accompanying narratives are shared in their entirety, in both interview and parsed formats in Appendix J. The narrative analysis is presented first, followed by the thematic or content analysis.

Narrative Analysis

For the purposes of this study, a traditional linguistic, or *Labovian*, approach to narrative analysis was used. Each *draw and tell* dialogue was transcribed in its entirety and then parsed into clauses. Each clause was then assigned to one of the six narrative elements: abstract [A], orientation [O], complicating action [CA], evaluation [E], resolution [R], or coda [C]. A complete narrative is typically introduced by an abstract, begins with an orientation, and continues until the action of complication is suspended in the focus of evaluation before concluding with a resolution and bringing the listener back to the present with a coda. This is illustrated in Figure 1.

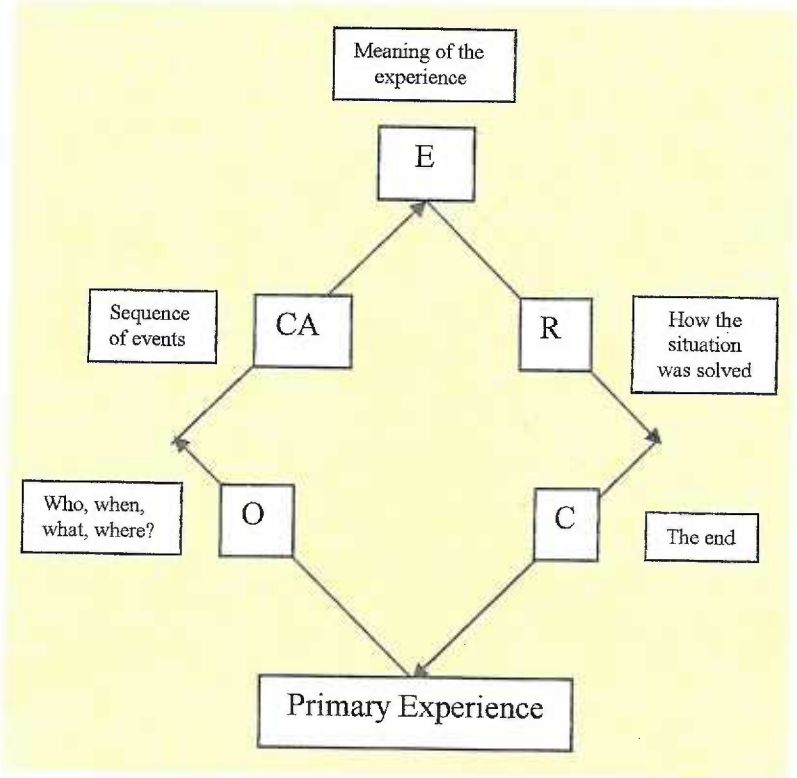

Figure 1. Labov's narrative elements

Abstract.

The abstract is an overview of what the story will be all about. In this study, it was the researcher, rather than the child, who provided the abstract. The researcher directed each child to tell a story about fear using a specific narrative elicitation prompt (Appendix F). Consequently, the children did not need to provide an abstract for what was to follow. At the end of the *draw and tell* dialogue, each child was asked to title her/his story. These titles are collectively presented in Table 2 and individually presented along with the children's respective drawings and narratives in Appendix J. In retrospect, the self-selected titles provided what typically might have been included in a traditional self-generated abstract.

Table 2.

Child Participants' Self-selected Story Titles

Participant	Self-selected story title
1	Help, it's getting darker!
2	Nothing you can do
3	Hiding out by yourself
4	Helpless and all
5	I didn't see it coming!
6	It's not the noisy ones that'll get you!
7	It's when you can't count out loud
8	Help me out here!
9	What is that out there?
10	Watch out
11	When no one's around
12	I didn't hear you
13	Being the best can be scary
14	Something's about to happen
15	Not me, please, not me!
16	Here it comes!
17	Who's there?
18	The basement
19	Everyone's afraid of it touching down
20	Yikes!
21	Here it comes!
22	Nobody's watching for me here!

Orientation.

Orienting clauses provide the setting, or context, for the narrative and answer the usual questions of *who*, *when*, *what*, and *where*? They include information about actors, time, location, general condition, ongoing and/or imminent events, and tangential information about objects or features of the environment. In this study, the children's narratives were dominated by an extensive use of orientating clauses. These orienting clauses, in turn, were dominated by descriptions of ongoing and/or imminent events as well as tangential information about objects or features of the environment. One of the children's stories is included with narrative element markings in Figure 4 and illustrates the predominance use of orienting [O] clauses as well as descriptions of ongoing and imminent events and the surrounding environment.

Now tell me about this picture you have made
Ok. [pause] Two things.
So [pause] I just made this [the paper], you know, in half
This is [pause] it's dark on the TV. [O]
It's dark in the room too. [O]
But its g-e-t-t-i-n-g (spoken slowly) dark in the movie [O] [elongation]
It's really dark, [O] [repetition – dark] [intensifier]
And [pause] you know that's when something scary is going to happen, you know [pause] [E] [discourse marker] [inference]
You know it. [imminent event]
So you get scared, you know. [pause] [E] internal response] [cause/effect][discourse marker]
So you are most afraid when it suddenly gets darker?
Yeah. Like I said. [pause]
Where are you in this picture? [off page] [O]
I am out here [pointing off the page] [O]
I couldn't really draw that because then I would be in front of the TV [pause], but I'm here [O]
and maybe there are other people [pause] like my parents [pause]
but they are WAY, WAY, WAY back. [O] [repetition] [stress] [negation]
They are back too far [pause] [O] [intensifier]
I mean I'm here, [O]

I'm here between them and the TV [O]
The room is dark too. [O]
This is the door. [O]
But you can't see it in the dark. [pause] [O] [negation]
You can't see them in the dark either [pause] really [pause] [O] [negation]
Is there anything else you would like to tell me about this part of the picture?
No [pause]

Figure 4. Selected narrative, parsed into clauses, with narrative elements identified.

In contrast to the dominant use of contextual descriptives, the children [actors] were rarely featured prominently *in* the drawings. Instead they were often located *off* the drawing, portrayed as purposefully hiding or isolated by circumstance in their accompanying narratives. If the children [actors] were visible in the drawing, they were still portrayed as isolated by circumstance in their accompanying narratives. In each of the *draw and tell* dialogues, it was the researcher who most asked for information regarding the whereabouts of the children [actors] in their drawings and narratives as this information was rarely shared spontaneously. Table 3 summarizes the children's placement of themselves in or off the drawings and the accompanying narrative description of their circumstance.

Table 3.

Orientation (In/Off) and Narrative Description of Children in Their Drawings and Narratives

Participant	In/Off	Narrative Description
1[a]	Off	Child off page and parents were WAY, WAY, WAY back from where child was
	In	On bed high off the ground. No light available. Alone. Door is way over here
2	In	On examining table, need stairs to get on; No mom; Door way over here. Closed. No one can hear you.
3	Off	Hiding (out of sight)
4	Off	Eaten by a spider (out of sight)
5	In	In hallway. Alone. Caught by surprise
6	Off	Watching tarantula from distance. Alone.
7	Off	In basement (out of sight) Hiding from tornado.
8	In	Trying not to watch. Danger. Not big enough to help. (very tiny self)
9	In	On bed. Door is off the page and closed.
10	Off	Watching for the snake from distance. Alone
11	In	Snake is coming. Alone. Can't move.
12	Off	Alone. Trying to warn someone about a snake & dinosaur. No one sees or listens to her.
13	In	At edge of mat, afraid to start routine. Alone.
14[a]	In	Watching TV with sister. Arms around each other.
	In	Watching for bull to jump into stands. No one to help.
15	Off	Hoping teacher, who is all over you, doesn't see him. No help.
16	Off	Watching TV. Hiding under covers.
17	Off	Sees something. Alone in dark hallway.
18	Off	Waiting to enter basement alone.
19	Off	No safe place. In basement (out of sight) during tornado.
20	Off	Watching a violent act and waiting for next one. Alone.
21	In	In last car of roller coaster; not by choice. Alone.
22	In	On operating room table. Unable to speak, see, or do anything

[a] Two different stories shared by same individual child participant

Complicating action.

Complicating action clauses are typically presented in the *past* tense. They refer to chronologically ordered events that take the listener to the high point of the story. These actions are usually goal-directed, show a turning-point, a crisis or problem or a series of them, which are then suspended in the focus of evaluation, to be later resolved within the story. In this study, only one of the narratives contained a typical complicating action clause. In contrast, the action clauses were predominately reported in the timelessness of the *present* tense and suspended there. The action clauses were also interesting because of the use of the general pronoun *you* as opposed to a personal pronoun. Examples of these suspended action present tense clauses are listed below with the general pronoun *you* italicized for emphasis:

"*you* just wait there and hope it doesn't... *you* can't do anything, just wait"
"*you* can't get out, you know"
"*you* can't do nothing, that's the thing"
"and it's like, *you* can't even move"
"nuthin', nuthin' *you* can do...that's the problem, really, you know"
"nuthin' *you* can do at all... no one can really help you"
"and then what can *you* do... nothing"
"well, I guess if *you* could, you'd turn the light on or yell to someone to come help you or tell *you*... if *you* could"

The primary purpose of the complicating action clause is to set the stage, build the plot, and, through recollection, share an experience with someone else. In this study, instead of recounting a past causally connected action sequence, the children seemed to share their experiences of fear by re-creating the context and inviting the researcher *into* the story alongside and suspended with them.

Evaluation.

Evaluation clauses indicate the narrators' opinions or thoughts about what they are describing. In general, these clauses contain evaluative devices that direct the listener to the meaning of the experience for the narrator and, as such, are often referred to as the *soul* of the narrative. There are a number of different evaluative devices a narrator can utilize, many of which are outlined in Table 4.

Table 4.

Evaluative devices used in narratives

Internal emotional states (e.g. *happy, sad, scared*)
STRESS, e-l-o-n-g-a-t-i-o-n, exclamations!
Intensifiers or exaggerations (e.g. *really*)
Negation (e.g. what *didn't* happen or who/what *wasn't* there)
Repetition of words or phrases
Qualifiers (e.g. *good* or *bad*)
Parallelism, comparison, metaphors
Compulsion verbage (e.g. *had* to)
Modal auxiliaries (e.g. *would* or *should* have)
Intentions (e.g. *wanted to, in order to*)
Mental states (e.g. *wondered*)
Hypotheses, inferences, predictions, causal explanations

In this study, the researcher directed the focus of the narrative to be on an internal emotional state - fear. Therefore it was expected that each of the narratives would and did contain clauses that referenced being afraid or scared. Other internal emotional states were rarely referenced. The dominant evaluative device utilized by all the children was *negation*. Negation is used to explain what did *not* happen, what was *not* right, or what had deviated from what one would expect to happen. Negations were woven throughout the orienting and action clauses and set the stage for the experience of fear by pointing out what was *not* right. Specific examples of negation used by the children in this study are listed in Table 5.

Table 5.

Selected Examples of Negation from Children's Narratives

But you *can't* see it [the door] in the dark.
You *can't* see them [other people, like my parents] in the dark either
I used to have a headlight to use, *but* it's broken.
I have a light, *but* it's too far for me to turn on
The door is *closed* and all, and *too far away*
Because I *didn't* know he was there
You *can't* hear it coming
You *don't* hear nothing either, that's the worst part
You think it's a tree, *but* you *don't* know for sure, *'cause* it's dark
I'm in bed *but* I'm *not* 'sleep yet
And he's all like the color of grass, *so* you *can't* see him
I am trying to get away, *but I can't* move
It's a vegetarian dinosaur so it *shouldn't* eat people, *but* it *doesn't* always remember that
You *don't* know who it is *'cause* he's got a mask on
You *can't* see. You *can't* see at all in surgery"

Repetition, elongation, and *intensifiers* were other evaluative devices frequently utilized by the children in their narratives. For example, in the narrative presented earlier in Figure 4 the child repeats the word *dark* 17 times. This same narrative also includes examples of using elongation ["g-e-t-t-i-n-g darker"] and intensifiers ["it's really dark" or "back too far"]. At times evaluative devices were combined, such as in this example from the same narrative combining the use of STRESS, repetition, and an intensifier:

"They are WAY, WAY, WAY back... back too far"

Other frequently used evaluative devices included *inferences, predictions,* and *causal explanations.* The following excerpt from another child participant's narrative, illustrates the combination of these latter three evaluative devices:

> *"It turns pink to get you to think it's a girl snake and nice and all and then you might get closer than you know you should if it wasn't pink"*

Each of the other evaluative devices presented in Table 4 was utilized by the children, but with much less frequency.

Resolution.

Resolutions, like complicating actions, consist of clauses typically presented in the *past* tense that refer to the sequence of events that *follow* the evaluative high point of the story. They tell how everything is wound up, cap the experience for the listener, and clear the stage. However, none of the children's narratives in this study contained resolution clauses. In contrast, listeners, along with the narrators, seemed to be suspended in the timelessness of the present tense with the story line unresolved, the stage still set, and seemingly without the where-with-all to clear it.

Coda.

Codas typically follow resolution clauses and bring the story back to the present time. In this study, there were no resolution clauses to follow. The structuring of the children's narratives suspended action by staying in the present tense. It was most often the researcher who provided a *pseudo* coda, asking the children if there was anything else they wanted to share. When the children replied "no", the researcher re-focused the children's attention on the next research activity. In a few instances, the children, after replying "no", suggested on their own that they move on to the next researcher activity. Of particular note were 11 of the children who touched the researcher physically on the hand or arm as they proceeded to the next activity, asking if the researcher was alright and not too frightened by what that child had just shared.

Thematic Analysis

The second within-method [QUAL] analysis of the children's narratives utilized thematic or content analysis. The content of each of the narratives was analyzed individually first, highlighting specific words or phrases that demanded the researcher's attention. Once this was completed for each of the narratives, a cross-narrative search revealed content patterns, or themes, that appeared to cut across the individual narratives. One of the children's narratives, illustrating the markings and comments in this process, is shared as an example in Figure 5.

So, tell me all about your picture...
Well, [pause] I'm going to the doctor. [pause]
I'm going to the doctor [anticipation]
and I have to get a shot.
I don't want to get the shot. [pause] [have to but don't want to, not under my control]
These are the stairs you go up [pointing to the picture]. [child needs stairs, help]
Then he comes over, from over there, where the shots are.
You know he is coming.

You are getting it [anticipation/dread]
and you can't do anything. [helplessness]
He doesn't need the stairs. [pause] [child needs stairs to get up and to get away?] [adult doesn't]
Then you cry.
You can't do anything else. [helplessness]
You just cry. [pause]
Oh... [pause]
[pause] This is the scale.
He does that first.
You weigh, I mean he weighs you
and sees how tall you are and all.
That always happens. [knows routine]
Then you watch if he goes over THERE [pause] to the shots.
He doesn't always go. [change of routine]
Get a shot, you know.
But you know because if he is going there,
you're going to get it. [anticipation/dread]
You know that [pause].
The door is way over there. [escape route is far away]
It's closed and all [pause] [no way out]
so no one can hear you. [alone, no one can help]
He stands by the stairs. [pause] [blocks the way out?]
Where are you in this picture?
This is me (on examining table).
See the shot. [pause]
What are you doing?
There's nothing you can do. [pause] [helplessness]
You can't get away [pause] [helplessness]
Is there anyone else around to help you?
No. [pause] [no one can help]
My mom brought me
but [pause] she's not in the room, see [pause] [mom not directly available]
No, no one is really around [pause] [no one can help]
Is there anything else you want to tell me about being afraid in this picture?
No. Nothing more. [pause]
Then let's do this next part we talked about. If you want to come back to this we can.

Figure 5. Selected narrative with thematic analysis markings/comments

The initial focus of the thematic or content analysis was on a full understanding of the individual narratives before they were combined or aggregated thematically. The recording and tracking of analytical insights that occurred during the data collection process were recorded in a reflective journal. Remembering that recording comes from

the Latin *re-cordis*, to pass back through the heart, these recordings were re-reviewed and integrated into the analysis process. In addition, the children's self-selected story titles, presented earlier in Table 2, were re-reviewed to further inform the final thematic categories.

Five themes emerged from and united the children's narratives. They are presented in the order they emerged from the analysis. However, the ordering of their presentation does not imply rank or significance. The first theme, "*And you're all alone*", centered on the concept of feeling isolated or alone. Many of the children included direct references to being physically alone while others indirectly referenced the sense of being alone in their inability to be seen or heard. Selected excerpts supporting this theme are listed in Table 6.

Table 6.
Selected Excerpts Supporting Theme: "And you're all alone"

The door is closed and all and too far away. Everyone is too far away, you're alone (1)
My mom brought me, but she's not in the room, see. No, no one is really around. (2)
No, you're alone. No one is knowing you're there until you come out. (3)
But when you are there no one knows it. You are by yourself. (3)
You have to be careful. Careful. Really careful. Especially when you're alone. (4)
And no one can help you, you know. You are up there all alone and all. (8)
You drop to the ground, the snake leaves, and you're all alone. (11)
And now the other girl is on another team from me. I'm the only one now. (13)
And there's no one else around. Just me. (20)

Note. Each excerpt is identified by child participant number ( ). See Appendix J for complete narratives.

The second theme, *"Didn't see it coming"*, focused on concepts of trickery, surprise, and/or being taken off guard. The children described *sneaky* snakes and *camouflaged* dinosaurs, the element of surprise when they could not see or hear something coming, and how each of these prevented them from being prepared for the experience. Selected excerpts supporting this theme are listed in Table 7.

Table 7.

Selected Excerpts Supporting Theme: "Didn't see it coming"

You can't see it [the spider web]. Then if you aren't careful, they can get you. (4)

Because I don't know he's there. Because I'm not ready for him, you know, I'm not ready. (5)

I didn't see it coming! (5)

They can sneak up on you and then you don't even feel it, I don't think, and you're dead. Just like that. You can't hear it coming. (6)

I can't say it's coming closer less you see it coming, but most of the time you don't 'cause who looks for it? You don't hear nothing either. (7)

He's [the snake] lookin' for me. See his eyes lookin' for me and he's all like the color of the grass so you can't see him… 'cause it can be sneaky and you don't know what's happenin' (10)

It's 'cause they usually come when no one is around, you now, get you when you are not looking or no one's warning you. (11)

This one is sneaky 'cause it turns pink to get you to think that it is a girl snake and nice and all and then you might get closer than you know you should if it wasn't pink 'cause snakes are sneaky that way. (12)

And then when you don't know it all of a sudden sloshes water up and sometimes it can

get you and you are not ready for that at all. (18)

I mean I don't know what's coming (21)

Note. Each excerpt is identified by child participant number ( ). See Appendix J for complete narratives.

The third theme, "*Nothing you can do*", highlighted the children's presentation of themselves as victim-like. Their sense of helplessness and perceived inability to resolve their situation, consider alternative solutions, or conjure the energy or avenue for escape were pervasive. One child shared that if you could not get a spider web off you right away, there was nothing you could do – *you can't get out.* Other selected excerpts supporting this theme are listed in Table 8.

Table 8 .

Selected Excerpts Supporting Theme: "Nothing you can do"

I used to have a headlight to use, but it's broken. I have a light but it is over there too far for me to turn on and I might fall if I try to turn it on (1)

There's nothing you can do. You can't get away. (2)

Helpless and all (4)

That's what I'm 'fraid of. Not bein'able to help, not being big 'nough. (8)

You're scared and you can't do nothing. That's the thing. If you could, you wouldn't be scared, I guess. (9)

And I'm trying to get away but I can't move, you know, I'm too scared and it's like you can't even move. (11)

Nuthin. Nuthin' you can do. That's the problem, really, you know, nuthin' you can do at all. (14)

[What would help me be less scared?] If I knew, I would be telling you another picture story. (18)

And then what can you do, nothing. See, you are out of it and every one else is makin' all those decisions 'bout you and you can't say nothin' at all, cause you're havin' surgery. (22)

Note. Each excerpt is identified by child participant number ( ). See Appendix J for complete narratives.

The fourth theme, "*Nobody's watching for me here*", extended the children's sense of being alone and helpless to others around them. The children often referred to others in their stories as too far away physically or emotionally to help - they too somehow rendered helpless in the situation described. Selected excerpts supporting this theme are presented in Table 9.

Table 9.

Selected Excerpts Supporting Theme: "Nobody's watching for me here"

Maybe there are other people, like my parents, but they are WAY, WAY, WAY ... They are too far back. I mean I'm here. This is the door, but you can't see it in the dark. You can't see them either. (1)

The door is way over there. It's closed and all so no one can hear you (2)

You wouldn't be hiding if someone could help you (3)

And no one can help you once you're stuck. (4)

And no one knows to help you 'cause snakes usually get you when no one else is 'round to see

the whole thing. (11)

No one really can help, at all. They're just about to run away 'cause they're scared too. When everyone's scared, there's no helping goin' on. (14)

And the other kids, well, they don't care as long as it's not them, you know. They're not gonna help and all. (15)

[Is there anything or anyone that could make you less afraid of tornados?] Well I don't think so, less someone was knowing all about it and could tell you all calm and all. But I don't know anyone who's like that. (19)

I'm probably gonna be next 'cause there's no one else round to help, 'cept the guy whose about to get it. Lot of help he'll be. (20)

I mean, everyone else is going to be too busy screamin' and all. Whose gonna help me? (21)

[You don't think all those people are watching out for you in there?] Heck, no. They are cutting and stuff. They are way WAY too busy for me. (22)

Note. Each excerpt is identified by child participant number ( ). See Appendix J for complete narratives.

The final theme, "*Just waiting there knowing*", centered around a sense of anticipation and/or dread. The children's narratives mounted the evidence that something scary was about to happen but instead of a fight or flight response, the children stayed put, anticipating and dreading its arrival. This anticipation or sense of dread seemed to dominate their energies and/or thoughts and overwhelm and/or immobilize them. The narrative shared earlier about the child who was frightened about being stuck or immobilized in a spider web, continued by relating that once stuck, you just waited there

knowing that the spider would be coming to numb you and then eat you bit by bit. Other selected excerpts supporting this theme are listed in Table 10.

Table 10.

Selected Excerpts Supporting Theme: "Just waiting there knowing"

It's g-e-t-t-i-n-g dark, it's getting really dark. You know that's when something scary is going to happen, you know. You know. (1)

But you know because if he is going there, you're going to get it. You know that. (2)

That's why I'm scared, 'cause I see him and I know. (10)

You can't get out. You know, just waiting there. (4)

Well, the snake, here, is coming towards me and, and, and I am screaming 'cause it is almost to me and, and its eyes are seeing me and its tongue is out and feeling for me. (11)

I AM really good, but I, maybe, one day, might go off the mat, and then, well we would lose a lot of points that we need. I went off the mat in practice once so I know it might happen. (13)

Because it is dark, and getting dark, on the TV and that is, that is, that is the scary part till you know what is coming, but you know, you know SOMEthing is coming. (14)

She gets this face on and you know someone is in for it. (15)

Something's happening real soon. You know how it gets dark and then you know and you just know that something scary's gonna happen. That's what I mean. That is the shadow, like

See, there is no real safe place from tornados. I was safe that one time and I didn't know. But now, I know. (19)

He is looking for who he's gonna get next. You don't know who it is 'cause he's got a mask on, and, but, you know he's lookin' for someone. You just can't see where he's looking. (20)

And we're coming to the first place of screaming and I know, I mean I don't know what's coming, 'cept for all the screams, I know that and I know that people don't scream for nothing, so I'm just waiting there knowing. Being scared of what is going to be scary, see, I really don't know. I just that it is. [21]

Note. Each excerpt is identified by child participant number [ ]. See Appendix J for complete narratives.

Summary

The within-method [QUAL] analysis included narrative and thematic analyses. The qualitative data were obtained through the *draw and tell* dialogue or conversation activity. A traditional linguistic, or *Labovian*, approach to narrative analysis was used and the children's stories revealed a distinct linguistic pattern or structure. Unlike the linguistic structure typically used by children sharing personal event narratives, the stories in this study were dominated by the extensive use of orienting clauses. These clauses were in turn dominated by descriptions of ongoing and imminent events as well as tangential information about the objects and features prominently featured in the environment. The children themselves did not feature prominently.

Another distinct linguistic feature were the action clauses, which were uncharacteristically suspended in the timelessness of the present tense, rather than typical action clauses found in personal event narratives which are reported in the past tense. The action clauses were also distinctive for the use of you, a general pronoun, as opposed to the more typical personal pronoun. Although many of the typical evaluative narrative devices were utilized, the dominant evaluative device used by the participants to relay their fear experience narratives was negation. Negations were woven throughout the orienting and action clauses and seemed to set the stage or context for the fear experiences by highlighting what was not right. Resolution clauses were absent.

This distinct linguistic structure, which included the predominance of orienting clauses and negation, the presentation of action only in the present, and the omission of resolution clauses, created a dramatic present tense experience. This structure did not follow the logical, goal-directed, high point action sequence usually accessed and

assessed through the elicitation of personal event narratives from children. Instead, what emerged was a structure that by overuse and omission of selected narrative elements captured the essence of the experience by re-creating the circumstances or context for the experience and suspending the listener linguistically in the structure alongside the narrators.

Five themes emerged from the thematic analysis that highlighted those elements that seemed to be essential to create a fear experience. The themes centered on being alone [*And you're all alone*], being taken off guard or by surprise [*Didn't see it coming*], feeling helpless [*Nothing you can do*], unsupported [*Nobody's watching for me here*], and immobilized by circumstance [*Just waiting there knowing*]. Just as their stories seemed to linguistically or structurally present and suspend the fear experiences in the present, the themes or content of the stories seemed to capture or provide the logical bread crumbs to the elements or circumstance needed for an experience to generate fear.

How the children constructed their stories about their experiences of fear and what they chose to focus on thematically both seemed to echo the other. The referents of the fear experiences seemed almost incidental to the mediating influence of the children's circumstance and the suspension of action both linguistically and thematically in that circumstance.

Within-method [quan] *Analysis*

The within-method [quan] analysis addressed the second aim of the study: *To assess the information obtained from young children's completion of an objective self-report survey.* The objective self-report survey tool utilized in this study was the

FSSC-R, which produced a quantitative accounting of children's fears, factor sub-scales, and overall fearfulness. The survey consisted of 80 items that were scored using a three point Likert scale (Appendix G). The children were asked to choose one word, either *none*, *some*, or *a lot*, that best described how much fear they had for each of the 80 items. If children did not understand an item, it was skipped. Once the children completed the FSSC-R survey tool, the researcher followed the FSSC-R *Scoring Procedures* (Appendix H) and assigned a 1 (none), 2 (some), or 3 (a lot) for each item. To determine sub-scale scores for each of the five factors, the researcher summed the individual item scores within each factor. To determine the FSSC-R *Total score*, the researcher summed the individual sub-scale scores across all the factors. To determine the *Frequency score*, which reflects overall fearfulness, the total number of fears endorsed "*a lot*" was summed. The children's individual FSSC-R scores are presented in Appendix I.

It is important to remember that this was a mixed methods design whose theoretical drive was qualitative rather than quantitative. For this reason, the data needed to be compared with existing normative data rather than analyzed within the study. The normative data were provided by Dr. Thomas H. Ollendick, who holds the copyright for the FSSC-R (Appendix H). Dr. Ollendick also provided the solution for handling the missing data from skipped items (*Personal communication*, March 30, 2005). Each of the skipped items was assigned the mean value for the factor it belonged to. The factor sub-scale scores, the *Total scores* and the *Frequency*, or overall fearfulness, *scores* from the study sample are presented and compared with the scores from the normative sample in Table 11. Independent-samples *t* tests were utilized to assess for differences between the study sample and the normative sample.

Table 11.

Independent Samples t Tests Comparing Normative and Study Sample FSSC-R Scores

	Normative Sample *M* (*SD*)	Study Sample *M* (*SD*)	*t*
Sub-scales			
Failure & Criticism	39 (8.3)	38 (8)	-.54
The Unknown	29 (7.5)	30 (6)	1.66
Minor Injury & Small Animals	28 (7.5)	30 (8)	1.25
Danger &Death	26 (6.4)	30 (6)	2.81*
Medical Fears	7 (2.1)	7 (2)	0
Total score	139 (28)	140 (22)	.14
Frequency score	17 (.5)	21 (11)	3.27*

Note. The *N* for the normative sample = 395

* $p = .05$

The children's scores in this study were compared to those in the normative sample which included 7 to 10 year olds. On the *Total score* and the sub-scales for factors *Failure & Criticism, The Unknown, Minor Injury & Small Animals,* and *Medical*

Fears, there were no significant differences between the study sample scores and the normative sample scores. However, the mean sub-scales scores for the factor *Danger & Death* were significantly different, with the study sample scores higher than the normative sample scores for this age group. In addition, the children's mean *Frequency*, or overall fearfulness, *scores* were significantly different, with the study sample scores again higher than the scores in the normative sample for this age group.

One child's (Participant 5) scores were the lowest of all *Total* and *Frequency scores*, as well as the lowest on all the sub-scales, except for *Danger & Death*, where only one other participant's score was lower. The *Frequency*, or overall fearfulness, *score* for this participant was zero, eight points below any of the other participants. This participant is the same child discussed earlier, that took the longest time, by 10 minutes, to complete the *draw and tell* activity. Another child's (Participant 11) *Frequency* score was 42 at the extreme other end, eight points higher than any of the other participants. Of particular interest were the 11 children mentioned earlier who physically touched the researcher at the beginning of this activity to ascertain if the researcher was too frightened by their previous fear stories, all scored in the lower end of the range of *Frequency*, or overall fearfulness, *scores*.

The anecdotal comments shared spontaneously by the participants during the FSSC-R survey activity were of particular note. These comments varied from confusion over the meaning of certain terminology (e.g., terrorists, criticizes or criticized, cemeteries), to inquiries about the inclusion of some items over the exclusion of others (e.g., Deep water and ocean vs. Fast water and rivers or Hurricanes vs. Tornados) and qualifying or explanatory reasoning for their selection of an item's rating (e.g., *Having an*

operation - would be *a lot* but only if you had a brain tumor vs. a hernia or *Deep Water or ocean* – would be scary only if a big wave came).

Summary

The within-method [quan] analysis was conducted using Independent samples *t* tests. The quantitative data were obtained through the administration of the FSSC-R survey tool and compared to existing normative data. There were no significant differences between the study sample and normative sample on the *Total score*, the sub-scale scores for factors *Failure & Criticism, The Unknown, Minor Injury & Small Animals,* and *Medical Fears*. However, mean sub-scale scores for the factor *Danger & Death* and mean *Frequency*, or overall fearfulness, *scores* were significantly different with the study sample scores higher than the normative sample scores on both.

Anecdotal comments shared spontaneously during the one-on-one administration of the FSSC-R provided additional qualitative information for assessing the FSSC-R survey tool and its use with children this age.

Across-method Analysis

The across-method analysis addressed the third aim of the study: *To compare the nature of information elicited from children provided the opportunity to draw and tell their stories about fear to the nature of information elicited from the same children completing an objective self-report survey.* Of the five identified purposes for adopting a mixed methods design, triangulation, complementarity, development, initiation, and expansion, this study focused primarily on complementarity and initiation. Complementarity focuses on both the overlapping and distinctly different facets of a phenomenon when examined qualitatively and quantitatively, and results in two different

but non-conflicting conclusions or interpretations. Initiation, focuses on an intentional analysis of inconsistent findings between the two methods and results in two divergent interpretations. These interpretations are presented below in narrative format and conclude with a meta-interpretation or inference.

Complementarity

Fear was selected as the focus for this methodological study and defined as a discrete and powerful emotion that has a particular referent, and is universally experienced. When examining fear using this perspective, it is easy to imagine that the particular *referent* or *referents* be approached quantitatively while the individual *experience* in response to the referent be approached qualitatively. As such, each approach provides different yet overlapping facets of the phenomenon or experience of fear.

In this study, the referents for individual children's fears were explored through quantitative and qualitative means. The quantitative approach, using the FSSC-R survey tool, revealed an overall *Total score* reflective of the children's responses to 80 pre-selected referents, five different sub-scale scores for sub-categories of referents or factors, as well as a *Frequency score,* the number of referents that elicited the most fear in the children. These scores, in turn, revealed that the children in this study were *almost* identical to internationally obtained normative data for children in a similar age group. The children's scores in the study sample that varied from the normative data were the scores for one of the sub-categories of referents or factors (*Danger & Death*), as well as for the *Frequency score*, the overall number of referents that elicited the most fear in the children. Both scores were significantly higher in the study sample.

The *qualitative* approach, using the *draw and tell dialogue*, utilized two different qualitative approaches, narrative and thematic analysis. The narrative analysis revealed that children shared their stories by re-creating their fear experience in the present tense with extensive use of orientation clauses and various evaluative elements, especially negation, and then suspended the listener alongside them in the story structure, unable to respond or find resolve. Five themes emerged from the thematic analysis that described the fear experience to be one in which the children found themselves alone, unprepared, without support, paralyzed by their situation, and overwhelmed with dread.

Together these two analyses painted a picture of powerless children, vulnerable, suspended helplessly in a situation without the where-with-all to find their way out, and abandoning all hope of rescue. Separately the two methods revealed two very different facets of the same phenomenon. The quantitative approach highlighted an increased level of fearfulness and particularly an increased fear of items or referents that might signal danger or death. The qualitative approach highlighted the children's inability to see their way out of their situations as well as an overwhelming sense of the children's vulnerability in their situations. Overlapped, these two approaches revealed a *meta-story* or *–narrative* that seemed to be yearning to end and a call to explore how. Even though the world cannot rid itself of identified referents, such as spiders or people wearing masks, the children's stories seemed to call out for it to expand its focus from the referents of their fear to include the circumstances that create it. As one of the children in this study responded when asked if there was anything or anyone that could make her/him less afraid:

"I don't think so ...
'less maybe there was someone was knowing all about it
and could tell you all calm and all ...
but I don't know anyone who's like that... "

Initiation

When conducting across-method analysis through the lens of initiation rather than complementarity, the findings are examined specifically for the inconsistencies that exist between qualitative and quantitative responses. The children in this study who specified a fear referent in their stories consistently scored that referent as something they were most (*a lot*) afraid of when completing the FSSC-R survey tool. However, not all the referents the children shared existed on the tool. For example, those children whose fear referent was a spider web rather than a spider, a tornado rather than a hurricane, or people wearing masks rather than strange looking people ("*because you don't know if they are strange looking if they have a mask on"*), there was no way to examine for inconsistencies. In addition, all but one of the children scored between 8 and 42 items or fear referents as something they were most (*a lot*) afraid of. This contributed to the limited examination for inconsistencies across method.

Summary

In summary, the purposes of this across-method analysis included both the search for complementarity and initiation, or inconsistencies, of the findings. The complementarity of the findings dominated the formation of the meta-narrative that emerged as noted deficiencies in the quantitative tool restricted a complete and thorough review for inconsistencies. The overall meta-narrative from the across-method analysis

included a call to action and suggested the direction such action needed to take, primarily to extend explication of a child's fears beyond its known referents to the circumstances that created it.

Chapter 5

DISCUSSION

Introduction

This study began as a response to the call to hear the voices of children. The sentiment that children should be seen and not heard appeared dated, with a growing demand for research focused on children as actors in their own right (Christenson & James, 2000). In response to this call, a child-centered approach to self-report was introduced and placed alongside an existing one, while deliberate attempts to empower the children in relation to the researcher and the setting were enacted.

The discussion of findings centers on the primary purpose of the study – how the nature of information from children differed when it was elicited and analyzed using two methods, a qualitative approach and a quantitative approach. The qualitative approach offered children the opportunity to draw and tell their own stories about fear, with the stories analyzed using both narrative and thematic methods. The quantitative approach was the administration of a self-report fear survey, with resultant scores compared to existing normative data.

The children's drawings and stories are included in their entirety in Appendix J, and the individual raw scores from the survey in Appendix I. These data are available for others' reading, interpretation, and assessment of the faithfulness with which they are presented. Insights gained from the research process and investigator's attempts to empower and privilege children's voices begin the discussion and are interspersed throughout. Limitations of the study and implications for nursing research and practice follow. A personal reflection concludes the chapter.

The Nature of Information

The theoretical drive of the study was primarily qualitative. This influenced the sequencing of strategies in both data collection and analysis. While each of the children took part in the same two activities, all began with the draw and tell dialogue first, followed by the administration of the self-report survey tool. In addition, the qualitative within-method analysis was conducted first and followed by the quantitative within-method analysis. What follows is a discussion of the nature of information as it emerged utilizing this sequence of data collection and analysis.

It is not known how this sequence specifically affected the findings as it was a constant throughout the study. However, the researcher raised questions as to its influence at times that are reflected on later. A separate study would be needed to isolate and control for this effect.

Qualitative Approach

Narrative analysis

Translating an experience into a story is perhaps the most fundamental act of human understanding (McLaughlin & Tierney, 1993). However, analyzing the narrative or story is anything but fundamental. To date, there is no one-way to conduct a narrative analysis. Researchers typically designate first-person event-specific stories, or personal event narratives, as the primary unit for analysis and begin with a linguistic or structural approach. Traditional linguistic analysis was developed in response to the typical structuring of personal event narratives and was selected for this study because personal event narratives are the most common story structures used by young children between six and eight years of age (McCabe & Peterson, 1990).

The most interesting characteristic of the children's stories or personal event narratives in this study was that although children ages seven and eight years old are developmentally capable of constructing complete narratives, the children in this study did not. Instead, they transposed their stories of fear into narrative structures that over-used certain narrative elements and overtly omitted others.

The children's stories about fear in this study were dominated by an excessive use of orienting clauses that detailed ongoing or imminent events, provided tangential information about specific objects and circumstances, and created the context for their fear experience. The children themselves were rarely prominent in their stories and they often used the general pronoun *you* rather than a personal pronoun anticipated from a personal event narrative. Another variant in the narrative structure was the absence of complicating action clauses that are told using past tense and address the sequence of actions that create the story line. In this study, the action clauses were uncharacteristically suspended in a sort of timelessness by the exclusive use of present tense.

The children used many narrative evaluative devices. However, the dominant device was negation. This particular device is used to address what does *not* happen, what is *not* right, or what has deviated from what might typically have been expected. This was particularly interesting because fear, as an instinctual response, is rooted in our ability to detect those things in the environment that are not right or are out of the ordinary. Other evaluative devices, including repetition of phrases or words, elongations, and intensifiers, were also used frequently and drew the listener to certain aspects of the

story in much the same way as Dissanayake (1988) states that art-making, or making special, draws attention to certain experiences.

Another interesting variation in the narrative structure was the complete absence or overt omission of resolution clauses. In some ways, this seemed like a profound discovery of the obvious in that the children shared fearful stories, not stories of past experiences with fear which were now resolved. However, the children did make this choice. The stories were elicited using a specific conversation map and prompt based on established personal event narrative elicitation guidelines. Using similar conversation maps and prompts with children in other studies, the resultant personal event narratives were told using past tense and followed the expected narrative structuring. However, none of these other studies focused exclusively on fear.

The predominance of orienting clauses, the overuse of negation, the preference for present rather than past tense action, and the absence of a resolution, created a linguistic structure or path *to* the children's experience of fear rather than *through* it. The children were asked to relay their fear and they did so by re-creating it. So much so that at the completion of their stories, half of the children spontaneously reached out and touched the researcher physically to inquire if the researcher was not too frightened by what they had just shared.

The referents of the fear experiences in the children's stories seemed almost incidental to the analysis. As they shared their stories of fear, it did not seem to matter if the fear referent was a snake, a spider, a raging bull, a tornado, or a headless man, the children told their story using the same atypical linguistic structure described above.

This structure oriented the listener to the circumstance necessary for the children to experience fear and highlighted that the fear was present and unresolved.

Traditional linguistic analysis, which is rooted in first-person, event-specific, and goal-based action sequences, may not be the most appropriate approach to the analysis of fear stories. Fear may be an emotion that resists typical narrative structural composition. Furthermore, fear may be an emotion that is known or experienced only as it remains unresolved. Fear that is resolved may no longer be defined by individuals as fear at all. Other approaches to narrative analysis, such as literary over-reading or story grammar analysis might be used instead, especially if the children's stories needed to be compared across emotions. In one study examining children's stories about being happy, angry, and afraid, narratives were approached using chronologies, moment in time, and plotted story structures rather than personal event narratives (Hudson, Gebelt, Haviland, & Bentivegna, 1992).

Thematic analysis

While the narrative analysis addressed how the children constructed and told their stories of fear and illustrated how the emotional force of what they tried to convey appeared to influence the linguistic choices they employed, the thematic analysis addressed the specific themes or content across the stories. Five themes emerged and united the stories around feelings of:

1) being alone - *And you're all alone*
2) being taken off guard or by surprise -*Didn't see it coming*
3) being unable to help oneself - *Nothing you can do*
4) being unable to obtain help from others - *Nobody's watching for me here*
5) anticipation and impending dread - *Just waiting there knowing*

Together these themes seemed to capture and define the circumstance necessary for an experience to be interpreted by children as fearful. Combining the themes, children's fear experiences were viewed as moments of feeling unprotected or vulnerable, isolated in their own skins without a community, unprepared, and immobilized by overwhelming circumstance.

Fear was introduced and defined early in this study as a universal, global, undiscriminating, discrete, and powerful emotional response with a particular referent. This definition of fear, taken from the extant literature, focused on the referent and the response to the referent as if the two are cause and effect. Yet in this study, the specific referents of fear in the children's stories were almost incidental. It was the circumstance that dominated and informed the fear experience linguistically and literally.

The children's descriptions of the circumstance that set the stage or established the context for their fear experiences also seemed to identify the actions that may be needed to resolve their fear. The children's stories seemed to call out for others to be present, for children to feel more empowered and supported in the situations they find themselves in, and more oriented or prepared for what they might encounter. When some of the children were asked how they might resolve their fear circumstance, it was interesting how quickly they negated their own problem-solving abilities or solutions. When asked "What would help you be less scared?" one child responded:

> *"If I knew, I would be telling you another picture story!"*

When asked "Is there anything or anyone that could make you less afraid?" another child responded:

> *"Well, I don't think so, [un]less someone was knowing all about it and could tell you all calm and all, but ... I don't know anyone like that."*

In the end, the thematic analysis seemed to echo the linguistic suspension found in the narrative analysis. Each story's action came to a standstill, the children's energies suspended or stuck in temporary havens of helplessness with no direct avenue for expression, escape, or resolution. The themes that emerged outlined the circumstantial pre-requisites for fear to occur, with the particular fear referents seemingly incidental to the experience.

This mediating influence of circumstance was overlooked at first. However, it became evident through multiple readings that tarantulas were scary *only* when they got out of their cages, brothers were scary *only* when they caught you off guard, and tornados were scary *only* when they touched down. So, while research studies had documented and focused on the referents of fear for children at different ages, by gender, and across cultures, the nature of information revealed through the qualitative analysis of these stories seemed to re-direct the focus from the particular referents to the circumstance or context for fear to be experienced. Previous research using a draw and tell approach and analyzed using quantitative as opposed to qualitative methods, revealed that children offered the draw and tell approach relayed more information in general and that this increased amount of information appeared to be factual, not fabricated. This study, using a qualitative approach that extended into the analysis, adds to the literature in that we now can say that the actual nature of that information appears to be different.

In the review of the literature, offering children the opportunity to draw not only emerged as a relatively robust method for engaging children in the interview process, but also appeared to moderate their ability to communicate by generating retrieval cues that were more sensory than semantic and internally rather than externally generated. It was

proposed that the act of drawing might help children organize their narratives, allowing them a better opportunity to share their perspective or voice. The effect of drawing on the specific linguistic structure and thematic content of the narratives that follow needs to be isolated and tested.

Quantitative Approach

The nature of information elicited from the children using a qualitative approach to data collection and analysis stood in stark contrast to the nature of information elicited from the same children using a quantitative approach. The quantitative approach to analysis focused primarily on the resultant scores of the FSSC-R self-report survey and how these scores compared to existing normative data. The data elicited using this survey included the identification and prevalence of factor sub-scales, or categories of fear referents, and the children's levels of overall fearfulness. When compared to existing normative data, the children's scores in this study were remarkably similar in terms of factor structure. However, the mean sub-scale scores for the factor *Danger & Death* were significantly different, with the study sample scores higher than the scores from the normative sample. The children's *Frequency scores*, which represent overall fearfulness levels, were also significantly different, with the study sample scores again higher than normative sample scores.

There are several explanations that might account for these differences. First, because of the qualitative theoretical drive in this study, all of the children completed the draw and tell dialogue prior to the administration of the FSSC-R. It is possible that the initial draw and tell dialogue, which left children suspended in their fearfulness, influenced the increased score for both the factor *Danger & Death* and for overall

fearfulness. However, the demeanor of the children was constantly assessed and all of the children appeared calm throughout the administration of the FSSC-R and afterwards as the researcher delivered the children back to their parents. In addition, none of the parents reported any symptoms of increased fearfulness or behavioral variations in the weeks following data collection. A closer look at the scores of those 11 children who, just prior to the survey, spontaneously touched the researcher and sought reassurance that the researcher had not been too frightened by their fear story, was examined with the thought that these children may have been more frightened and in turn may have biased the overall scores. However, this sub-sample of children revealed overall fearfulness scores that fell in the lower, rather than higher, range of the study sample scores.

Another explanation might be that children at the time of this study, post 9/11, were more aware of the potential for danger and death than the children in the normative sample. The normative data were from 1989, over 15 years ago. However, a separate review or study that looks closely at data supporting this perception is warranted.

A third explanation centers on the ages of the children in the study sample. The normative sample included children 7 through 10 years of age, whereas the study sample included children 7 and 8 years of age, at the lower end of the normative sample age group. Since children's overall fearfulness scores are known to decrease with age (Muris et al., 1997; Ollendick et al., 1989), the increased scores in the study sample may only reflect an age-biased sample. However, higher scores for the factor *Danger & Death* cannot be explained by this age-bias. When establishing the normative data, Ollendick and colleagues (1989) noted 7 of the 10 most common fears consistently came from the factor *Danger & Death* across *all* age groups.

An interesting paradox is that the majority of the participants in the current study were male. Research has demonstrated that female children have higher levels of overall fearfulness than their male counterparts across all age groups (Ollendick et al., 1989). Although the male gender bias in this study, the small number of participants, and the violation of quantitative assumptions did not allow a statistical comparison, a review of the raw scores in this study does not overtly support this claim. The males' scores did not appear to be lower than the females' and, in fact, the highest level of overall fearfulness came from a male participant while the lowest score came from a female. A larger random sample controlling for gender is needed to confirm that there is still a gender effect on overall fearfulness.

The FSSC-R is typically administered to groups of children. However, in this study, it was administered one-on-one. This provided additional information about how the survey was individually processed by the children. Although the FSSC-R had been normed for this age group, many of the children had difficulty completing it. These difficulties may also have affected the resultant scores. The first difficulty was spatial. Each of the 80 items or fear referents needed to be individually scored, requiring the children to move from the individual referent across the page to select and mark a response box. Most of the children had difficulty with this task until a ruler was provided to line up the response boxes.

Many of the children also had difficulty understanding what some of the itemized fear referents meant. The children were instructed before the administration of the FSSC-R to inform the researcher if they did not understand any of the items. Included in this instruction was a reassurance that there were already other children who did not know

what some of the items meant. Research suggests that questions posed to children need to be pertinent and relevant to children's own experiences and knowledge (Christenson & James, 2000). All of the questions and informal comments the children shared were documented and inform the discussion that follows.

Some of the itemized fear referents that posed the most confusion for the children included:

Terrorists
Giving an oral report
My parents criticizing me and *Being criticized by others*
Having to put on a recital
Cemeteries

Of particular interest was the confusion over the term *Terrorist*, especially since it is so pervasive in the media today. However, when the FSSC-R survey was scored by the researcher using the SMOG Readability Formula, it was assessed to be at a sixth grade reading level. The SMOG Readability Formula was selected to screen the survey tool because it is based primarily on the presence of words with three or more syllables, which was the common element of many of the words confusing the children. This higher level of reading may have inadvertently contributed to the children's confusion, although other three syllable referents like *Thunderstorm, Hurricane, Hospital,* and *Carnival*, for example, posed no problems. The FSSC-R was originally developed and tested on children ages 8 to 11 years of age and only later extended to include 7 to 16 year olds. However, no changes in the list of referents were made after this age extension. The FSSC-R may need to be revisited and adjusted to an appropriate reading level before it is used in further studies for seven and eight year old children.

Administering the FSSC-R survey tool one-on-one also exposed the researcher to the children's reflective murmurings shared spontaneously in response to the itemized fear referents. These murmurings most often provided the researcher with contextual background for the children's response selections. For example, when presented with the fear item *Deep water or the ocean*, three of the children shared they would be afraid of it *a lot*, but *only* if there was a big wave. This was particularly interesting because of a tsunami in Indonesia that occurred a few weeks prior to data collection (December 26, 2004) and received a lot of media attention. Another child shared the referent *Having an operation* was scary but only if you had a brain tumor as he had witnessed the before and after of his brother's experience with a brain tumor and "it was not good.... They seem to be a lot better at hernias." Yet another child shared the referent *Falling from high places* was scary but only if "pushy people were around" or for another child only if there were "no fences at the top." These impromptu qualifying comments mirrored the excess usage of orienting clauses identified in the narrative analysis and seemed to shift the focus away from the itemized fear referent to the circumstance necessary for the children to experience fear in response to it.

Other informative comments were the children's spontaneous evaluative clauses shared prior to their selection of the responses *none, some,* or *a lot*. From these clauses an alternative or embellished response notation sequence emerged that seemed more reflective of and relevant to the child participants. Instead of selecting *none*, the children suggestion was "Why would I be afraid of that?" For the choice *some*, they suggested "I can think of some times when this would be scary", and instead of *a lot,* they suggested "Yikes!" The last six child participants were asked specifically about this

interpretive augmentation. All thought it was much better with only one child offering the suggestion to change "Yikes!" to "Help!" These findings point to the benefit of augmenting Likert scales with more *emic* or *in vivo* commentary.

Another contribution that emerged from the children's spontaneous murmurings was the awareness of missing items from the list of fear referents. *Tornados* were most frequently noted as missing and this usually occurred when presented with the referent *Hurricanes*. For children in Iowa, tornados are annual events whereas hurricanes are distant ones that occur only in coastal regions. Other missing items included *rivers, bullies, gangs,* and *losing a tooth* as well as some of the referents from the children's stories. To accommodate for this, an Australian research team (Gullone & King, 1992) began augmenting the FSSC-R, adding three write-in spaces. This eventually led to the development of an Australian version of the FSSC-R, the FSSC-II that has 127 items with three blank spaces. The FSSC-II also instructs children to identify which of the 127+ items is ranked number one. These two additions strengthen the tool in terms of relevance and meaning. However, the increased number of referents might be cumbersome, especially for younger children.

The average time needed to complete the FSSC-R in this study was 21 minutes and ranged between 16 and 29 minutes. This is similar to the average time of 20 minutes reported for group administration of the survey. Of interest was that the amount of time needed for administration of the survey was more than twice the amount of time needed by the same children to complete the draw and tell dialogue, which took an average of 8 minutes and ranged from 6 to 22 minutes. This information suggests that the survey administration time estimate is correct even when using a one-on-one approach and at the

same time suggests that a draw and tell dialogue is not any more time-consuming and in fact takes less than half the time to conduct. However, the FSSC-R can be administered more cost efficiently to groups of children.

Limitations

Every study becomes vulnerable to criticism because of the trade-offs along the way. In this study, the sample was small and purposively, rather than randomly selected. Although appropriate for the theoretical drive and the qualitative analyses, it limited the interpretation and generalizability of the quantitative data. The sample was diverse in terms of socio-economic status and ethnicity. However, there was a male gender bias. Furthermore, although the study specifically focused on children seven and eight years of age, the normative data with which it was compared included children through age 10. In addition, the sample was drawn from a private religious based school system in the Midwest and children were presumed to be healthy so it is unknown how children from other geographic areas or cultures or from children in hospitals or other health care settings would have responded. All of the children in this study spoke English yet information was not solicited to ascertain if English was their first or second language. Since various cultures construct their stories differently, this may be a variable to consider.

The sequence of data collection and analysis was influenced by the theoretical drive and was not controlled for, so the findings can only be interpreted using the approach as presented. The decision not to allow the FSSC-R to influence the drawings and resultant stories was done to strengthen the authenticity of the stories, but it introduced a potential mediating influence on FSSC-R scores. In addition, the decision to

conduct the qualitative analysis first provided another mediating influence on the interpretation of the quantitative data. This was especially true with regard to the understanding of the children's spontaneous orienting comments during the administration of the FSSC-R, which seemed to echo the excessive use of orienting clauses that emerged from the narrative analysis. It is not known if the researcher would have been sensitive to this similarity had the qualitative analysis not preceded the quantitative.

The draw and tell dialogue is credited with producing the qualitative findings however it was not isolated and controlled for as in the previous experimental studies from the review of the literature which had employed separate *tell only* control groups. Whether or not children offered the opportunity to tell their stories of fear without the benefit of drawing would elicit similar linguistic structuring and thematic content is not known.

Furthermore, the study included, but did not control for, the implementation of multiple interventions thought to empower the children in relation to the researcher and the setting. For example, in this study the children were invited to sit in the higher and somewhat larger teacher's chair inside a U-shaped small group work table in their classroom while the researcher sat on one of the small outer student seats. This arrangement was assumed to be empowering for the children. However, it may instead have created an added sense of vulnerability, especially if the children's feet could no longer reach the ground.

Another example was that children were instructed before the administration of the FSSC-R to inform the researcher if they did not understand any of the itemized fear

referents. Children are frequently called on by adults to give answers, even when they do not have the information, and answering "I don't know" is often negatively interpreted by adults as inattention or a lack of cooperation (Christenson & James, 2000). Because of this, younger children tend to respond to adult questioning whether or not they know the answer. By granting permission to say they did not understand and also referencing an existing peer group that also did not understand, it was anticipated the children would feel less pressure to answer and the data generated would be more authentic, but this is open to question.

The question for discussion is whether these and other attempts in this study to empower the children were successful and if so, how such empowerment impacted data collection and the findings. The inherent assumption is that empowerment implies a shift of power and that the result of such a shift is the researcher's access to a more authentic participant voice. Since all of the children in this study were exposed to a similar set and sequence of attempts to empower them, this assumption remains untested. Further studies are needed that not only specifically address but also isolate the effects of empowering interventions with children.

The quantitative data were compared to existing normative data. This follows a recommendation for mixed methods studies that are qualitatively, rather than quantitatively, driven. However, the normative data, although extensive and tested across age, gender, and ethnicity, was over 15 years old (1989) and as mentioned earlier included children 7 through 10 years of age.

The suggested implications for nursing research and practice follow and address some of the limitations outlined above.

Implications for nursing research and practice

The specific implications and suggestions for nursing research and practice are presented first, followed by a discussion of potential interventions that build from the findings in this study. The interventions are presented with nursing practice in mind, but could also be used and evaluated in research.

Research

One of the most compelling implications for nursing research is the emergence of children's drawings as facilitators of communication in the interview process. Not only does it appear that the use of drawings increases the amount of information that children share, it also appears that the nature of that information is different and potentially enlightening. This effect needs to be explored more completely and perhaps within one study. A *tell only* control group placed alongside a *draw and tell* group would help to isolate the facilitative effects of drawing. Of particular interest would be whether or not the stories that emerged from both groups would differ in terms of narrative structure or themes. A qualitative exploration of different approaches to narrative analysis, such as literary over-reading, moment in time story analysis, chronologies, or plotted story structures alongside or in place of the traditional linguistic approach used in this study would also be interesting in terms of nature of information available.

Although the nursing of children is dominated by health maintenance efforts, children do experience acute and chronic illness. It would be of particular interest if narrative and thematic analysis of stories about fear would yield similar results from children with acute or chronic illnesses as opposed to healthy children or from children in various health care or hospital settings as opposed to schools. In addition, this study

focused on young children seven and eight years of age. Another study that extended the age limits, perhaps to mirror the normative data, is needed to ascertain whether drawing is facilitative across all age groups or at what point does or could drawing become inhibitory.

This study reinforces the need to investigate ways of studying children's experience to meet the mandate or call to hear the voices of children. A study could be conducted that isolates and controls for the sequence of empowering interventions that was introduced in this study to ascertain if sequence makes a difference and, if it does make a difference, what kind of difference.

Recent studies outside of nursing (Gutierrez-Clellen & DeCurtis, 2001; Rosenthal-Rollins, McCabe, & Bliss, 2000) have begun to examine how children construct stories in different cultures. As the multiplicity of ethnicities continues to grow within this country, sensitivity and openness to varying narrative templates are needed. Such sensitivity may be helpful in informing or re-structuring educational and interventional efforts in health care that have proven to be ineffective when inadvertently applied across cultural lines.

This study was influenced by the qualitative theoretical drive especially in terms of the sequence of data collection and analysis. A study that alternated the sequence of data collection, offering half the children the opportunity to draw and tell their stories after they completed the survey, would not only isolate and inform the effects of the draw and tell dialogue, but also clarify whether the increase in fearfulness and in the factor *Danger & Death* were due to the sequence or another of the explanations suggested.

Other studies that explore the method but change the focus are also needed. There are many areas where the facilitative effects of drawing, especially with younger children, could be of benefit. Although this study focused on fear, studies that focus on children's experiences of pain, grief, hospitalization, living with chronic or life-threatening illness or with a sibling or parent who has one, living in poverty, the experience of hopelessness, or even what children view as most important to their health and the world's future, would inform and benefit future nursing priorities and interventions.

Practice

Individually, each of the methods in this study could be used in clinical practice as each requires very little preparation in terms of administration or scoring and each is inexpensive to administer. Used together, both methods provide a more comprehensive explication of fear, identifying the typology and level of fear as well as the individual circumstance that creates the experience of fear for each healthy school age child.

Clinical practitioners could also begin to develop and explore interventions that address the experience of fear communicated in this study through the analysis of the children's stories. The children's stories in this study communicated fear experiences dominated by feelings of isolation, vulnerability, and disorientation and the suspension of the stories in the present tense communicated their inability to embrace and resolve these feelings. The children's call was not necessarily for others to sweep in and take on the proverbial roles of hero/ine, but rather a call for others to help or empower the children to embrace and resolve their fear experiences themselves. Interventions developed and explored in response to this study would need to address the themes of isolation,

vulnerability, and disorientation. Clinicians in these interventions would need to be prepared to be present, to empower and to orient the children. This is not an easy task.

To begin with, fear is a normal human response. It is universally experienced and undiscriminating in terms of age, gender, and ethnicity. It is like an internalized alarm system, or predisposition, that has been etched into our brain to notice those phenomena in the world that hold the potential to hurt us. Fear tells us when something requires immediate attention and its primary purpose is to move us to action. The trick about fear is knowing how to tolerate its destabilizing energy, face into it, and find the *right* action (Greenspan, 2003).

When children share their stories, the stories are not only powerful tellings of their own experiences, but also indirect demonstrations of how children position adults or others within their story lines as hero/ines, bit part players with walk-on parts, or even villains (Carter, 2004). In the children's stories in this study, adults were mostly absent - just out of sight, on the other side of a closed door, too far back, or too preoccupied with our own experience. This lack of presence is perhaps the most important message in need of being heard.

Presence, the opening of oneself to another, is perhaps the highest level of human caring (C. Cooper, 2001). To be present with children we must be *in-relation*, engaging in meaningful ways, with them and their experiences (Carter, 2004). When we engage with children as they share their stories, listening and noticing the things children perceive as important or [make special], we begin to think *with* their stories rather than *about* them. To this end, any intervention, be it one-on-one in a clinical setting or as part of a research study to groups of children, needs to address the issue of presence.

The primary skill involved in the practice of presence with children is listening. As we listen, we are granted inroads to understanding children's lives. Through listening we can begin to appreciate how the experience of fear can single-handedly unmake children's worlds and their sense of self (Carter, 2004). Children can remake their worlds but only if their stories are heard first and it is clear that listening to children, hearing children, and acting on what they say are three very different activities, although they are frequently elided as if they were not (Christenson & James, 2000).

If presence is the first necessary consideration of any proposed intervention that might emerge from this study, the call to empower children is second. Caught in stories of vulnerability and helplessness, the children in this study were not empowered to help themselves. In stark contrast, they were overwhelmed by their circumstance. To empower them means to help them face their fear experiences and choose how to *act on* them.

The third consideration in developing or exploring an intervention is that it be orienting. Orienting means that the intervention anticipate and provide the children with information they need about what will happen in a manner they can comprehend.

Such an intervention might be a scenario where adults sit down with children, put their arms around them, and say:

> *"It's ok to be scared. Being aware of fear makes you stronger than pretending you don't feel it. Let's see if we can find something to do that would make you feel safer."*

The challenge would be how to find that something to do, how to empower the children in the process, and how to make it meaningful, relevant, and orienting in their lives.

One such strategy is what is referred to as acting *'as if'*. It is used in the fields of psychodrama (Blatner, 1996) and narrative therapy (White & Epston, 1990) to help children move from an *"I can't"* to an *"I can"* stance, concentrating on action rather than inaction. It puts children in touch with their own power. When children are stuck and feeling helpless, vulnerable and alone, they are, as in this study, unable to find a way out of their current circumstance or to access the help of others. The primary feature of the acting *'as if'* strategy is to put a hold on children's self-doubt by replacing it in their minds with thoughts of pretending. This is accomplished by asking the children to act *'as if'* they already know how to do what they need to do which is quite different from directly asking children what they need to do (White & Epston, 1990).

When children, or adults for that matter, are able to explore a situation from a distance, they are usually able to think more clearly and access energies that are disempowered when they are in the situation. That is why children often rehearse a scenario with the assistance of an imaginary friend or why adults explore others reactions by introducing their questions with *I have a friend who.* In many ways, these friends are *'as if'* actors in a sort of dress rehearsal for a perceived life situation. This *'as if'* approach is what projective story telling techniques are based on and could just as easily form the foundation of an intervention (Cattanach, 1997; Post, 2004).

These suggestions for the development or exploration of interventions invite the participation of children, require presence on the part of the clinician, empower the children to face their fear and find a way through it, and direct the orientation of the intervention efforts to be child-centered and –dominated.

Personal Reflection

Each research study begins with what I have learned to refer to as an intellectual *puddle* or amorphous conglomeration of troublesome or troubling experiences (Piantanida & Garman, 1999). Embedded within the *puddle* is a dilemma that provides the spark or intention for the research, but does not define it. The call to the researcher is to partake in a period or process of intellectual *sloshing about* that moves her/him from an initial simplistic *reaction to* the puddle towards a posture of deliberate *inquiry within* it. The present study emerged from an intellectual *sloshing about* amidst both the call to hear the voices of children and the call to develop child-centered and -dominated methods and contexts to do so. The primary focus became the exploration of integrating children's drawings as a strategy for engaging children in conversational dialogue, building on their natural abilities and capabilities, and allowing their agendas to take precedence in the research process.

One of the most interesting coincidences in this study was the realization that while I had purposively focused my energies on addressing the marginalization of young children in health care and in society, I had also, almost inadvertently, selected a marginalized or dark emotion to focus the study. Dark emotions by definition are not bad, unwholesome, or pathological. Instead, they are the emotions that have been kept in the dark – shamed, secret, unseen, and above all, unheard (Greenspan, 2003). In this country, fear is viewed as a dark emotion, a tainted trait, most often associated with weakness or cowardice, especially for boys and men. We avoid, banish, numb or attempt to contain rather than experience or admit to fear. However, banishing, containing, or numbing fear does not make it vanish. Instead such responses only provide temporary

havens for its lingering unconscious energies that we no longer are free to act *with* and instead more apt to act *out* (Greenspan, 2003). Acting out is about skipping a step in awareness, moving from a repressed, shamed emotion to an act that expresses feelings in behaviors that are not consciously connected to the original emotion. Fear is acted out because we have lost, or are losing, our ability to feel it authentically and mindfully and to express it without shame. This realization provided a larger context for potential understanding or interpretations.

At the completion of the study, it also dawned on me that the specific age group I had selected, seven and eight years olds, are often referred to in the developmental literature as *the years we ignore* (Leach, 1995). These are the years marginalized by theoreticians, where children are supposedly latent, where parents are bequeathed a sort of calm before the storm of adolescence, and where adults are less interested with listening to children than with having children listen to them. This *latent* discovery on my part re-energized me to maintain my focus on this particular age group.

This study has also nurtured an interest in re-framing the current research and clinical agenda on strength, vulnerability, risk, and resilience in childhood which to date, like fear, have been referent- or problem-based. In addition, it has made me painfully aware that what serves a research agenda does not always fulfill a policy or practice agenda, or a research participant's interest. Although more open to the input of children, research agendas are not set by them. It would be most interesting to me to ask children what they think we should be doing.

The *UN Convention of the Rights of the Child 1989* provided a landmark in the development of rights for children, expressing vision and hope in terms of children's

protection and participation in society (Lewis & Lindsay, 2000). Despite the pervasive rhetoric about the need to listen to children, there are powerful social and cultural tendencies to keep children in their place. The concept of children being seen as rights holders constitutes a fundamental challenge to a prevailing value system which is rooted in the belief that children should be seen and not heard.

Children's stories have the potential to shift the focus from adult-determined interests and agendas and re-direct them, generating new hypotheses that may be more child-determined (Pound, 1999). However, this is not always an easy path to tread, nor is it necessarily a comfortable story to hear. To hear a story is to hear how someone else's life counts. It is not only about finding an open door or windows to children's lives and experience but also about the opening of your own door and windows as you let another's words drift in. The skill of listening and of hearing with thoughtful attention remains the most difficult and relevant skill in nursing's armamentarium.

Listening is the foundation of nursing. Qualitative methods, such as the *draw and tell* dialogue, place at their very core the need to listen intensively and reflectively to the storytellers. Subjecting these stories to rigorous and systematic analysis yields a reality and richness which statistics and quantitative methodologies have supported in other areas of advancement (Pound, 1999). Asking children to *draw and tell* about their experiences may well be one of the most cost-effective, portable, and relevant ways to access and privilege their voices in any arena.

Earlier this year, Vice Admiral Richard Carmona announced that the 2005 Agenda of the Office of the Surgeon General could be summed up in six words - *The Year of the Healthy Child.* In his announcement he shared that "Children are the living

message we send to a time we will not see". He asked the audience what kind of message they would like to be sending and then charged them with redoubling their commitment to giving children the tools they need to be healthy and happy into their future, when we will no longer be present with or for them.

In his book *The Perpetual Consequences of Fear and Violence* (2004), Chris Maser directs his readers through an exercise that seems like the most appropriate way to conclude this chapter. He says,

> *Find a quiet place and take a few moments to search the mind of your heart for the kind of world you would like to live in and have your children and grandchildren inherit. Next, take pen and paper in hand and write down the salient features of that world. Now ask yourself "What part of this world can I help create through my behavior if I act 'as if' it was already so?" Then ask "When do I begin to act 'as if' it was already so?"*

I hope it will be said
we taught them to stand tall and proud,
even in the face of history
and the future was made whole
for us all,
one child at a time

Brian Andreas
One Child

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APPENDIX A

Institutional Review Board (IRB) Approval

OREGON HEALTH & SCIE CE UNIVERSITY
Research Integrity Office, L106-RI (503) 494-7887

MEMO

Date: November 23, 2004

To: *Sheila Kodadek PHD SN5S*
Martha Driessnack

From: Gary T. Chiodo, DMD, Chair Institutional Review Board, L106-RI
Margaret Allee, RN, MS, JD, Co-Chair, Institutional Review Board, L106-RI
Charlotte Shupert, PhD, Manager, Research Integrity Office, L106-RI

Subject: ***8536, EXP***
Eliciting information from children about their fears- A mixed methods study.

Initial Study Review
Protocol/Consent Form Approval

This study is currently approved for 60 subjects .

Your protocol is approved for one year effective 11/29/04.

Your consent form is approved by the IRB effective 11/29/04.

You may use only copies of the attached approved consent form for the informed consent process. Please write the date of annual protocol approval in the upper right hand corner on the first page of the consent form. If you submit a revised consent form for approval during the coming year, please type the annual protocol approval date on the first page when revising the form.

Other items reviewed and administratively approved by the IRB include: Letter and questionnaire.

This study met the criteria for EXPEDITED IRB review based on Category # 7 [1]. Research employs questionnaire methodologies.

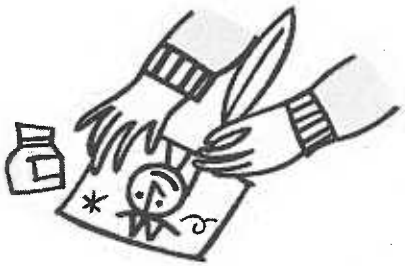
The requirement to obtain Authorization is waived because the protocol does not involve the collection, use, or disclosure of PHI. However, the requirement to obtain informed consent has not been waived.

This approval may be revoked if the investigators fail to conduct the research in accordance with the guidelines found in the Roles and Responsibilities document (http://www.ohsu.edu/ra/rso/rgc/randr.pdf). Please note that any proposed changes in key personnel must be submitted to the IRB via a PRAF and approved prior to initiating the change. If you plan to discontinue your role as PI on this study or leave OHSU, you must arrange either (a) to terminate the study by so notifying the IRB and your department head, or (b) propose to transfer the responsibility of the PI to a new faculty member using a PRAF.

Investigators must provide subjects with a copy of the consent form, keep a copy of the signed consent form with the research records, and place a signed copy in the patient's hospital/clinical medical record (if applicable).

APPENDIX B

Recruitment Letter



Dear Parent/Guardian:

My name is **Martha Driessnack** and I am a pediatric nurse practitioner who is doing a research study at [redacted] School. The reason for the study is to explore a new, more child-friendly, way to work with young children and compare it to the old ways. It is my hope that this information will help everyone who works with young children.

The title of my study is **"Eliciting Information from Children About Their Fears"**. I am looking to see what can be learned from children when they are allowed to draw a picture and then talk about the picture. I will then compare what they draw and say to what they share by filling out a survey. Surveys are one of the older ways of working with children. I will be focusing on their fears – what children are most afraid of today. I am using fear as a topic because it is a common feeling in today's times and it is also a common reaction seen by nurses who work with children. The whole study should take less than an hour.

This is what will happen. First, I will need for you to sign a form saying it is ok for your child to be in the study. I will also need to get your child to sign a form that he or she wants to be there too. Once both of you agree, we will set up a time for your child. On that day the children will be asked to draw and tell about their biggest fear(s). This will be tape-recorded so I do not have to take notes and can give them my entire attention. Next, they will take a survey about fear, the *Fear Survey Schedule For Children (FSSC-R),* that lists a number of fears, like *spiders* or *getting lost,* and asks the children to pick how much fear they have of it (none, some, or a lot). When they are finished, each child will receive a small bag of art supplies as a thank you for helping out with the study.

Please know that there are no right or wrong answers in this study and the results are not a part of the school record. **I am trying to learn more about how giving children the chance to draw and tell about their drawing might help them in those times when they are having**

a hard time finding the words. When I finish the study, I will be happy to share what I find out. The children's names will not be used on the drawings, tapes, stories, or surveys. In addition, you and your child can decide to stop at any time.

If you are willing to let your child to take part please **sign the form** that is attached and **return it using your child's folder**. If you cannot come but have some questions about the study, please call me at 515- 770-3848. If I do not answer, please leave a message and I will call you back as soon as I can.

Thank you very much for taking the time to read about this study and I hope you and your child decide to take part.

Sincerely,
Martha Driessnack, RN
Pediatric Nurse Practitioner
Doctoral student, Oregon Health & Sciences Center

IRB # 8563
Approved 11/23/04

Please complete and return to the school in your child's folder.

Yes, it is ok for my child to take part in the study.

My child's name is: _____

Our phone # is: _____

I understand that Martha Driessnack will call to set up a time.

THANK YOU!

APPENDIX C

Parent Permission Form

IRB# : 8563
Protocol Approval Date: _____

OREGON HEALTH & SCIENCE UNIVERSITY
Parent Permission/Consent Form

TITLE: Eliciting Information From Children About Their Fears – A Mixed Methods Study

PRINCIPAL INVESTIGATOR: Sheila Kodadek, PhD, RN (503) 494-3826

CO-INVESTIGATOR: Martha Driessnack, MSN, ARNP (515) 243-7979

PURPOSE:
The purpose of this study is to learn about better ways for adults to communicate with young children. Your child, _____, has been asked to be in this research study because of his/her age. Thirty (30) to sixty (60) young children will be asked to participate. Please take your time to make your decision.

PROCEDURES:
Once the Parental Permission/Consent Form and the Child Assent Form are complete, a time will be set up for the research study session. The study session will focus on two different ways that adults use to communicate with young children. One is having children draw and talk about a topic and the other is having children complete a written survey about the same topic. The topic for this research study is fear.

During the session, each child will be asked to draw and talk about his/her biggest fear. This will be audio-taped.

Each child will also be asked to complete a written survey about fear. This survey lists common childhood fears and asks the child to pick how much fear s/he has for it (none, some, or a lot). This survey is available for your review.

When the child is finished, s/he will be given a small bag of art supplies as a gift.

The study will take no more than one hour.

RISKS AND DISCOMFORTS:
There are no anticipated physical risks involved with this study.

Because children will be asked to draw, talk, and write about their biggest fears, it is possible that they will become fearful either during the drawing, the telling, or during the completion of the fear survey. Children will not be left alone at any time during the research study session and they will also be told they are able to stop at any time. For any child who appears overly fearful or apprehensive, parents will be notified and a listing of specialized health care providers and mental health counselors will be made available if needed.

In the event that information is discovered regarding abuse or neglect of a child, we are legally required to report that information to Child Protective Services in the State of Iowa.

BENEFITS:
Your child will not personally benefit from being in this study. However, by serving as a participant, s/he may help us learn how to benefit other young children in the future.

ALTERNATIVES:
You and your child may choose not to be in this study.

CONFIDENTIALITY:
Your child's name or your child's identity will not be used for publication or publicity purposes.

Each child's drawing, written survey, and audio-tape and transcript will be identified and referred to using an assigned number that is not connected to your child's name.

Drawings, written materials, and audio-tapes will be kept secure and locked.

Under Iowa Law, suspected child abuse or neglect must be reported to appropriate authorities.

COSTS:
There is no anticipated cost to the participants. Parents will be given up to one dollar for street parking. Children will be given a small bag of art supplies.

LIABILITY:
The Oregon Health & Science University is subject to the Oregon Tort Claims Act (ORS 30.260 through 30.300). If your child suffers any injury and damage from this research project through the fault of the University, its officers or employees, you have the right to bring legal action against the University to recover the damage done to you subject to the limitations and conditions of the Oregon Tort Claims Act. You have not waived your legal rights by signing this form. For clarification on this subject, or if you have further questions, please call the OHSU Research Integrity Office at (503) 494-7887.

PARTICIPATION:
Martha Driessnack, at (515) 243-7979, is the study contact and she has offered to answer any questions you may have about this study. If you have any questions regarding your or your child's rights as a research participant, you may also contact the OHSU Research Integrity Office at (503) 494-7887.

You do not have to join this or any research study. If you do give permission for your child, and later change your mind, you may withdraw your child at any time with no consequence to either you or your child. If you refuse to give permission for your child to participate there will be no penalty.

If your child becomes fearful or apprehensive, your child may be removed from the study

If your child becomes fearful or apprehensive, your child may be removed from the study prior to the study conclusion.

A copy of the Parental Permission/Consent form will be given to the parent/guardian signing the form.

A Child Assent Form is attached.

SIGNATURES:
Your signature below indicates that you have read this entire form and that you agree to give permission for your child to be in this study.

OREGON HEALTH & SCIENCE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
PHONE NUMBER (503) 494-7887
CONSENT/AUTHORIZATION FORM APPROVAL DATE
NOV 29 2004
APPROVED BY: Marlee Eng
Do Not sign This Form After The Expiration Date Of: 11/28/05

Child's Name (printed): _____ (Child Assent Form attached)

Parent Name/Signature: _____ Date: _____

Investigator Signature: _____ Date: _____

APPENDIX D

Child Assent Form/ Addendum

IRB#: 8563
Protocol Approval Date: _____

OREGON HEALTH & SCIENCE UNIVERSITY
Child Assent Form

TITLE: Eliciting Information From Children About Their Fears – A Mixed Methods Study

PRINCIPAL INVESTIGATOR: Sheila Kodadek, PhD, RN (503) 494-3826

CO-INVESTIGATOR: Martha Driessnack, MSN, ARNP (515) 243-7979

Martha Driessnack has explained this research study to me. I know how it may or may not help me.

Martha Driessnack will ask me to tell her what I will be doing and what will happen during the study. This is to be sure I understand the study.

Martha Driessnack will ask me if I have any questions or want to know anything else about this study.

Martha Driessnack will ask me to explain some of the good things that might happen to me and others if I enter this study. She will also ask me to explain some of the bad things that might happen to me.

I, _____, am _____ years old. I have thought about being a part of this study. I have asked all my questions for now and I know that I can ask questions again whenever I want to. I agree to be in this study. I know that I don't have to be in the study. And even though I agree to be in the study right now, I know I can stop at any time. All I have to do is ask Martha Driessnack or my parents.

If problems come up which could be dangerous, Martha Driessnack will speak with my parents, or in the case of child abuse or neglect, she will also need to speak with the proper authorities.

OREGON HEALTH & SCIENCE UNIVERSITY
PHONE NUMBER (503) 494-7887
CONSENT/AUTHORIZATION FORM APPROVAL DATE
NOV 2 9 2004
APPROVED BY: Marlee Eng
Do Not sign This Form After The
Expiration Date Of: 11/28/05

Name/signature:_____ Date:_____

Document Control No.: IRB-CAS-01
Original Date: 12/04/2002; Revision Date: 02/10/2004

Child Assent Form
Addendum

To be used as a reference when completing the Child Assent Form

- Explain what an "assent" form means
  Assent means what is ok with you
  It also means that you can choose not to do it; right from the start; or at any time during the study

- Explain what this study is all about, including how it may or may not help the child in the study and others
  This study is about trying to find out the best way for adults to learn about kids your age.
  It is trying out two different ways.
  One is to have kids fill out a form on a topic
  The other is to have kids draw and tell about a topic
  The topic for this study will be fear
  By helping with this study you may help both adults and kids in the future

- Explain what the child will be asked to do
  You will be asked to draw a picture that tells about his/her biggest fear and then talk about the picture
  During the time that you are drawing and talking about your picture, a recorder will be taping everything you and I say. This is to help me remember everything you say.
  You will then be given a list of things you may or may not be afraid of and asked to check how much fear you have about it (none, some, or a lot)
  After you finish you will get an art goodie bag to thank you for sharing

- Explain what may happen to the child during the study
  Since you are drawing, talking, and being asked about things you are afraid of, you might feel afraid.
  You will not be alone. Martha Driessnack will be with you the whole time.
  You can stop at any time; just say you want to stop.
  You might also think of a question you want to ask. You can ask questions at any time during the study.

APPENDIX E

Demographic Form

Demographic Form Participant #: _____

Please provide the following information about <u>your child</u>.

Month/year of birth: _____

Ethnicity

- African-American
- Asian-American
- European-American
- Latino-American
- Pacific Islander
- Mixed ethnicity
- Other

Socio-economic status

- No assistance
- Financial need (< $50,000/year)
- Free/reduced lunch (< $21,000/year)

APPENDIX F

Personal Event Narratives

General guidelines and Specific Conversation Map

Personal Event Narrative
General guidelines* and *Specific Conversation Map

General guidelines for narrative elicitation

1. Child participants are much more likely to tell a narrative about their own experiences if the researcher shares one about their own experiences first.

2. Effort needs to be made to minimize the child participants' self-consciousness. The opportunity for children to draw a picture while the narrative is elicited will be offered.

3. During the dialogue with the child participants, the researcher needs to be responsive. A child who is met with no response or silence during narration most often interprets the silence as disinterest and may truncate the narrative.

4. Child participants should not be rushed.

5. The researcher should use *neutral story prompts*. Statements or questions that do not refer to the content of a story but serve to encourage the child participants to continue talking, such as:
    a. Repeating the exact words, used by the child participants, with rising intonation when they pause,
    b. Saying "uh-huh", Is that all?", and "tell me more",
    c. Asking "Then what happened?"

6. The researcher should *avoid* the following directive prompts:
    a. Where did you go?
    b. How did you get there?
    c. How did you feel about that?"
    d. That must have been awful, great, or scary, etc
    e. When did you come home?

Informal Conversation Map to elicit personal event narrative

1. The professional tells a brief narrative about an experience and then asks open-ended questions of the child participants.

2. Child narrative elicitation prompt to be used: *Once something happened to me that was really scary. I am still afraid. More afraid of it than anything else. Do you have something that scares you the most? Tell me about it...*

APPENDIX G

FSSC-R Self-rating Questionnaire/ Survey Tool

SELF-RATING QUESTIONAIRE (FSSC-R)

© Thomas H. Ollendick

Name:_____Age:_____Date:_____

DIRECTIONS: A number of statements which boys and girls use to describe the fears they have are given below. Read each carefully and put an **X** in the box in front of the words that best describe your fear. There are no right or wrong answers. Remember, find the words which best describe how much fear you have.

1. Giving an oral report . . . . . ☐ None ☐ Some ☐ A lot
2. Riding in the car or bus . . . . . ☐ None ☐ Some ☐ A lot
3. Getting punished by mother . . . . . ☐ None ☐ Some ☐ A lot
4. Lizards . . . . . ☐ None ☐ Some ☐ A lot
5. Looking foolish . . . . . ☐ None ☐ Some ☐ A lot
6. Ghosts or spooky things . . . . . ☐ None ☐ Some ☐ A lot
7. Sharp objects . . . . . ☐ None ☐ Some ☐ A lot
8. Having to go to the hospital . . . . . ☐ None ☐ Some ☐ A lot
9. Death or dead people . . . . . ☐ None ☐ Some ☐ A lot
10. Getting lost in a strange place . . . . . ☐ None ☐ Some ☐ A lot
11. Snakes . . . . . ☐ None ☐ Some ☐ A lot
12. Talking on the telephone . . . . . ☐ None ☐ Some ☐ A lot
13. Roller coaster or carnival rides . . . . . ☐ None ☐ Some ☐ A lot
14. Getting sick at school . . . . . ☐ None ☐ Some ☐ A lot
15. Being sent to the principal . . . . . ☐ None ☐ Some ☐ A lot
16. Riding on the train . . . . . ☐ None ☐ Some ☐ A lot
17. Being left at home with a sitter . . . . . ☐ None ☐ Some ☐ A lot
18. Bears or wolves . . . . . ☐ None ☐ Some ☐ A lot
19. Meeting someone for the first time . . . . ☐ None ☐ Some ☐ A lot
20. Bombing attacks—being invaded . . . . . ☐ None ☐ Some ☐ A lot
21. Getting a shot from the nurse or doctor. . . ☐ None ☐ Some ☐ A lot
22. Going to the dentist . . . . . ☐ None ☐ Some ☐ A lot
23. High places like mountains . . . . . ☐ None ☐ Some ☐ A lot
24. Being teased . . . . . ☐ None ☐ Some ☐ A lot

(continued on back)

25. Spiders . . . . . ☐ None ☐ Some ☐ A lot
26. A burglar breaking into our house . . . . . ☐ None ☐ Some ☐ A lot
27. Flying in an airplane . . . . . ☐ None ☐ Some ☐ A lot
28. Being called on by the teacher . . . . . ☐ None ☐ Some ☐ A lot
29. Getting poor grades . . . . . ☐ None ☐ Some ☐ A lot
30. Bats or birds . . . . . ☐ None ☐ Some ☐ A lot
31. My parents criticizing me . . . . . ☐ None ☐ Some ☐ A lot
32. Guns . . . . . ☐ None ☐ Some ☐ A lot
33. Being in a fight . . . . . ☐ None ☐ Some ☐ A lot
34. Fire—getting burned . . . . . ☐ None ☐ Some ☐ A lot
35. Getting a cut or injury . . . . . ☐ None ☐ Some ☐ A lot
36. Being in a big crowd . . . . . ☐ None ☐ Some ☐ A lot
37. Thunderstorms . . . . . ☐ None ☐ Some ☐ A lot
38. Having to eat some food I don't like . . . . ☐ None ☐ Some ☐ A lot
39. Cats . . . . . ☐ None ☐ Some ☐ A lot
40. Failing a test . . . . . ☐ None ☐ Some ☐ A lot
41. Being hit by a car or truck . . . . . ☐ None ☐ Some ☐ A lot
42. Having to go to school . . . . . ☐ None ☐ Some ☐ A lot
43. Playing rough games during recess . . . . ☐ None ☐ Some ☐ A lot
44. Having my parents argue . . . . . ☐ None ☐ Some ☐ A lot
45. Dark rooms or closets . . . . . ☐ None ☐ Some ☐ A lot
46. Having to put on a recital . . . . . ☐ None ☐ Some ☐ A lot
47. Ants or beetles . . . . . ☐ None ☐ Some ☐ A lot
48. Being criticized by others . . . . . ☐ None ☐ Some ☐ A lot
49. Strange looking people . . . . . ☐ None ☐ Some ☐ A lot
50. The sight of blood . . . . . ☐ None ☐ Some ☐ A lot
51. Going to the doctor . . . . . ☐ None ☐ Some ☐ A lot
52. Strange or mean looking dogs . . . . . ☐ None ☐ Some ☐ A lot
53. Cemeteries . . . . . ☐ None ☐ Some ☐ A lot
54. Getting a report card . . . . . ☐ None ☐ Some ☐ A lot
55. Getting a haircut . . . . . ☐ None ☐ Some ☐ A lot
56. Deep water or the ocean . . . . . ☐ None ☐ Some ☐ A lot
57. Nightmares . . . . . ☐ None ☐ Some ☐ A lot

(Continued on next page)

58. Falling from high places . . . . . ☐ None ☐ Some ☐ A lot
59. Getting a shock from electricity . . . . . ☐ None ☐ Some ☐ A lot
60. Going to bed in the dark . . . . . ☐ None ☐ Some ☐ A lot
61. Getting car sick . . . . . ☐ None ☐ Some ☐ A lot
62. Being alone . . . . . ☐ None ☐ Some ☐ A lot
63. Having to wear clothes different from others. ☐ None ☐ Some ☐ A lot
64. Getting punished by my father . . . . . ☐ None ☐ Some ☐ A lot
65. Having to stay after school . . . . . ☐ None ☐ Some ☐ A lot
66. Making mistakes . . . . . ☐ None ☐ Some ☐ A lot
67. Mystery movies . . . . . ☐ None ☐ Some ☐ A lot
68. Loud sirens . . . . . ☐ None ☐ Some ☐ A lot
69. Doing something new . . . . . ☐ None ☐ Some ☐ A lot
70. Germs or getting a serious illness . . . . . ☐ None ☐ Some ☐ A lot
71. Closed spaces . . . . . ☐ None ☐ Some ☐ A lot
72. Earthquakes . . . . . ☐ None ☐ Some ☐ A lot
73. Terrorists . . . . . ☐ None ☐ Some ☐ A lot
74. Elevators . . . . . ☐ None ☐ Some ☐ A lot
75. Dark places . . . . . ☐ None ☐ Some ☐ A lot
76. Not being able to breathe . . . . . ☐ None ☐ Some ☐ A lot
77. Getting a bee sting . . . . . ☐ None ☐ Some ☐ A lot
78. Worms or snails . . . . . ☐ None ☐ Some ☐ A lot
79. Rats or mice . . . . . ☐ None ☐ Some ☐ A lot
80. Taking a test . . . . . ☐ None ☐ Some ☐ A lot

The End

APPENDIX H

FSSC-R Scoring Procedure

FSSC-R Scoring Procedures

Record 1 ("none"), 2 ("some"), or 3 ("a lot") for each item. To determine total scores for each factor, sum across items within each factor. To determine the overall total score, sum across all items (80-240). To determine frequency scores (i.e., the number of fears endorsed "a lot"), total the number of items scored 3 across each of the factors of the schedule as a whole

Failure and Criticism

1 ____	15 ____	29 ____	42 ____	54 ____	66 ____
3 ____	19 ____	31 ____	44 ____	63 ____	69 ____
5 ____	24 ____	38 ____	46 ____	64 ____	80 ____
14 ____	28 ____	40 ____	48 ____	65 ____	

Total Score _____

Frequency _____

The Unknown

6 ____	17 ____	45 ____	56 ____	62 ____	71 ____
9 ____	36 ____	49 ____	57 ____	67 ____	74 ____
13 ____	37 ____	53 ____	60 ____	68 ____	75 ____

Total Score _____

Frequency _____

Minor Injury and Small Animals

4 ____	18 ____	32 ____	39 ____	50 ____	78 ____
7 ____	25 ____	33 ____	43 ____	52 ____	79 ____
11 ____	30 ____	35 ____	47 ____	77 ____	

Total Score _____

Frequency _____

Danger and Death

10 ____	26 ____	58 ____	72 ____
20 ____	34 ____	59 ____	73 ____
23 ____	41 ____	70 ____	76 ____

Total Score _____

Frequency _____

Medical Fears

8 ____	22 ____
21 ____	51 ____

Total Score _____

Frequency _____

Miscellaneous Items

2 ____	27 ____
12 ____	55 ____
16 ____	61 ____

Total Score _____

Frequency _____

FSSC-R Total Score _____

FSSC-R Frequency Total _____

Normative Data

Age and Sex	Frequency of fears endorsed "a lot" (range 0 - 74)	Intensity of Fears Mean Total Score (range = 80 - 240)	
		M	(SD)
7-10	17	139	(28)
11-13	13	133	(24)
14-16	12	129	(24)
Boys	10	125	(24)
Girls	18	144	(24)
Total		132	(24)

Means and Standard Deviations of Intensity Scores for Fear Factor

Factor	7-10		11-13		14-16		Boys		Girls	
	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Failure and Criticism	39	(8.3)	39	(7.6)	37	(7.9)	36	(7.8)	40	(7.6)
The Unknown	29	(7.5)	27	(6.4)	26	(6.2)	25	(6.3)	30	(6.8)
Minor Injury and Samll Animals	28	(7.5)	27	(6.4)	26	(6.1)	24	(5.8)	30	(6.6)
Danger and Death	26	(6.4)	25	(6.0)	24	(6.0)	23	(5.9)	27	(5.8)
Medical Fears	7	(2.1)	7	(2.2)	7	(2.1)	6	(2.0)	7	(2.2)

Normative data are from "Fears in Children and Adolescents: Reliability and Generalizability across Gender, Age, and Nationality" by T.H. Ollendick, N.J. King, and R.B. Frary, 1989, Behaviour Research and Therapy, 27, 19-26. Copyright 1989 by Pergammon Press

APPENDIX I

Individual Child Participants Demographics and FSSC-R Scores

Appendix I

Key

Gender 1 = Female
2 = Male

Socioeconomic status
1 = Free/reduced lunch (< $25,000/year)
2 = Financial need (between $25,000- $50,000/year)
3 = No financial assistance

Ethnicity
1 = Asian American
2 = African American
3 = European American
4 = Latino
5 = Pacific Islander

Draw/tell [time] = time elapsed (in minutes) for the draw/tell dialogue activity
FSSC-R [time] = time elapsed (in minutes) for completion of the FSSC-R survey
Total [time] = time elapsed for completion of both the draw/tell dialogue and FSSC-R survey

FSSC-R Frequency Score = total number of items scored A LOT (3)
FSSC-R Total Score = total score of all items combined
Factor Scores = total score of all items by factor
Failure and Criticism
The Unknown
Minor Injury and Small Animals
Danger and Death
Medical Fears

	Gender	Ethnicity	SES	Age	Draw/tell [time]	FSSC-R [time]	Total [time]	FSSC-R Frequency Total	FSSC-R Total Score	Failure and Criticism	The Unknown	Minor Injury and Small Animals	Danger and Death	Medical Fears
1	2	3	3	7.8	12	25	37	15	118	30	26	22	29	8
2	2	1	3	7.5	6	18	24	31	155	32	35	36	34	11
3	2	1	1	7.4	6	19	25	22	128	40	31	30	22	5
4	2	4	2	8	6	16	22	8	131	40	33	27	15	6
5	1	3	3	8.1	22	20	52	0	89	22	18	18	20	5
6	1	3	3	7.8	6	28	34	35	165	43	38	40	27	8
7	2	3	2	7.9	7	18	25	19	136	41	30	19	30	9
8	1	2	2	8.1	8	27	35	31	160	47	29	41	29	4
9	2	4	1	8	8	19	27	8	112	38	31	23	26	6
10	1	1	2	8.2	6	16	22	34	172	51	37	40	35	11
11	2	3	1	7.5	7	18	25	42	179	41	39	47	36	8
12	1	4	1	8	10	29	37	27	152	50	35	26	25	8
13	1	3	3	8.1	7	24	31	22	145	46	23	33	30	6
14	2	3	3	8	6	24	30	12	121	33	27	22	26	7
15	2	3	3	8.3	6	25	31	15	131	36	23	26	33	6
16	2	3	2	8.5	8	23	31	19	159	52	26	30	32	9
17	2	5	2	7.8	6	18	24	24	134	24	36	26	36	6
18	2	2	2	7.7	10	24	34	14	126	33	22	31	23	7
19	1	3	1	8.3	7	16	23	8	116	31	21	25	24	9
20	2	4	1	8.1	7	18	25	34	163	32	41	37	29	9
21	2	3	2	7.9	8	18	26	9	134	32	28	28	32	6
22	2	2	2	8.1	9	24	33	24	141	33	27	30	35	10
			Mean	*8.0*	*8.0*	*21*	*30*							
			SD	*(0.3)*	*(3.5)*	*(4)*	*(7)*							

APPENDIX J

Children's Drawings and Accompanying Narratives

HELP! It's getting darker...

Participant #1

Male
7.8 years
European American

Participant #1

Researcher: Now tell me about this picture you have made...

Participant: Ok. [pause] Two things. So [pause] I just made this [the paper], you know, in half. This is -[pause] it's dark on the TV. It's dark in the room too. But it's g-e-t-t-i-n-g (spoken slowly) dark in the movie. It's really dark, or it's getting really dark, and [pause] you know that's when something scary is going to happen. You know [pause] You know it. So you get scared. You know. [pause]

Researcher: So you are most afraid when it suddenly gets darker?

Participant: Yeah. Like I said. [pause]

Researcher: Where are you in this picture?

Participant: I am out here [pointing off the page]. I couldn't really draw that because then I would be in front of the TV, [pause] but I'm here and maybe there are other people, [pause] like my parents, [pause] but they are WAY, WAY, WAY back. They are back too far. [pause] I mean I'm here, I'm here [pause] between them and the TV. The room is dark too. This is the door. But you can't see it in the dark. [pause] you can't them in the dark either [pause] really [pause].

Researcher: Is there anything else you would like to tell me about this part of the picture?

Participant: No [pause]

Researcher: What is this picture this picture all about (pointing to other half of picture)?

Participant: Well [pause] this is my bedroom. It's dark, you know. At night I used to have a headlight to use but it's broken. I have a light but it is over there [pause] too far for me to turn on [pause]and I might fall if I try to turn it on [pause].

Researcher: Where are you in this picture?

Participant: Here. [pointing to the bed] And this is my pillow. And these are the drawers. Two drawers under my bed. It's [pointing to the bed] high off the ground [pause] You can see my room is blue, but the black is the dark [pause] and you can't know it's blue really. And this is a design, sort of, that goes all around my room and sometimes you can see it [pause] but mostly not. And the door is way over here, [pause] way far [pause] you can't see it. It's too dark. [pause]

Researcher: Is there anyone else in the room?

Participant: No, [pause]or, well, you don't know [pause] because it's dark. You are a far away from the door. And it is closed now. Because you are supposed to be asleep. But if you aren't [pause] it's dark and sometimes it gets darker [pause]

Researcher: So you are most afraid of the dark.

Participant: Not the dark, just [pause] when it gets darker, you know something is going to happen. You just wait there and hope it doesn't. You can't do anything, just wait and hope that it, [pause] that you go to sleep first. If you open your eyes after you close them it, you know, gets darker, and then that gets worse. [pause] So you should close them and not open them, but sometimes you forget and you do. Then you're sorry [pause]

Researcher: Sorry?

Participant: You know, cause then you're scared and the door is closed and all, and too far away [pause]. Everyone is too far away, you know [pause] You're alone. [pause]

Researcher: Is there anything else you want to tell me about this?

Participant: No.

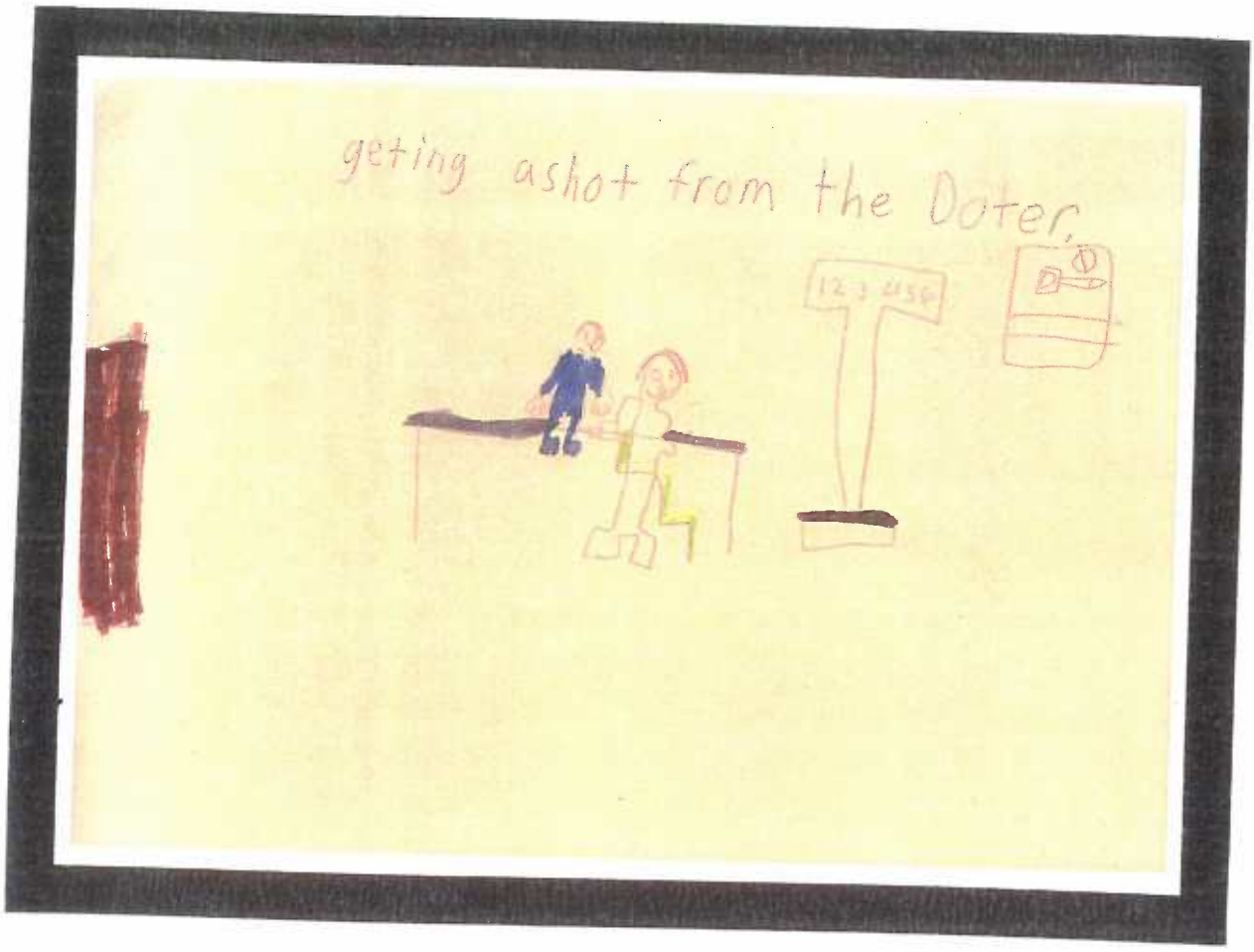
Researcher: Ok. Let's do the next thing. You can come back to this if you want to after that. Ok?

Participant: Ok.

Participant #1 (parsed into clauses)

Now tell me about this picture you have made
Ok. [pause] Two things
So [pause] I just made this [the paper], you know, in half
This is [pause] it's dark on the TV.
It's dark in the room too.
But it's g-e-t-t-i-n-g (spoken slowly) dark in the movie
It's really dark,
or it's getting really dark,
and [pause] you know that's when something scary is going to happen, you know
[pause]
You know it.
So you get scared. You know. [pause]
So you are most afraid when it suddenly gets darker?
Yeah. Like I said. [pause]
Where are you in this picture?
I am out here [pointing off the page].
I couldn't really draw that because then I would be in front of the TV, [pause]
but I'm here
and maybe there are other people, [pause] like my parents, [pause]
but they are WAY, WAY, WAY back.
They are back too far. [pause]
I mean I'm here,
I'm here [pause] between them and the TV.
The room is dark too.
This is the door.
But you can't see it in the dark. [pause]
you can't them in the dark either [pause] really [pause]
Is there anything else you would like to tell me about this part of the picture?
No [pause]
What is this picture all about (pointing to other half of picture)?
Well [pause] this is my bedroom.
It's dark, you know.
At night I used to have a headlight to use
but it's broken.
I have a light
but it is over there [pause]
too far for me to turn on [pause]
and I might fall if I try to turn it on [pause].
Where are you in this picture?
Here. [pointing to the bed]
And this is my pillow.
And these are the drawers.
Two drawers under my bed.
It's [pointing to the bed] high off the ground [pause]

You can see my room is blue,
but the black is the dark [pause]
and you can't know it's blue really.
And this is a design, sort of, that goes all around my room
and sometimes you can see it
[pause] but mostly not.
And the door is way over here, [pause] way far [pause]
you can't see it.
It's too dark. [pause]
Is there anyone else in the room?
No, [pause]
or, well, you don't know [pause]
because it's dark.
You are a far away from the door.
And it is closed now.
Because you are supposed to be asleep.
But if you aren't [pause] it's dark
and sometimes it gets darker [pause]
So you are most afraid of the dark.
Not the dark,
just [pause] when it gets darker,
you know something is going to happen.
You just wait there
and hope it doesn't.
You can't do anything,
just wait
and hope that it, [pause] that you go to sleep first.
If you open your eyes after you close them it, you know, gets darker,
and then that gets worse. [pause]
So you should close them
and not open them,
but sometimes you forget and you do.
Then you're sorry [pause]
Sorry?
You know, cause then you're scared
and the door is closed and all,
and too far away [pause]
Everyone is too far away, you know [pause]
You're alone. [pause]
Is there anything else you want to tell me about this?
No.
Ok. Let's do the next thing. You can come back to this if you want to after that. Ok?
Ok.



Nothing you can do....

Participant #2

Male
7.5 years
Asian-American

Participant #2

Researcher: So, tell me all about your picture...

Participant: Well, [pause] I'm going to the doctor. [pause] I'm going to the doctor and I have to get a shot. I don't want to get the shot. [pause] These are the stairs you go up [pointing to the picture]. Then he comes over, from over there, where the shots are. You know he is coming. You are getting it and you can't do anything. He doesn't need the stairs. [pause] Then you cry. You can't do anything else. You just cry. [pause]

Researcher: Oh... [pause]

Participant: [pause] This is the scale. He does that first. You weigh, I mean he weighs you and sees how tall you are and all. That always happens. Then you watch if he goes over THERE [pause] to the shots. He doesn't always go. Get a shot, you know. But you know because if he is going there, you're going to get it. You know that [pause]. The door is way over there. It's closed and all [pause] so no one can hear you. He stands by the stairs. [pause]

Researcher: Where are you in this picture?

Participant: This is me (on examining table). See the shot. [pause]

Researcher: What are you doing?

Participant: There's nothing you can do. [pause] You can't get away [pause]

Researcher: Is there anyone else around to help you?

Participant: No. [pause] My mom brought me but [pause] she's not in the room, see [pause] No, no one is really around [pause]

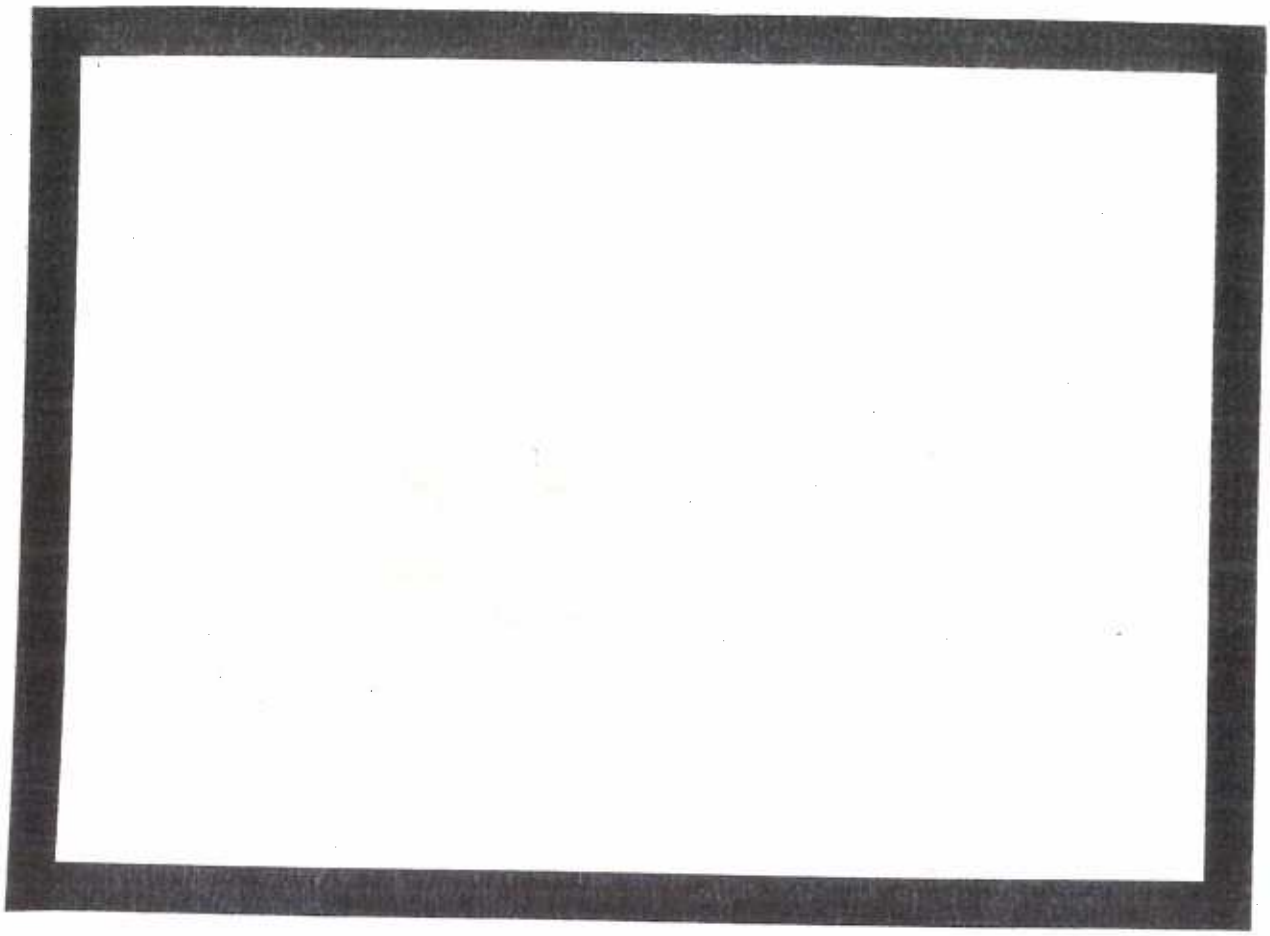
Researcher: Is there anything else you want to tell me about being afraid in this picture?

Participant: No. Nothing more. [pause]

Researcher: Ok. Then let's do this next part we talked about. If you want to come back to this we can.

Participant #2 (parsed into clauses)

So, tell me all about your picture...
Well, [pause] I'm going to the doctor. [pause]
I'm going to the doctor
and I have to get a shot.
I don't want to get the shot. [pause]
These are the stairs you go up [pointing to the picture].
Then he comes over, from over there, where the shots are.
You know he is coming.
You are getting it
and you can't do anything.
He doesn't need the stairs. [pause]
Then you cry.
You can't do anything else.
You just cry. [pause]
Oh... [pause]
[pause] This is the scale.
He does that first.
You weigh, I mean he weighs you
and sees how tall you are and all.
That always happens.
Then you watch if he goes over THERE [pause] to the shots.
He doesn't always go.
Get a shot, you know.
But you know because if he is going there,
you're going to get it.
You know that [pause].
The door is way over there.
It's closed and all [pause]
so no one can hear you.
He stands by the stairs. [pause]
Where are you in this picture?
This is me (on examining table).
See the shot. [pause]
What are you doing?
There's nothing you can do. [pause]
You can't get away [pause]
Is there anyone else around to help you?
No. [pause]
My mom brought me
but [pause] she's not in the room, see [pause]
No, no one is really around [pause]
Is there anything else you want to tell me about being afraid in this picture?
No. Nothing more. [pause]
Then let's do this next part we talked about. If you want to come back to this we can.



Hiding out by yourself

Participant #3

Male
7.4 years
Asian-American

Participant #3

Researcher: Just let me know when you are ready to talk ... [pause]

Participant: Ok. [pause]

Researcher: Are you ready? [child nods]. Go ahead. Tell me what it is you are most afraid of. I can't wait to hear your story.

Participant: Well [pause] this is a cutting head. The head is cut off. The head. [pause] The man lost his head. It's gone. [pause]

Researcher: What makes this scary?

Participant: He has no head! [pause, looks up at researcher] It is cut off! So he can't be in charge of himself [pause] He can't control his hands or feet.
See. [pointing to drawing with no hands or feet] They're gone. [pause]
You lose your ead [pause] you lose control. [pause]

Researcher: What is this?

Participant: It is a pumpkin. [pause] You smash it [pause] You smash pumpkins when you lose your head. [pause]

Researcher: How do you lose your head?

Participant: Well, I don't know really. Maybe bad guys. [pause] Maybe bad guys cut it off. Or they take it away. Maybe with drugs or something. [pause] You don't get it back when you lose it. It's gone. No one can help. You can't find it. [pause] You could use the pumpkin if you don't smash it. But you'll probably smash it because you have no head. [pause]

Researcher: Where are you in this picture?

Participant: I'm hiding. [pause] Here (points off the page) [pause]

Researcher: Is that scary?

Participant: Yeah. [pause] You have to hide for a long time sometimes. [pause]

Researcher: Is anyone there with you?

Participant: No. [pause] you're alone. No one is knowing you're there until you come out. But when you are there no one knows it. You are by yourself. [pause]That's the scary part. [pause]

Researcher: Is it scarier to be hiding or to be around the man who lost his head?

Participant: You wouldn't be hiding less he was there, so they are together. [pause] You wouldn't be hiding if someone could help you. See? [pause]

Researcher: Is there anything else you want to tell me?

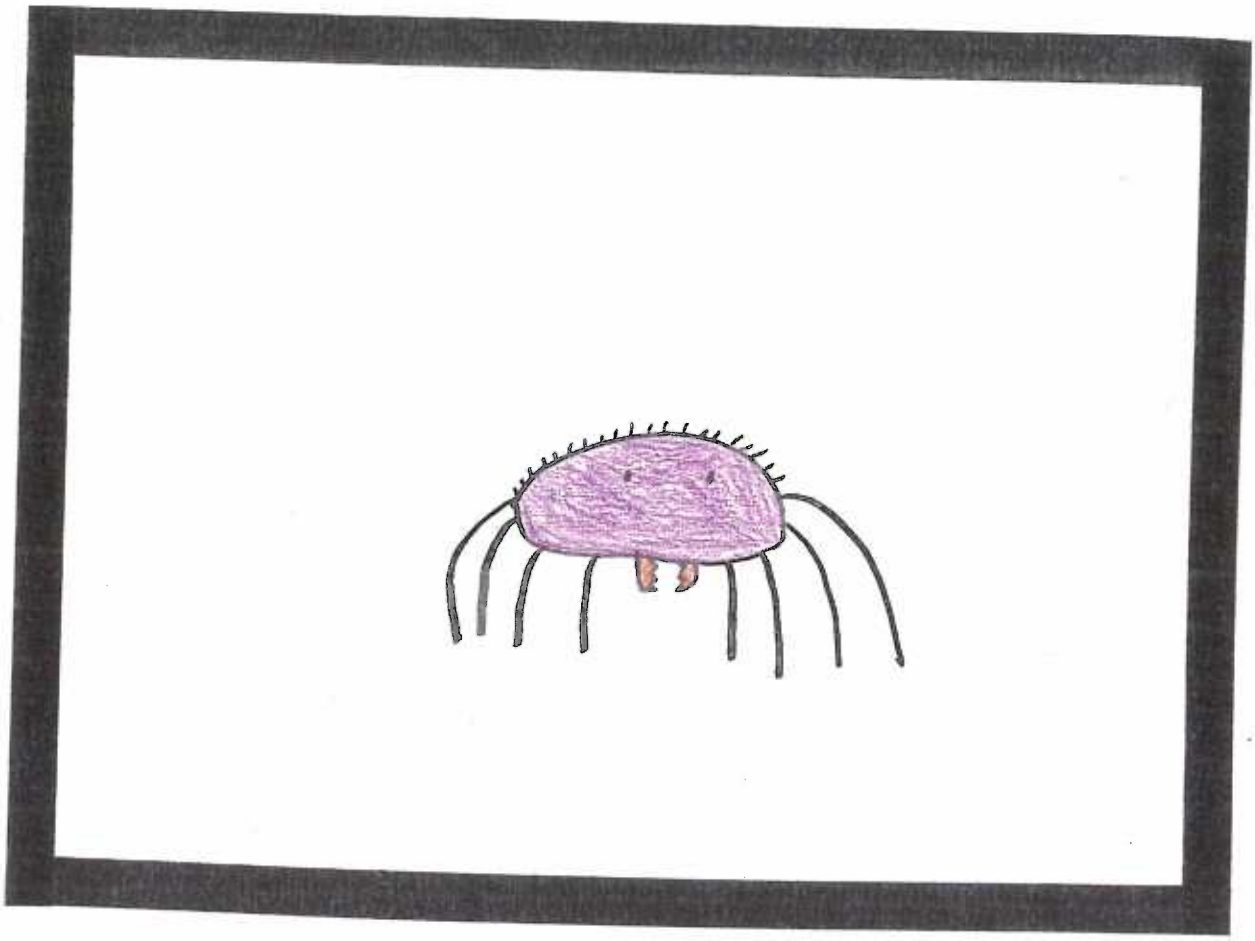
Participant: No. [pause]

Researcher: Ok. Let's do this next part I told you about. You can come back to this if you want to at any time. Just let me know.

Participant #3 (parsed into clauses)

Just let me know when you are ready to talk ... [pause]
Ok. [pause]
Are you ready?
[child nods].
Go ahead.
Tell me what it is you are most afraid of.
I can't wait to hear your story.
Well [pause] this is a cutting head.
The head is cut off. The head. [pause]
The man lost his head.
It's gone. [pause]
What makes this scary?
He has no head! [pause, looks up at researcher]
It is cut off!
So he can't be in charge of himself [pause]
He can't control his hands or feet.
See. [pointing to drawing with no hands or feet]
They're gone. [pause]
You lose your head [pause] you lose control. [pause]
What is this?
It is a pumpkin. [pause]
You smash it [pause]
You smash pumpkins when you lose your head. [pause]
How do you lose your head?
Well, I don't know really.
Maybe bad guys. [pause]
Maybe bad guys cut it off.
Or they take it away.
Maybe with drugs or something. [pause]
You don't get it back when you lose it.
It's gone.
No one can help.
You can't find it. [pause]
You could use the pumpkin if you don't smash it.
But you'll probably smash it because you have no head. [pause]
Where are you in this picture?
I'm hiding. [pause]
Here (points off the page) [pause]
Is that scary?
Yeah. [pause]
You have to hide for a long time sometimes. [pause]
Is anyone there with you?
No. [pause] you're alone.
No one is knowing you're there until you come out.

But when you are there no one knows it.
You are by yourself. [pause]
That's the scary part. [pause]
Is it scarier to be hiding or to be around the man who lost his head?
You wouldn't be hiding less he was there, so they are together. [pause]
You wouldn't be hiding if someone could help you.
See? [pause]
Is there anything else you want to tell me?
No. [pause]
Ok. Let's do this next part I told you about. You can come back to this if you want to at any time. Just let me know.



Helpless, and all...

Participant #4

Male
8 years
Latino

Participant #4

Researcher: Are you ready? [child nods]. Go ahead. I can't wait to hear your story.

Child: Well, [pause] I am most afraid of spiders. That is what this is (points to drawing of spider) A spider. [pause] But really it's the spider web. [looks up at researcher][pause] You can't see it. Then if you aren't careful, they can get you. If you don't get it off right away and wash it, you know, it could get you. [pause] Then no one can help you. [pause] The web comes out of here [points to mouth of spider]. You can't see it. See. [points to open empty space on drawing] You can't see it. [pause]

Researcher: So you are most afraid of getting caught in a spider web.

Child: Yeah. Because if you don't get out. They get you. They come out and wrap more of it, you know, the sticky stuff, it goes all around you and it'll leave you there to eat little by little. [pause]

Researcher: Where are you in this picture?

Child: I am already eaten up. See how big the spider is. And it's turned purple from my shirt. (points to own shirt, which is purple) [pause] And it still has blood on its lips. (points to mouth of spider) [pause]

Researcher: The spider doesn't look very scary to me.

Child: It's not the spider that is scary! It is the spider WEB . You can't see it. And no one can help you. [pause] Once you're stuck. The spider numbs you – you won't feel that part. But it could take awhile, you know. Till it numbs you. That whole time is scary. You can't get out. You know, just waiting there. [pause] You have to be careful. [pause] Careful. Really careful. Especially when you're alone. No one can help you get it off, you know. [pause]

Researcher: Is there anything else you want to tell me?

Child: No. [pause]

Researcher: Ok. Let's go on to the next thing. You can come back to this at any time you want...

Participant #4 (parsed into clauses)

Are you ready?
[child nods]
Go ahead. I can't wait to hear your story.
Well, [pause] I am most afraid of spiders.
That is what this is (points to drawing of spider)
A spider. [pause]
But really it's the spider web. [looks up at researcher][pause]
You can't see it.
Then if you aren't careful,
they can get you.
If you don't get it off right away
and wash it, you know,
it could get you. [pause]
Then no one can help you. [pause]
The web comes out of here [points to mouth of spider].
You can't see it.
See. [points to open empty space on drawing]
You can't see it. [pause]
So you are most afraid of getting caught in a spider web.
Yeah. Because if you don't get out.
They get you.
They come out and wrap more of it, you know,
the sticky stuff,
it goes all around you
and it'll leave you there to eat little by little. [pause]
Where are you in this picture?
I am already eaten up.
See how big the spider is.
And it's turned purple from my shirt. (points to own shirt, which is purple) [pause]
And it still has blood on its lips. (points to mouth of spider) [pause]
The spider doesn't look very scary to me.
It's not the spider that is scary!
It is the spider WEB .
You can't see it.
And no one can help you. [pause]
Once you're stuck.
The spider numbs you – you won't feel that part.
But it could take awhile, you know.
Till it numbs you.
That whole time is scary.
You can't get out.
You know, just waiting there. [pause]
You have to be careful. [pause]
Careful.

Really careful.
Especially when you're alone.
No one can help you get it off, you know. [pause]
Is there anything else you want to tell me?
No. [pause]
Ok. Let's go on to the next thing. You can come back to this at any time you want...

Participant #5

Researcher: The thing that scares you the most. I want you to tell me all about it. If you want, you can draw it first and then tell me.

Participant: I'm not really scared of a lot of things. [pause] Only if someone surprises me. And that hasn't happened in a long time. [pause] I'm a good drawer but I don't know how to draw that. [pause]

Researcher: Do you want just to tell me about it? Tell me what happens when someone surprises you?

Participant: Well ... [takes paper and pencil...] [talks while drawing] I can draw it a little. I like doing stick people, but I can draw real people too, if I take my time. I'm very, very good [pause] at drawing. I've had a lot of practice. I told you I'm very very very good at drawing. A little jump. (points to arrow in drawing) You know, Bobby, he's my brother, he's quiet. And then he comes around the corner, and even though you know after it that it's him, I get really scared till I know that. He just says hello to me and I jump. [pause] Because I don't know he's there. Because I'm not ready for him, you know, I'm not ready. [pause] If I know he's there, it's not scary. But when you don't know it, then it scares me. I'm good, I mean I'm not scared of anything really because I know it and if I don't know it, sometimes I can think of reasons to be scared of it, but really I'm not. I only get scared if I'm **surprised** by someone, like Bobby. Mostly Bobby. I guess. [pause] He's not scary, just sometimes when he surprises me. It takes a little while to not be scared. [pause] after, I mean [pause] (continues to draw but stops talking....)
[looks up at researcher and puts down pencil]

Researcher: Are you all done?

Participant: Yes. Now do you believe me that I'm a good drawer?

Researcher: Yes, I do.

Participant: This is my brother, Bobby. He's coming along. He's just walking into the picture and says Hi Katie. This is the corner. This is the bathroom. He has a dragon on his shirt with writing but it doesn't matter what it says so I just do it like this [points to scribbles]. I don't have enough room to write all of it here. He has curly hair. This is me. This means I jumped already. Now I'm smiling because I know it's him now. This is after.

Researcher: Is there anything else you want to tell me?

Participant: Nope. [pause]

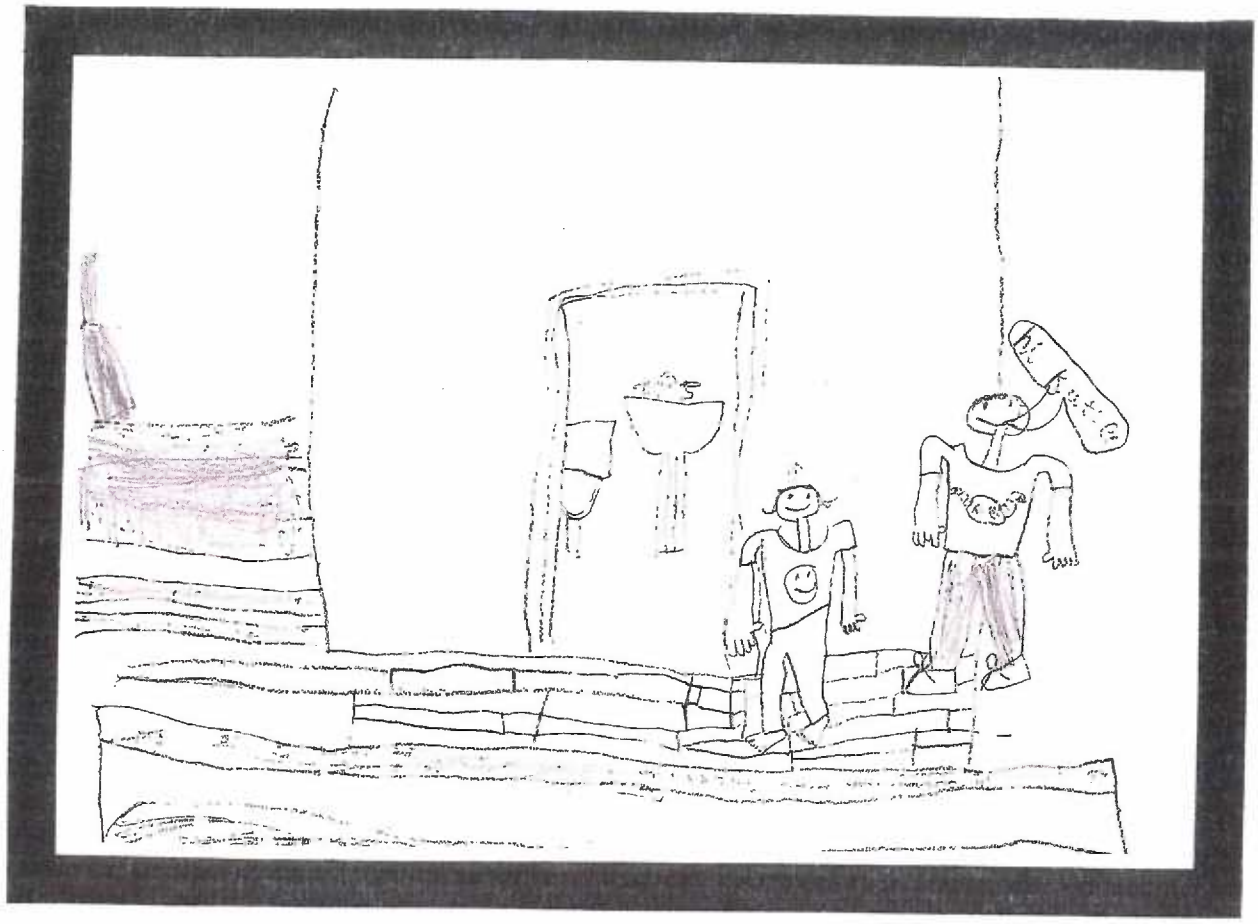
Participant #5 (parsed into clauses)

The thing that scares you the most.
I want you to tell me all about it.
If you want, you can draw it first and then tell me.
I'm not really scared of a lot of things. [pause]
Only if someone surprises me.
And that hasn't happened in a long time. [pause]
I'm a good drawer
but I don't know how to draw that. [pause]
Do you want just to tell me about it?
Tell me what happens when someone surprises you?
Well ... [takes paper and pencil...] [talks while drawing] I can draw it a little.
I like doing stick people,
but I can draw real people too,
if I take my time.
I'm very, very good [pause] at drawing.
I've had a lot of practice.
I told you I'm very very very good at drawing.
A little jump. (points to arrow in drawing)
You know, Bobby, he's my brother,
he's quiet.
And then he comes around the corner,
and even though you know after it that it's him
I get really scared till I know that.
He just says hello to me
and I jump. [pause]
Because I don't know he's there.
Because I'm not ready for him, you know,
I'm not ready. [pause]
If I know he's there, it's not scary.
But when you don't know it,
then it scares me.
I'm good,
I mean I'm not scared of anything really because I know it
and if I don't know it,
sometimes I can think of reasons to be scared of it,
but really I'm not.
I only get scared if I'm **surprised** by someone,
like Bobby.
Mostly Bobby.
I guess. [pause] He's not scary,
just sometimes when he surprises me.
It takes a little while to not be scared. [pause] after, I mean [pause]

continues to draw but stops talking....

[looks up at researcher and puts down pencil]

Are you all done?
Yes. Now do you believe me that I'm a good drawer?
Yes, I do.
This is my brother, Bobby.
He's coming along.
He's just walking into the picture
and says Hi Katie.
This is the corner.
This is the bathroom.
He has a dragon on his shirt with writing
but it doesn't matter what it says
so I just do it like this [points to scribbles].
I don't have enough room to write all of it here.
He has curly hair.
This is me.
This means I jumped already.
Now I'm smiling
because I know it's him now.
This is after.
Is there anything else you want to tell me?
Nope. [pause]



I didn't see it coming!

Participant #5

Female
8.1 years
European American

Participant #6

Researcher: Ok. Now tell me about this picture. It looks very interesting.

Participant: Do you know what this is? [pointing to "spider"] [pause, looks up at researcher] [pause]

Researcher: No, I'm not sure. What is it?

Participant: It is a tarantula. [pause] It has gotten out. Out of it's cage. Do you know about tarantulas? [pause]

Researcher: Not too much. ..

Participant: Well, ONE of them can kill you. [pause] With ONE bite. They can sneak up on you and then [puts hands around neck like being choked] you don't even feel it, I don't think, and you're dead. Just like that. [pause] You see. You might not even know you are about to get it [pause]

Researcher: Where are you in this picture?

Participant: Over here [points off the page] But this time I see it. See how it is coming this way. But this time I know it is coming so even so I am afraid but I can get away. [pause] 'cause I know. But if you don't know. Well, [pause] you know, that's why I'm scared, 'cause I might not see it. [pause]

Researcher: I see...

Participant: Did you ever see one? There is one at the Science Center. I saw it. And the man took it out. Then put it back, but the top part is really loose. [pause] He didn't even put a rock on it or anything. On the top, you know. So it could come out, you know, [pause] get out. And no one would know. [pause] They don't make any noise. They're not like other animals. [pause] You know snakes ssssssss or rattle. I heard them. [pause]. Not tarantulas. Not spiders either, but they don't kill you, [pause] you see. [pause]

Researcher: Is there anything else you can tell me?

Participant: No [pause] Do you know enough now? [pause]

Researcher: Yes, unless you have more to tell me.

Participant: Nope, that's it. [pause] except be careful. You can't hear it coming.

Researcher: Ok. Let's do the next part then. We can come back to this if you want later.

Participant #6

Researcher: Ok. Now tell me about this picture. It looks very interesting.

Participant: Do you know what this is? [pointing to "spider"] [pause, looks up at researcher] [pause]

Researcher: No, I'm not sure. What is it?

Participant: It is a tarantula. [pause] It has gotten out. Out of it's cage. Do you know about tarantulas? [pause]

Researcher: Not too much. ..

Participant: Well, ONE of them can kill you. [pause] With ONE bite. They can sneak up on you and then [puts hands around neck like being choked] you don't even feel it, I don't think, and you're dead. Just like that. [pause] You see. You might not even know you are about to get it [pause]

Researcher: Where are you in this picture?

Participant: Over here [points off the page] But this time I see it. See how it is coming this way. But this time I know it is coming so even so I am afraid but I can get away. [pause] 'cause I know. But if you don't know. Well, [pause] you know, that's why I'm scared, 'cause I might not see it. [pause]

Researcher: I see...

Participant: Did you ever see one? There is one at the Science Center. I saw it. And the man took it out. Then put it back, but the top part is really loose. [pause] He didn't even put a rock on it or anything. On the top, you know. So it could come out, you know, [pause] get out. And no one would know. [pause] They don't make any noise. They're not like other animals. [pause] You know snakes ssssssss or rattle. I heard them. [pause]. Not tarantulas. Not spiders either, but they don't kill you, [pause] you see. [pause]

Researcher: Is there anything else you can tell me?

Participant: No [pause] Do you know enough now? [pause]

Researcher: Yes, unless you have more to tell me.

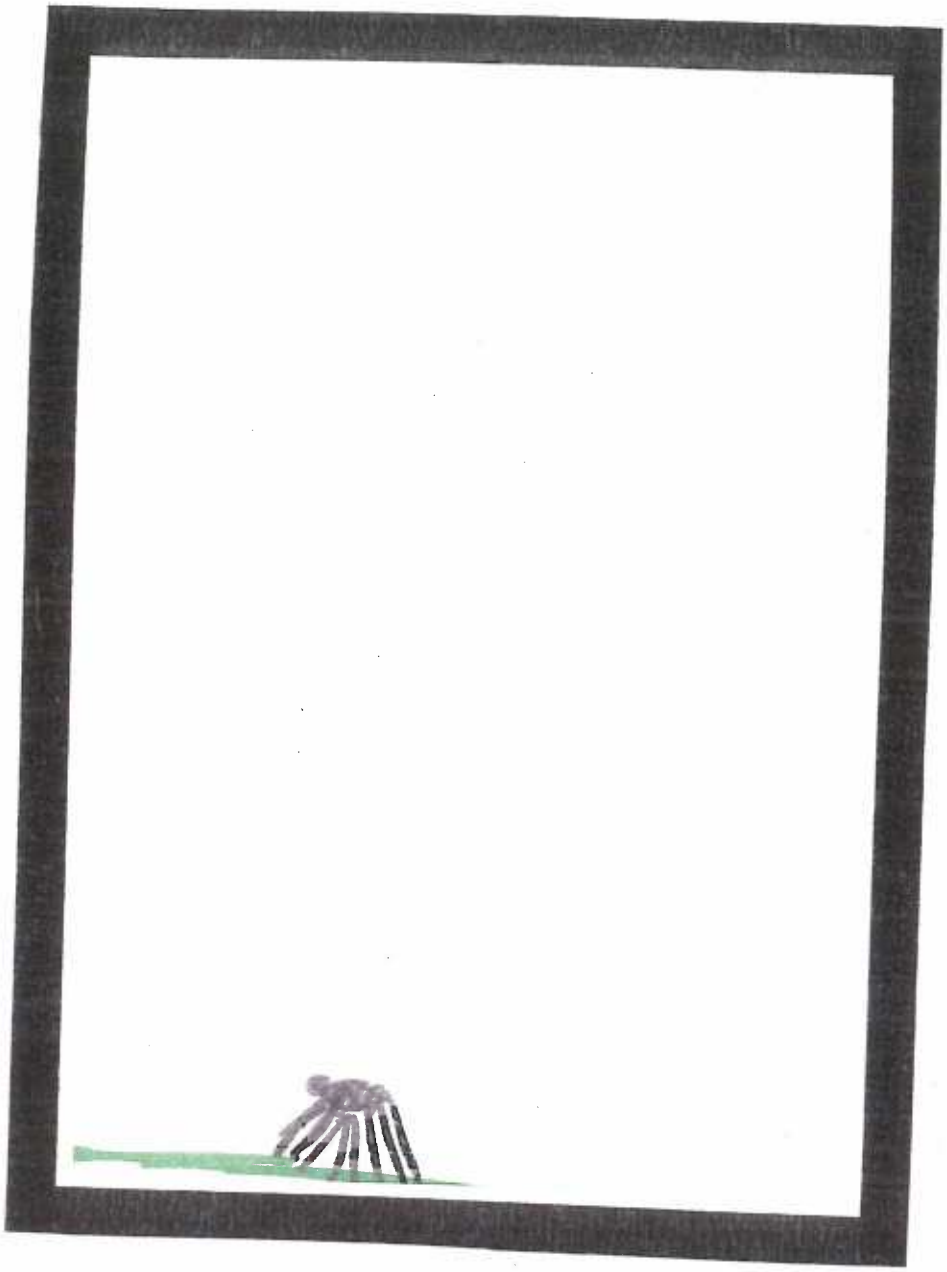
Participant: Nope, that's it. [pause] except be careful. You can't hear it coming.

Researcher: Ok. Let's do the next part then. We can come back to this if you want later.

Participant #6 (parsed into clauses)

Ok. Now tell me about this picture.
It looks very interesting.
Do you know what this is? [pointing to "spider"] [pause, looks up at researcher] [pause]
No, I'm not sure. What is it?
It is a tarantula. [pause]
It has gotten out.
Out of it's cage.
Do you know about tarantulas? [pause]
Not too much...
Well, ONE of them can kill you. [pause]
With ONE bite.
They can sneak up on you
and then [puts hands around neck like being choked] you don't even feel it, I don't think,
and you're dead.
Just like that. [pause]
You see.
You might not even know you are about to get it [pause]
Where are you in this picture?
Over here [points off the page]
But this time I see it.
See how it is coming this way.
But this time I know it is coming
so even so I am afraid
but I can get away. [pause]
'cause I know.
But if you don't know.
Well, [pause] you know, that's why I'm scared,
'cause I might not see it. [pause]
I see...
Did you ever see one?
There is one at the Science Center.
I saw it.
And the man took it out.
Then put it back,
but the top part is really loose. [pause]
He didn't even put a rock on it or anything.
On the top, you know.
So it could come out, you know, [pause]
get out.
And no one would know. [pause]
They don't make any noise.
They're not like other animals. [pause]
You know snakes ssssssss or rattle.
I heard them. [pause].

Not tarantulas.
Not spiders either,
but they don't kill you, [pause]
you see. [pause]
Is there anything else you can tell me?
No [pause] Do you know enough now? [pause]
Yes, unless you have more to tell me.
Nope, that's it. [pause]
except be careful.
You can't hear it coming.
Ok. Let's do the next part then.
We can come back to this if you want later.



It's not the noisy ones that'll get you!

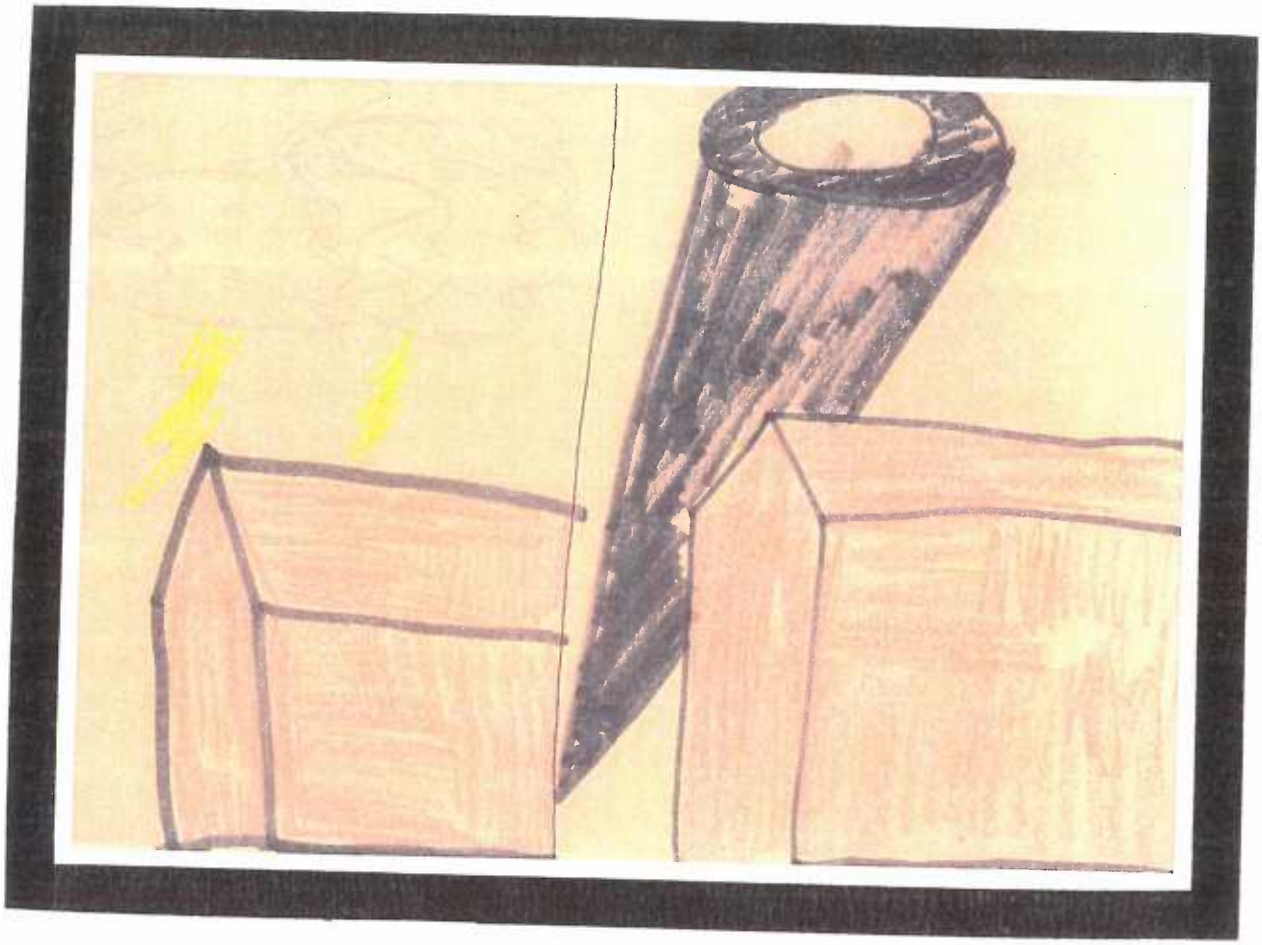
Participant # 6

Female
7.8 years
European American

Participant #6 (parsed into clauses)

Ok. Now tell me about this picture.
It looks very interesting.
Do you know what this is? [pointing to "spider"] [pause, looks up at researcher] [pause]
No, I'm not sure. What is it?
It is a tarantula. [pause]
It has gotten out.
Out of it's cage.
Do you know about tarantulas? [pause]
Not too much...
Well, ONE of them can kill you. [pause]
With ONE bite.
They can sneak up on you
and then [puts hands around neck like being choked] you don't even feel it, I don't think,
and you're dead.
Just like that. [pause]
You see.
You might not even know you are about to get it [pause]
Where are you in this picture?
Over here [points off the page]
But this time I see it.
See how it is coming this way.
But this time I know it is coming
so even so I am afraid
but I can get away. [pause]
'cause I know.
But if you don't know.
Well, [pause] you know, that's why I'm scared,
'cause I might not see it. [pause]
I see...
Did you ever see one?
There is one at the Science Center.
I saw it.
And the man took it out.
Then put it back,
but the top part is really loose. [pause]
He didn't even put a rock on it or anything.
On the top, you know.
So it could come out, you know, [pause]
get out.
And no one would know. [pause]
They don't make any noise.
They're not like other animals. [pause]
You know snakes ssssssss or rattle.
I heard them. [pause].

Not tarantulas.
Not spiders either,
but they don't kill you, [pause]
you see. [pause]
Is there anything else you can tell me?
No [pause] Do you know enough now? [pause]
Yes, unless you have more to tell me.
Nope, that's it. [pause]
except be careful.
You can't hear it coming.
Ok. Let's do the next part then.
We can come back to this if you want later.



It's when you can't count out loud...

Participant #7

Male
7.9 years
European American

Participant #7

Researcher: Ok then. We're set. Are you ready to tell me about your drawing?

Participant: Well, [pause] I'm really most 'fraid about two things the same so I made this line in half here [points to a vertical line separating the page]. This is the lightening and thunder and this is a tornado. [pause]

Researcher: Where are you in this picture?

Participant: In the house [pause] This is my house and I am inside. [pause] In this one [pointing to the lightening] I know it is there, outside, [pause] 'cause you see it and then you count, one…Mississippi…two Mississippi… you know and you know it's coming closer or not. When it does you are scared but then it goes and you know it's ok then, but the noise is still scary, but not so much, you know? [pause] I mean after. Cause you can count, you know [pause] But tornados are different [pause]

Researcher: Where are you in the tornado picture?

Participant: Same thing. Inside, you know. But, have you ever been with a tornado?

Researcher: No, I haven't. Is it scary?

Participant: Well [pause] 'Cause you don't know. [pause] You see, I am inside playing and I don't know how near it is yet. There isn't any lightening. Different than with lightening. You can't say it's coming closer less you see it coming, but most of the time you don't 'cause who looks for it? You don't hear nothing either. That's the worst part. [pause] You should know so you go in the basement, but you might not and then the whole house can be smashed to pieces all over. [pause]

Researcher: Have you ever been in a tornado?

Participant: No [pause] but they happen here you know. We have drills for what you do at school [pause] but [pause] not when you are home and you don't know. [pause] At school, someone watches out for them for you. But not at home. That's the scary part [pause] not knowing. You don't know. [pause] Specially if you're alone and all. [pause] You're just playing and all. [pause]

Researcher: Is there anything else you want to tell me about these drawings?

Participant: Not really. Just scared of it you know. [pause]

Researcher: Yes. I can see that. We can come back if you think of more. Ok?

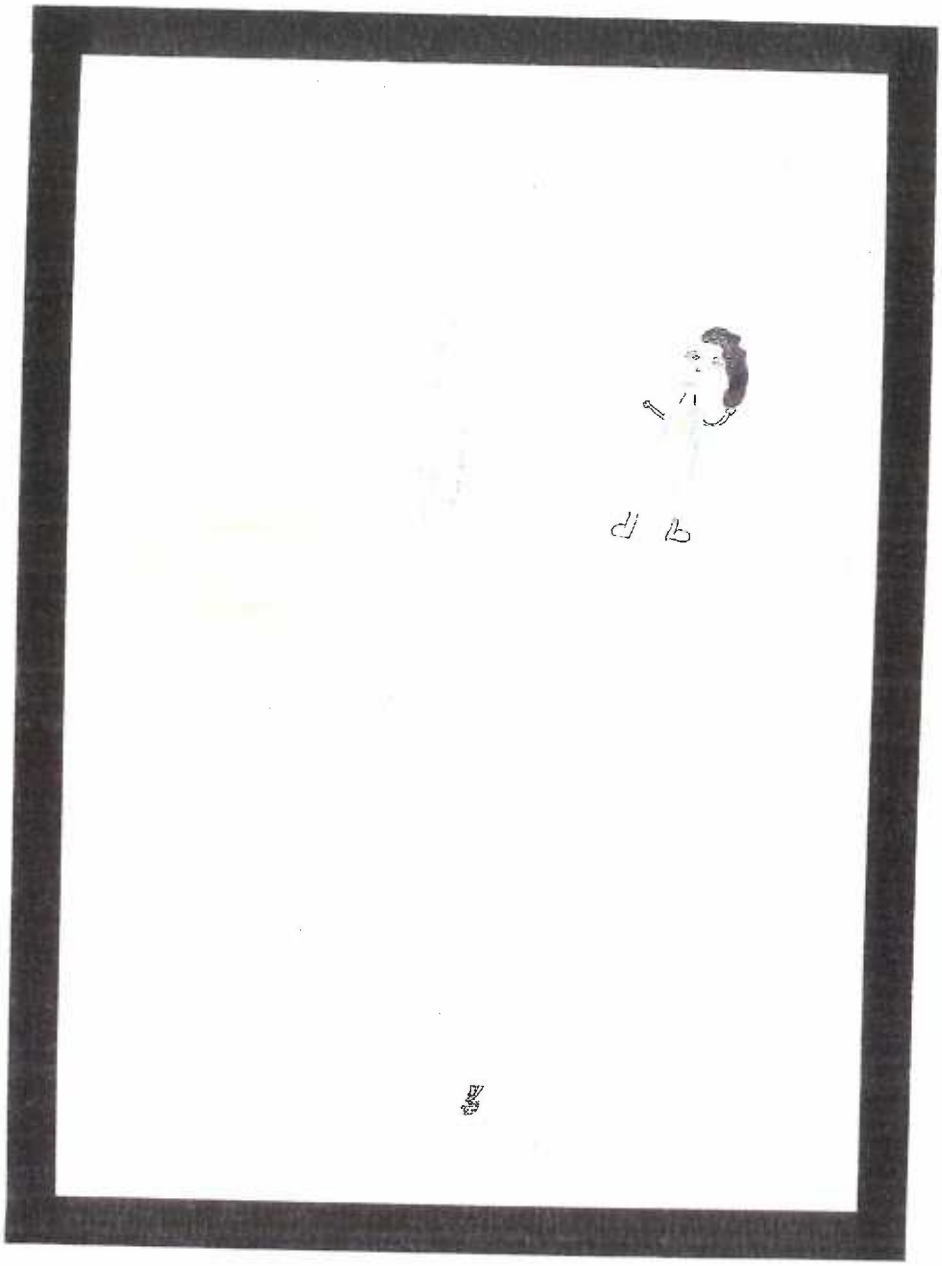
Participant: No, that's it. I hope I didn't get you too scared too. [pause] What is the next part we do?

Participant #7 (parsed into clauses)

Ok then.
We're set.
Are you ready to tell me about your drawing?
Well, [pause] I'm really most 'fraid about two things the same
so I made this line in half here [points to a vertical line separating the page].
This is the lightening and thunder
and this is a tornado. [pause]
Where are you in this picture?
In the house [pause]
This is my house
and I am inside. [pause]
In this one [pointing to the lightening] I know it is there, outside, [pause]
'cause you see it
and then you count,
one…Mississippi…two Mississippi… you know
and you know it's coming closer or not.
When it does you are scared
but then it goes
and you know it's ok then,
but the noise is still scary,
but not so much, you know? [pause]
I mean after.
Cause you can count, you know [pause]
But tornados are different [pause]
Where are you in the tornado picture?
Same thing.
Inside, you know.
But, have you ever been with a tornado?
No, I haven't.
Is it scary?
Well [pause] 'Cause you don't know. [pause]
You see, I am inside playing
and I don't know how near it is yet.
There isn't any lightening.
Different than with lightening.
You can't say it's coming closer
less you see it coming,
but most of the time you don't
'cause who looks for it?
You don't hear nothing either.
That's the worst part. [pause]
You should know so you go in the basement,
but you might not
and then the whole house can be smashed to pieces all over. [pause]

Have you ever been in a tornado?
No [pause] but they happen here you know.
We have drills for what you do at school [pause]
but [pause] not when you are home
and you don't know. [pause]
At school, someone watches out for them for you.
But not at home.
That's the scary part [pause]
not knowing.
You don't know. [pause]
Specially if you're alone and all. [pause]
You're just playing and all. [pause]

Is there anything else you want to tell me about these drawings?
Not really.
Just scared of it you know. [pause]
Yes. I can see that.
We can come back if you think of more. Ok?
No, that's it.
I hope I didn't get you too scared too. [pause]
What is the next part we do?



Help me out here

Participant # 8

Female
8.1 years
African American

Participant #8

Researcher: Ok, then. I can't wait to hear about your picture... Tell me all about it.

Participant: This is me [pause] or it could be me [pause] up here. Very high. Like on Fear Factor. Do you watch that.? [pause]

Researcher: No...

Participant: The're always doing scarier and scarier things. There was one time they had to go up high. REALLY high. And you are alone and you have to walk. [pause] And that is the scariest of all. You have to walk and you look down and, you know it's scary [pause]

Researcher: What about being so high up is so scary for you?

Participant: Falling.... [pause]. You can fall and it's not like a little fall. You'd be dead. And [pause] no one can help you, you know. [pause] You are up there all alone and all. [pause]

Researcher: So this is you?

Participant: No, I'm here [points to small person at bottom of page] Watching her. I know she's scared. I'm scared she will fall. I couldn't catch her, you know. She'd be dead. I wouldn't even watch, you know, not even with just one eye. [pause] I can't catch her and she might be thinkin' I could. Makes me sick ... in me. Sick. That's what I'm 'fraid of. Not bein' able to [pause] help [pause]. Not bein' big 'nough. [sigh]

Researcher: Has this ever happened to you?

Participant: No, not 'xactly. [pause] I mean no one jumped and I missed or anything. But [pause] I know [pause] that sick [pause] not bein' big 'nough to help [pause]. I know that. That scares me. [pause] I can't help. I'm scared just looking. Too many nerves and all. It makes your sick and scared, you know [pause]

Researcher: Is there anything else you want to tell me about this picture or what scares you the most?

Participant: No [pause] 'cept it'd be nice if I wasn't the only one, you know, watching [pause]

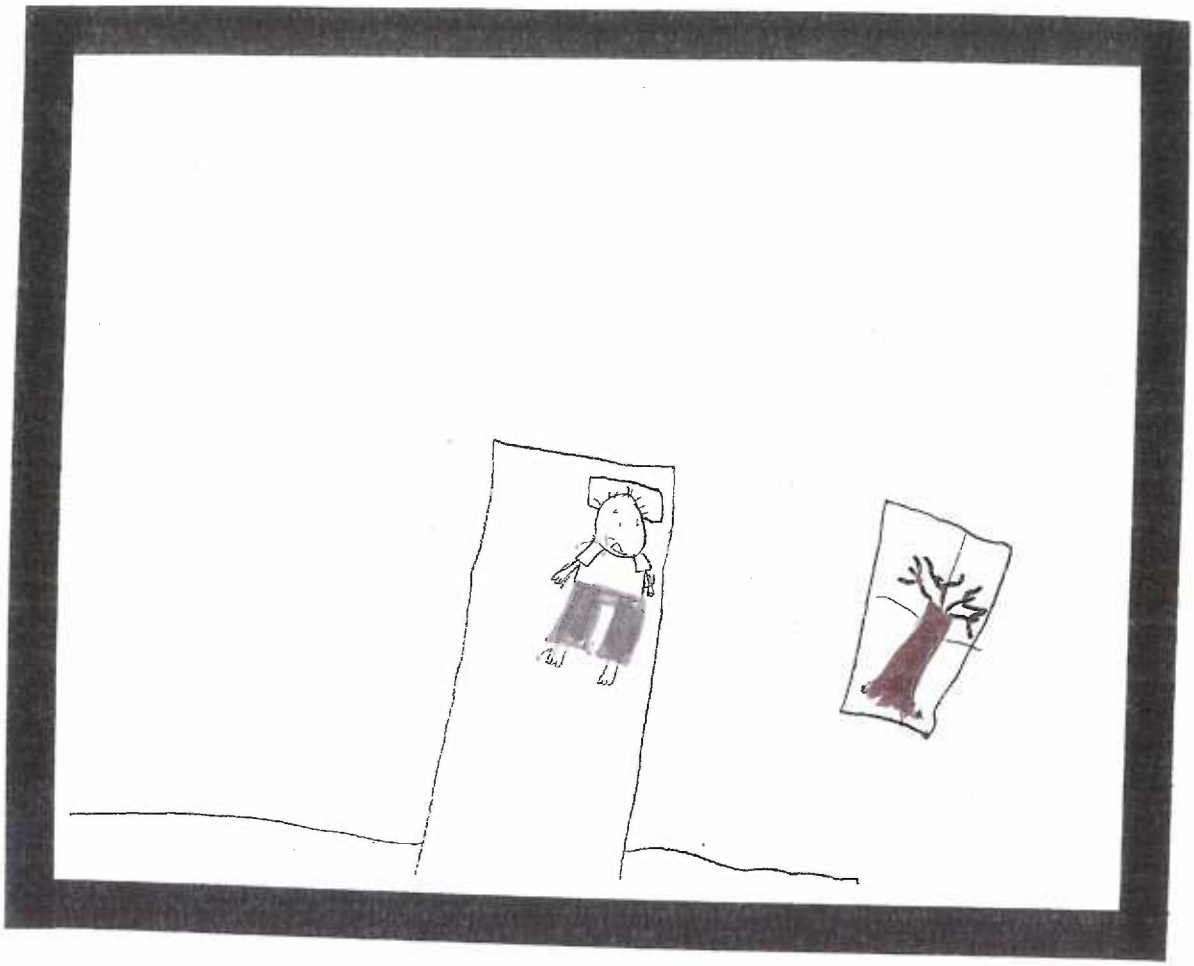
Researcher: We can come back to this anytime. If you suddenly think of something or need to say more. Ok?

Participant: "kay. What are we doing now?

Participant #8 (parsed into clauses)

Ok, then. I can't wait to hear about your picture...
Tell me all about it.
This is me [pause]
or it could be me [pause]
up here.
Very high.
Like on Fear Factor.
Do you watch that.? [pause]
No...
They're always doing scarier and scarier things.
There was one time they had to go up high.
REALLY high.
And you are alone
and you have to walk. [pause]
And that is the scariest of all.
You have to walk
and you look down
and, you know it's scary [pause]
What about being so high up is so scary for you?
Falling.... [pause].
You can fall
and it's not like a little fall.
You'd be dead.
And [pause] no one can help you, you know. [pause]
You are up there all alone and all. [pause]
So this is you?
No, I'm here [points to small person at bottom of page] Watching her.
I know she's scared.
I'm scared she will fall.
I couldn't catch her, you know.
She'd be dead.
I wouldn't even watch, you know,
not even with just one eye. [pause]
I can't catch her
and she might be thinkin' I could.
Makes me sick ... in me.
Sick.
That's what I'm 'fraid of.
Not bein' able to [pause] help [pause].
Not bein' big 'nough. [sigh]
Has this ever happened to you?
No, not 'xactly. [pause]
I mean no one jumped and I missed or anything.
But [pause] I know [pause] that sick [pause] not bein' big 'nough to help [pause].

I know that.
That scares me. [pause]
I can't help.
I'm scared just looking.
Too many nerves and all.
It makes your sick
and scared, you know [pause]
Is there anything else you want to tell me about this picture or what scares you the most?
No [pause] 'cept it'd be nice if I wasn't the only one, you know,
watching [pause]
We can come back to this anytime.
If you suddenly think of something or need to say more. Ok?
"kay. What are we doing now?



What is that out there?

Participant #9

Male
8 years
African American

Participant #9

Researcher: Ok, then... [pause] Tell me all about your drawing.

Participant: Well, this is me. In bed. It's nighttime and this is the window away from my bed on the other side in my room. [pause] It's dark and it's really pretty dark and you can't tell whether that is [pause] I mean, what is outside. 'Cause its blowin' and you think it's a tree [pause] but you don't know for sure [pause] 'cause its dark and you can't just see 'xactly what it is. [pause]

Researcher: And is this you?

Participant: Yeah. I'm in bed and I'm not 'sleep yet. [pause] But [pause] I wish I was 'sleep 'cause then I wouldn't be hearin' and seein' what that is. But I'm not.

Researcher: What is it?

Participant: Yeah, no, I mean, I don't really know. 'Cause I don't really look 'cept in the dark and then its blowin' and [pause] you can't tell. I mean even if you know it's a tree it don't matter 'cause it won't look like it. I mean the tree's usually not movin', so when it moves, you know it's a tree but you don't really. [pause]

Researcher: So you are most afraid that it is something other than the tree?

Participant: Yeah [pause] if it was just a tree why would I be scared? [pause]

Researcher: Well I was just checking to make sure I understand.

Participant: It just wears you out [pause] you know and then you have to sleep, but its not easy. You have to be 'xhausted from worrying, you know. [pause] then it just takes you. [pause]

Researcher: What do you do when you are in bed and afraid of what is outside your window?

Participant: Nothing [pause] Nothing really. Just get scared and [pause] you're scared and you can't do nothing. That's the thing. [pause] If you could, you wouldn't be scared, I guess [pause]

Researcher: Is there anything that might help you?

Participant: Well [pause] I guess it'd be nice to have someone [pause] not something (laughs)

Researcher: Where is the door?

Participant: Over here (points off the page) It's closed, [pause] 'cause I'm supposed to be asleep [pause]

Researcher: Is there anything else you want to tell me about being scared? Or about this picture?

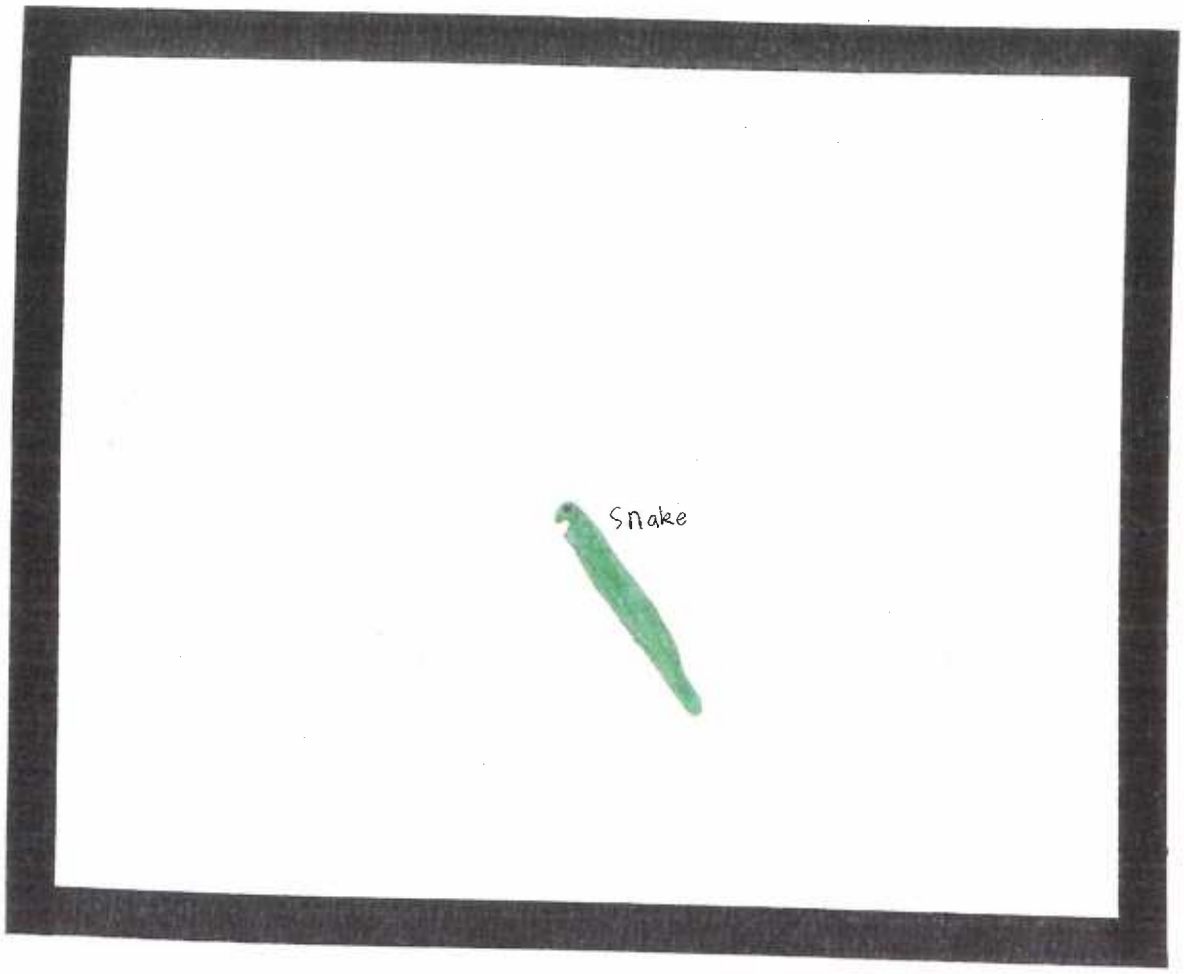
Participant: No [pause] no.

Researcher: Ok. We can come back to it if you want. Ok?

Participant #9 (parsed into clauses)

Ok, then... [pause] Tell me all about your drawing.
Well, this is me.
In bed.
It's nighttime
and this is the window
away from my bed
on the other side in my room. [pause]
It's dark
and it's really pretty dark
and you can't tell whether that is [pause] I mean, what is outside.
'Cause its blowin'
and you think it's a tree [pause]
but you don't know for sure [pause]
'cause its dark
and you can't just see 'xactly what it is. [pause]
And is this you?
Yeah. I'm in bed
and I'm not 'sleep yet. [pause]
But [pause] I wish I was 'sleep
'cause then I wouldn't be hearin'
and seein' what that is.
But I'm not.
What is it?
Yeah, no, I mean, I don't really know.
'Cause I don't really look
'cept in the dark
and then its blowin'
and [pause] you can't tell.
I mean even if you know it's a tree it don't matter
'cause it won't look like it.
I mean the tree's usually not movin',
so when it moves,
you know it's a tree
but you don't really. [pause]
So you are most afraid that it is something other than the tree?
Yeah [pause] if it was just a tree
why would I be scared? [pause]
Well I was just checking to make sure I understand.
It just wears you out [pause] you know
and then you have to sleep,
but its not easy.
You have to be 'xhausted from worrying, you know. [pause]
then it just takes you. [pause]
What do you do when you are in bed and afraid of what is outside your window?

Nothing [pause]
Nothing really.
Just get scared
and [pause] you're scared
and you can't do nothing.
That's the thing. [pause]
If you could, you wouldn't be scared, I guess [pause]
Is there anything that might help you?
Well [pause] I guess it'd be nice to have someone [pause] not something (laughs)
Where is the door?
Over here (points off the page)
It's closed, [pause]
'cause I'm supposed to be asleep [pause]
Is there anything else you want to tell me about being scared?
Or about this picture?
No [pause] no.
Ok. We can come back to it if you want. Ok?



Watch out!

Participant #10

Female
8.2 years
Asian American

Participant #10

Researcher: Ok, now we can start this part. Tell me about your drawing.

Participant: Well, as you can see here, I'm most 'fraid of snakes. [pause] They can eat you, you know [pause] They poison you first [pause] then eat you. [pause]

Researcher: Are you in this picture?

Participant: I'm over here. [points off the page] He's lookin' for me. See his eyes. [pause] lookin' for me. And he's all like the color of the grass so you can't see him but this time I do. That's why I'm scared, 'cause I see him and I know. But he doesn't see me so it's ok this time. But that's why I'm scared 'cause what if he sees me sometime and I don't [pause] you know, see him and then[pause] then you know he can get you with his poison. [pause]

Researcher: So you are most afraid of the snake poisoning you?

Participant: Yeah. [pause] but well I'm [pause] most afraid of before [pause] before it gets you, 'cause it can be sneaky and you don't know what's happenin' [pause]

Researcher: So you are most afraid that you won't see the snake?

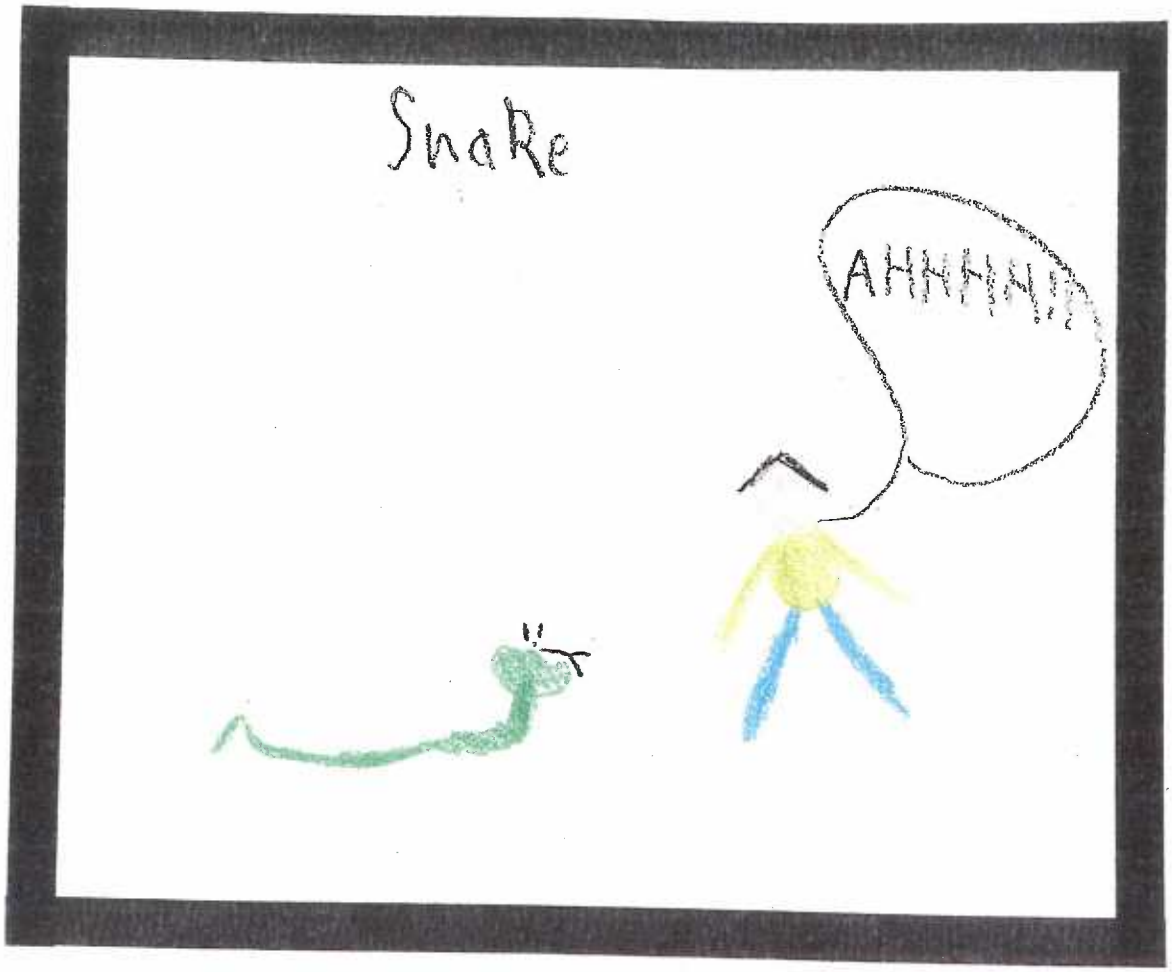
Participant: Yeah. [pause] see [pause] 'cause if you see it then you can get away [pause] like now I see it, but [pause] I see it first [pause] 'fore it can get me. See? [pause]

Researcher: Is there anything else you want to tell me about all of this?

Participant: No [pause] I think you got it. What are we got to do now?

Participant #10 (parsed into clauses)

Ok, now we can start this part.
Tell me about your drawing.
Well, as you can see here,
I'm most 'fraid of snakes. [pause]
They can eat you, you know [pause]
They poison you first [pause]
then eat you. [pause]
Are you in this picture?
I'm over here. [points off the page]
He's lookin' for me.
See his eyes. [pause] lookin' for me.
And he's all like the color of the grass so you can't see him
but this time I do.
That's why I'm scared,
'cause I see him and I know.
But he doesn't see me
so it's ok this time.
But that's why I'm scared
'cause what if he sees me sometime
and I don't [pause] you know, see him
and then[pause] then you know he can get you with his poison. [pause]
So you are most afraid of the snake poisoning you?
Yeah. [pause] but well I'm [pause] most afraid of before [pause]
before it gets you,
'cause it can be sneaky
and you don't know what's happenin' [pause]
So you are most afraid that you won't see the snake?
Yeah. [pause] see [pause]
'cause if you see it
then you can get away [pause]
like now I see it,
but [pause] I see it first [pause]
'fore it can get me.
See? [pause]
Yes.
Is there anything else you want to tell me about all of this?
No [pause] I think you got it.
What are we got to do now?



When no one's around

Participant #11

Male
7.5 years
European American

Participant #11

Researcher: Ok, tell me what's happening in this picture.

Participant: Well, the snake, here, is coming towards me and [pause] and [pause] and I am screaming 'cause it is almost to me and [pause] and [pause] it's eyes are seeing me and it's tongue is out and feeling for me and [pause] and [pause] I am trying to get away [pause] but I can't move, you know, [pause] I'm too scared and it's like,[pause] you can't even move [pause]

Researcher: What is it about the snake that scares you?

Participant: If it gets to you [pause] it'll get you, you know, bite you, and [pause] then you would die, 'specially if no one knows. You drop to the ground and the snake leaves and you're all alone and no one knows to help you, 'cause snakes usually get you when no one else is 'round to see the whole thing [pause]

Researcher: So, you are really most afraid of getting bit by the snake and then dying because no one is around to help you? [child nods] [pause] What if people were around?

Participant: I don't know, [pause] when I was thinking of bein' 'fraid of snakes, it's 'cause they usually come when no one is around, you know, get you when you are not looking or no one's warning you. That's all. [pause] Maybe not if someone was there, you know, to help suck the poison out and everything [pause]

Researcher: Have you ever been bitten by a snake or know anyone who has?

Participant: No. [pause]

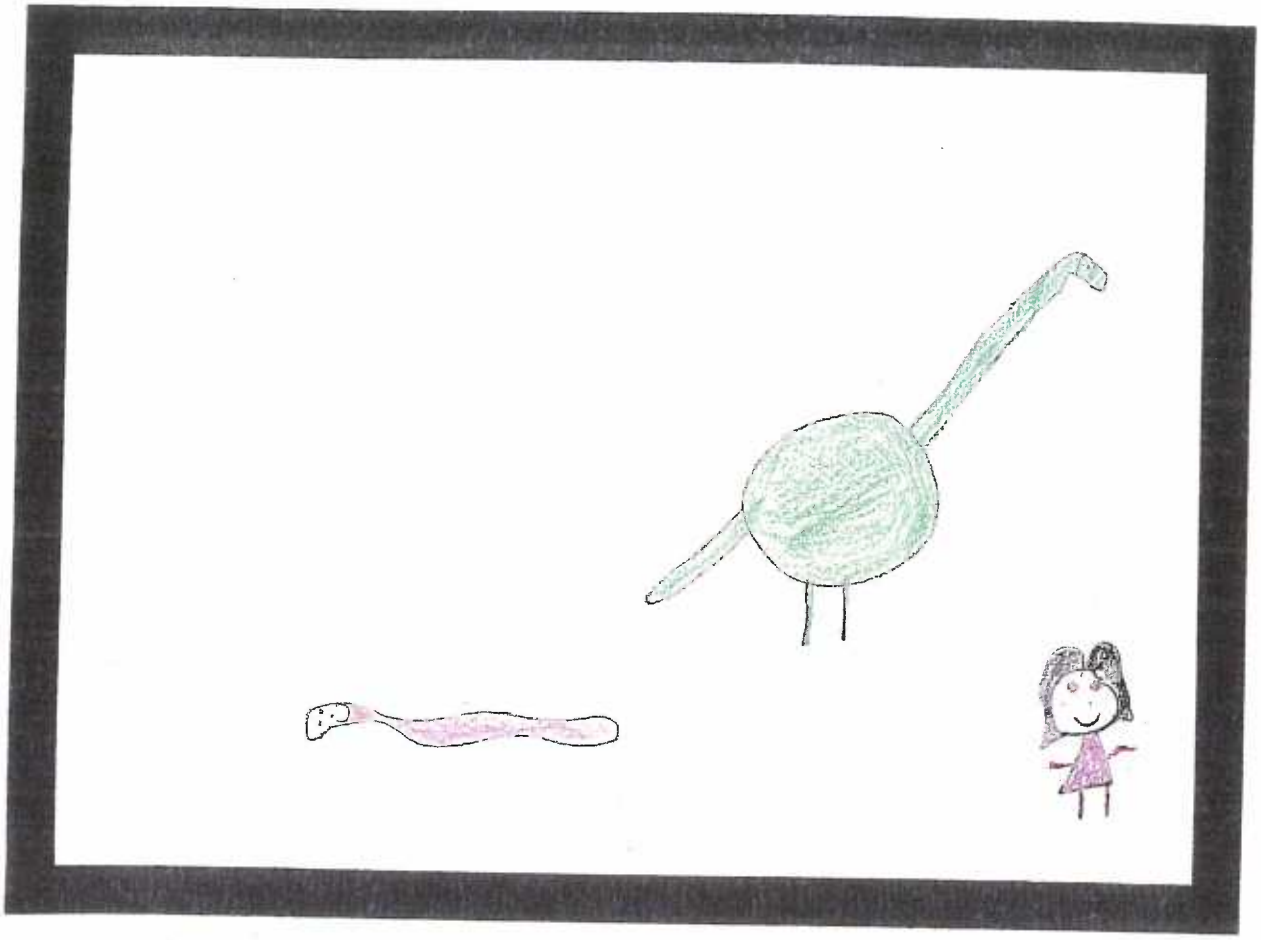
Researcher: Ok. Is there anything else you want to tell me about this picture?

Participant: [pause] No.

Researcher: Well if you think of anything else, we can come back to it.

Participant #11 (parsed into clauses)

Ok, tell me what's happening in this picture.
Well, the snake, here, is coming towards me
and [pause] and [pause] and I am screaming
'cause it is almost to me
and [pause] and [pause] it's eyes are seeing me
and it's tongue is out and feeling for me
and [pause] and [pause] I am trying to get away [pause]
but I can't move, you know, [pause]
I'm too scared
and it's like,[pause] you can't even move [pause]
What is it about the snake that scares you?
If it gets to you [pause] it'll get you, you know,
bite you,
and [pause] then you would die,
'specially if no one knows.
You drop to the ground
and the snake leaves
and you're all alone
and no one knows to help you,
'cause snakes usually get you when no one else is 'round to see the whole thing [pause]
So, you are really most afraid of getting bit by the snake
and then dying
because no one is around to help you?
[child nods] [pause]
What if people were around?
I don't know, [pause]
when I was thinking of bein' 'fraid of snakes,
it's 'cause they usually come when no one is around,
you know, get you when you are not looking
or no one's warning you.
That's all. [pause]
Maybe not if someone was there, you know,
to help suck the poison out
and everything [pause]
Have you ever been bitten by a snake or know anyone who has?
No. [pause]
Ok. Is there anything else you want to tell me about this picture?
[pause] No.
Well if you think of anything else, we can come back to it.



I didn't hear you

Participant #12

Female
8 years
Latino

Participant #12

Researcher: Ok. Now let's see this picture you have here. Wow. Tell me all about it.

Participant: Well, the thing I'm most afraid of is really two things [pause] so I drew them both on here. [pause] This is a snake. It is pink 'cause it is a snake that changes to that color to get girls to come close to it. [pause] And then the snake can bite you and you can die from the bite because there is poison inside their mouths that poisons you and then you die from the poison. [pause]

Researcher: So you are afraid of pink snakes?

Participant: No [laughs] [pause] it's just all snakes really, but this one is sneaky 'cause it turns pink to get you to think that it is a girl snake and nice and all and then you might get closer than you know you should if it wasn't pink [pause] 'cause snakes are sneaky that way. You have to be careful, you know. See it is smiling like, you know, like it is all nice and everything, and [pause] then it'll just get you and poison you. [pause] It's smiling 'cause it sees the girl. [pause]

Researcher: What about this?

Participant: That is a dinosaur. It is a vegetarian dinosaur so it shouldn't eat people but it doesn't always remember that and it's smiling 'cause it sees the girl here and is going to just see if it wants to eat her. See, its green 'cause it's a vegetarian but the girl is pretty, like a flower, and [pause] and, you know dinosaurs don't see that good so it is coming to get the girl. [pause]

Researcher: Where are you in this story?

Participant: I am over here [points off the page] and I am trying to tell the girl to watch out. [pause] but see, she is smiling, 'cause she doesn't know 'bout either one coming to her. [pause]

Researcher: So you are afraid of both dinosaurs and snakes?

Participant: Yes but I'm 'fraid because the girl doesn't see the dinosaur and the snake. She doesn't know they're coming. That's the 'fraid part [pause]

Researcher: So you are afraid because you see danger and you can't do anything about it?

Participant: I can do something. 'Member I TOLD you I was trying to get her to know but SHE wasn't watching me. She's not payin' any 'tention to me. She doesn't know that I know, see [pause]

Researcher: So you are afraid because you see danger and no matter what you do the girl in danger is still in danger.

Participant: Yeah, sort of. See, you know, how when you see it and you see it and then you have to turn 'way 'cause you can't watch anymore. That's the really scary thing, when you got to turn 'way from it 'cause you can't watch it. [pause]

Researcher: Oh...

Participant: It scares me that someone might be telling me something and I can't hear them, then the danger happens like the snake or like the dinosaur and, I don't know, maybe I'm just scared that something gonna sneak up on me and no one gonna yell loud 'nough for me to hear and I don't know, you see? [pause]

Researcher: Are you afraid you won't be able to yell loud enough?

Participant: Maybe. I always try to [pause]

Researcher: Has anyone ever got hurt because you didn't yell loud enough?

Participant: No [pause] but everyone's always yelling at me that I don't speak loud 'nough, so, [pause] that's a problem for me that scares me. I mighten not be able to yell loud 'nough. That's scary and see no one hears me, they are all smiling on their way.

Researcher: So you are most afraid that you won't be able to speak loud enough if there is danger... to warn someone.

Participant: Yeah. [pause]

Researcher: Well, Is there anything else you want to tell me?

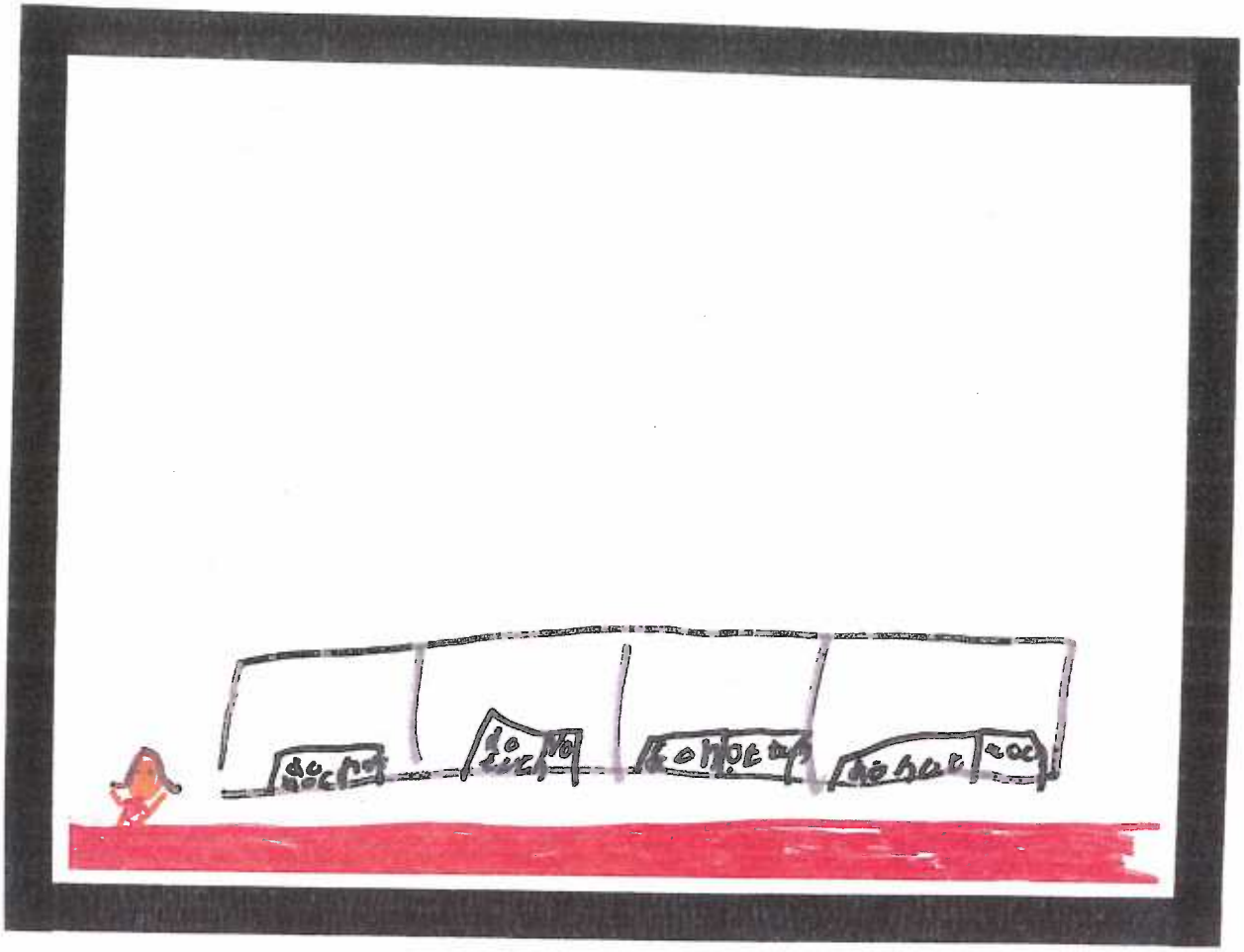
Participant: No. [pause]

Researcher: Ok. Let's go on to the next part and we can come back to this if you want to at anytime you think of something else. Ok?

Participant #12 (parsed into clauses)

Ok. Now let's see this picture you have here.
Wow.
Tell me all about it.
Well, the thing I'm most afraid of is really two things [pause]
so I drew them both on here. [pause]
This is a snake.
It is pink
'cause it is a snake that changes to that color to get girls to come close to it. [pause]
And then the snake can bite you
and you can die from the bite
because there is poison inside their mouths that poisons you
and then you die from the poison. [pause]
So you are afraid of pink snakes?
No [laughs] [pause] it's just all snakes really,
but this one is sneaky
'cause it turns pink to get you to think that it is a girl snake
and nice and all
and then you might get closer than you know you should if it wasn't pink [pause]
'cause snakes are sneaky that way.
You have to be careful, you know.
See it is smiling like, you know,
like it is all nice and everything,
and [pause] then it'll just get you
and poison you. [pause]
It's smiling 'cause it sees the girl. [pause]
What about this?
That is a dinosaur.
It is a vegetarian dinosaur
so it shouldn't eat people
but it doesn't always remember that
and it's smiling 'cause it sees the girl here
and is going to just see if it wants to eat her.
See, its green
'cause it's a vegetarian
but the girl is pretty, like a flower,
and [pause] and, you know dinosaurs don't see that good
so it is coming to get the girl. [pause]
Where are you in this story?
I am over here [points off the page]
and I am trying to tell the girl to watch out. [pause]
but see, she is smiling,
'cause she doesn't know 'bout either one coming to her. [pause]
So you are afraid of both dinosaurs and snakes?
Yes but I'm 'fraid because the girl doesn't see the dinosaur and the snake.

She doesn't know they're coming.
That's the 'fraid part [pause]
So you are afraid because you see danger
and you can't do anything about it?
I can do something.
'Member I TOLD you I was trying to get her to know
but SHE wasn't watching me.
She's not payin' any 'tention to me.
She doesn't know that I know, see [pause]
So you are afraid because you see danger
and no matter what you do the girl in danger is still in danger.
Yeah, sort of.
See, you know, how when you see it
and you see it
and then you have to turn 'way
'cause you can't watch anymore.
That's the really scary thing,
when you got to turn 'way from it
'cause you can't watch it. [pause]
Oh...
It scares me that someone might be telling me something
and I can't hear them,
then the danger happens like the snake or like the dinosaur
and, I don't know,
maybe I'm just scared that something gonna sneak up on me
and no one gonna yell loud 'nough for me to hear
and I don't know, you see? [pause]
Are you afraid you won't be able to yell loud enough?
Maybe. I always try to [pause]
Has anyone ever got hurt because you didn't yell loud enough?
No [pause] but everyone's always yelling at me that I don't speak loud 'nough,
so, [pause] that's a problem for me that scares me.
I mighten not be able to yell loud 'nough.
That's scary and see no one hears me,
they are all smiling on their way.
So you are most afraid that you won't be able to speak loud enough if there is danger...
to warn someone.
Yeah. [pause]
Well, Is there anything else you want to tell me?
No. [pause]
Ok. Let's go on to the next part
and we can come back to this if you want to at anytime
you think of something else. Ok?



Being the best can be scary

Participant #13

Female
8.1 years
European American

Participant #13

Researcher: Ok then, tell me all about this picture you drew.

Participant: Ok. [pause] This is a, [pause] I am a gymnastics [pause] I do gymnastics and this is a meet. [pause] And I am doing a routine, a floor exercise, and I am 'fraid that I will go off the mat. 'Cause if you go off, you get deductions, and it goes against your team, and then, well, you know, it's bad for the team.[pause]

Researcher: Tell me some more…

Participant: Well, this is the mat. This is me, and I can, [pause] you can see these are the mirrors and they have this on them that says D-O N-O-T T-O-U-C-H (spelled out) and you can see that when you are on the matt and you can count them so you don't go off the matt, so you stop. [pause] This is me here just 'bout ready to start my routine and that is why I'm scared. So I don't go off the mat. I did and that costs lots of points and I am really good and they always count that I will get the high points so if I go off and don't then, well, I'm scared that I'll lose too many points and we won't win. My team usually always wins. Me and another girl always get high points. One time I got a 9.75 on the beam, my routine, and that is really really good. So they count on me. See. That's why I'm scared. [pause]

Researcher: So you are afraid of not being so good and your team losing?

Participant: Yeah, yeah. [pause] I AM really good, but I, maybe, one day, might go off the mat, and then, [pause] well we would lose a lot of points that we need. [pause] I went off the mat in practice once so I know it [pause] it might happen. And now the other girl is on another team from me. I'm the only one now. [pause]

Researcher: Is there anything else you want to tell me?

Participant: No, not really, [pause] no. [pause] Do you understand? I mean why it's scary and all? I'm the only one now. It's only me. If I go off the mat, we lose. Do you see that? [pause]

Researcher: Yes. I hear why it's scary for you. [pause] Is there anything else you want to tell me?

Participant: No. You seem to understand. The picture helps doesn't it?

Researcher: Yes. Yes it does. But your words helped me too.

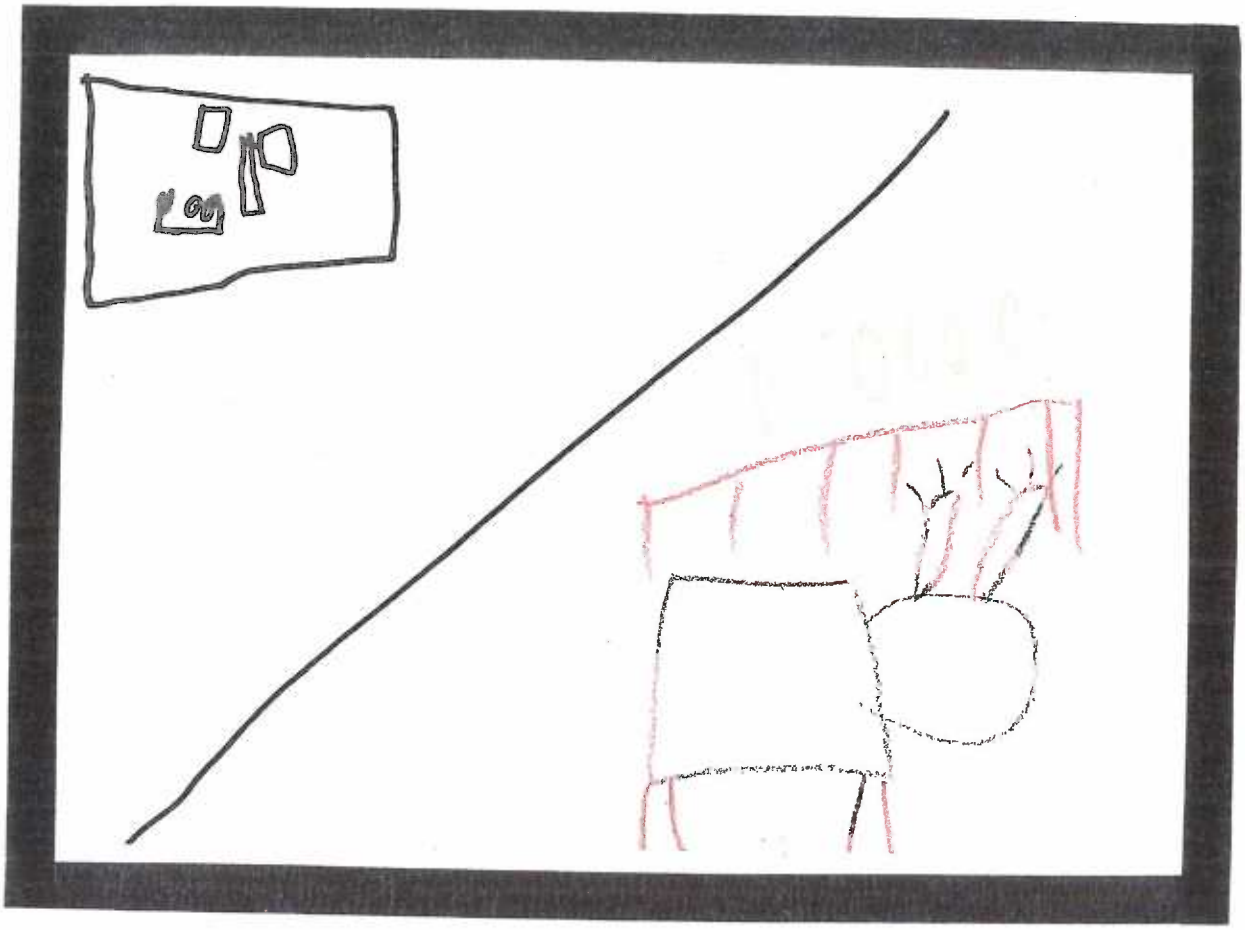
Participant: Ok, then. What else am I going to do here?

Researcher: Ok. We'll do the next thing now but if you think of anything else you want to say we can come back to this. Ok?

Participant #13 (parsed into clauses)

Ok then, tell me all about this picture you drew.
Ok. [pause] This is a, [pause] I am a gymnastics [pause] I do gymnastics
and this is a meet. [pause]
And I am doing a routine,
a floor exercise,
and I am 'fraid that I will go off the mat.
'Cause if you go off, you get deductions,
and it goes against your team,
and then, well, you know, it's bad for the team.[pause]
Tell me some more...
Well, this is the mat.
This is me,
and I can, [pause] you can see these are the mirrors
and they have this on them that says D-O N-O-T T-O-U-C-H (spelled out)
and you can see that when you are on the matt
and you can count them so you don't go off the matt,
so you stop. [pause]
This is me here just 'bout ready to start my routine
and that is why I'm scared.
So I don't go off the mat.
I did and that costs lots of points
and I am really good
and they always count that I will get the high points
so if I go off and don't then,
well, I'm scared that I'll lose too many points
and we won't win.
My team usually always wins.
Me and another girl always get high points.
One time I got a 9.75 on the beam, my routine,
and that is really really good.
So they count on me. See.
That's why I'm scared. [pause]
So you are afraid of not being so good and your team losing?
Yeah, yeah. [pause]
I AM really good,
but I, maybe, one day, might go off the mat,
and then, [pause] well we would lose a lot of points that we need. [pause]
I went off the mat in practice once
so I know it [pause] it might happen.
And now the other girl is on another team from me.
I'm the only one now. [pause]
Is there anything else you want to tell me?
No, not really, [pause] no. [pause]
Do you understand?

I mean why it's scary and all?
I'm the only one now.
It's only me.
If I go off the mat, we lose.
Do you see that? [pause]
Yes. I hear why it's scary for you. [pause]
Is there anything else you want to tell me?
No. You seem to understand.
The picture helps doesn't it?
Yes. Yes it does.
But your words helped me too.
Ok, then. What else am I going to do here?
Ok. We'll do the next thing now
but if you think of anything else you want to say
we can come back to this. Ok?



Something's about to happen....

Participant # 14

Male
8 years
European American

Participant #14

Researcher: Wow, look at this picture. I can't wait to hear all about it...

Participant: Well, there's really two things, so I just drew this line so I can draw both of them. [pause] This is me and my sister and we are watching TV and the TV is, well, it's dark and then you know that something scary is gonna happen and I am [pause] see how I have my arms 'round my sister and we are scared because we know something scary's gonna happen because it is dark, and getting dark, on the TV and that is, that is [pause] that is the scary part till you know what is coming, but you know, [pause] you know SOMEthing is coming. [pause]

Researcher: And what is this?

Participant: That is the TV and the speakers with the TV, see, [pause] and the, this is me here with my sister. [pause]

Researcher: Is there anything else about this part?

Participant: No, but this is the other thing that I see sometimes on the TV and , and, and then I went one time too. See, this is a rodeo and this is the people in the stands and this is the bull and it is about ready to jump into, right into the stands, they do that, I've seen it, and this is me and you better believe I'm scared of that. [pause]

Researcher: So you are most afraid that the bull will jump into the stands when you are watching the rodeo?

Participant: Yeah, you should be too [pause]

Researcher: What happens when the bull jumps into the stands?

Participant: He is nuts and kills everything... [pause] they just keep jumping like someone still is on their back and they don't know and keep trying to get him off. They don't see anybody. They just go nuts to get them off, right into the stands and all, and if you're there, you'd be dead [pause]

Researcher: Now where did you say you were in this picture?

Participant: Right here. Right here in the front with all these people. And see, this bull is getting ready to jump right over here. [pause]

Researcher: Well it certainly sounds scary. What do you do when you're scared?

Participant: Nuthin'. Nuthin' you can do. That's the problem, really, you know, nuthin' you can do at all, no one really can help, at all. [pause]

Researcher: Even with all those people. No one can help you?

Participant: They're just about to run away. 'Cause they're scared too. When everyone's scared, there's no helpin' goin' on. [pause]

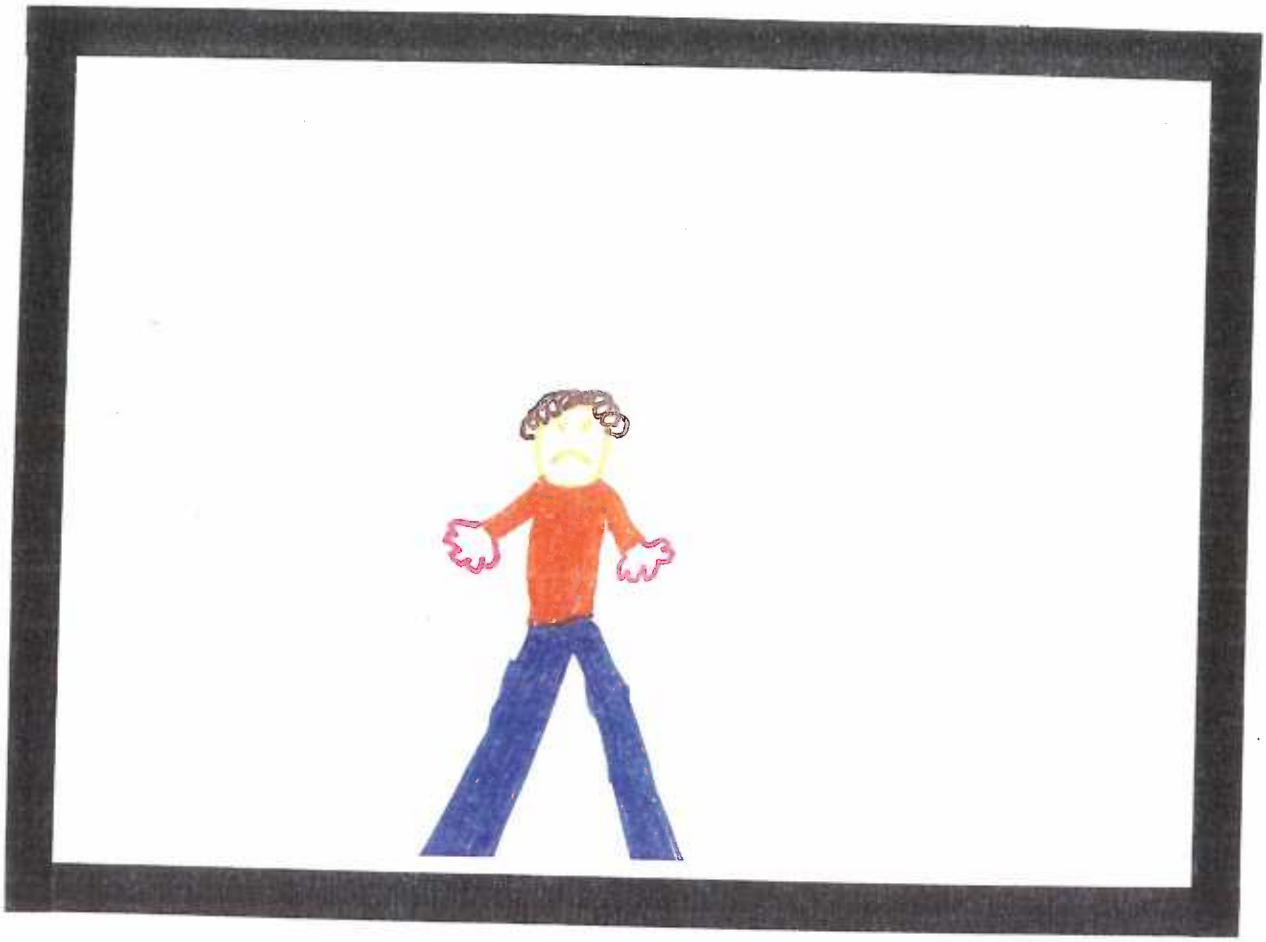
Researcher: Is there something else you want to tell me about these two pictures?

Participant: No, is there, am I havin' to do somethin' else now too?

Participant #14 (parsed into clauses)

Wow, look at this picture. I can't wait to hear all about it...
Well, there's really two things,
so I just drew this line so I can draw both of them. [pause]
This is me and my sister
and we are watching TV
and the TV is, well,
it's dark
and then you know that something scary is gonna happen
and I am [pause] see how I have my arms 'round my sister
and we are scared
because we know something scary's gonna happen
because it is dark, and getting dark, on the TV
and that is, that is [pause] that is the scary part till you know what is coming,
but you know, [pause] you know SOMEthing is coming. [pause]
And what is this?
That is the TV
and the speakers with the TV, see, [pause]
and the, this is me here with my sister. [pause]
Is there anything else about this part?
No, but this is the other thing that I see sometimes on the TV
and , and, and then I went one time too.
See, this is a rodeo
and this is the people in the stands
and this is the bull
and it is about ready to jump into, right into the stands, they do that, I've seen it,
and this is me
and you better believe I'm scared of that. [pause]
So you are most afraid that the bull will jump into the stands when you are watching the rodeo?
Yeah, you should be too [pause]
What happens when the bull jumps into the stands?
He is nuts
and kills everything... [pause]
they just keep jumping like someone still is on their back
and they don't know
and keep trying to get him off.
They don't see anybody.
They just go nuts to get them off, right into the stands and all,
and if you're there, you'd be dead [pause]
Now where did you say you were in this picture?
Right here. Right here in the front with all these people.
And see, this bull is getting ready to jump right over here. [pause]
Well it certainly sounds scary.
What do you do when you're scared?

Nuthin'. Nuthin' you can do.
That's the problem, really, you know,
nuthin' you can do at all,
no one really can help, at all. [pause]
Even with all those people, there's no one who can help you?
They're just about to run away.
'Cause they're scared too.
When everyone's scared, there's no helpin' goin' on. [pause]
Is there something else you want to tell me about these two pictures?
No, is there, am I havin' to do somethin' else now too?



Not me, please, not me

Participant # 15

Male
8.3 years
European American

Participant # 15

Researcher: I can't wait to hear about this...

Participant: Do you want me to tell you about this... [pause]

Researcher: Yes, what is this that you are most afraid of...

Participant: My teacher. [pause] This is my teacher and she is, I mean, sometimes, she is really scary. [pause] She yells and she can make you stay after school and all. She gets this face on and you know someone is in for it and you just hope it's not you and all. And she stands there [pause] all over you and yells and all, and all, and [pause] and you are wondering if it's you. Sometimes she yells your name and you know it's you [pause] and that's scary too. [pause]

Researcher: Where are you in this picture?

Participant: Right here [points off the page] hoping its not me she's looking for. And all, I mean, she's all over you and you are way down here [pause] All of us are really. I mean everyone in the class. We're all scared, I think, at least sometimes. Anyway, someone's gonna get it. See her face. I'm just down here hopin' it's not gonna be me. You don't ever know, you know.

Researcher: So you are most afraid of your teacher when she gets mad?

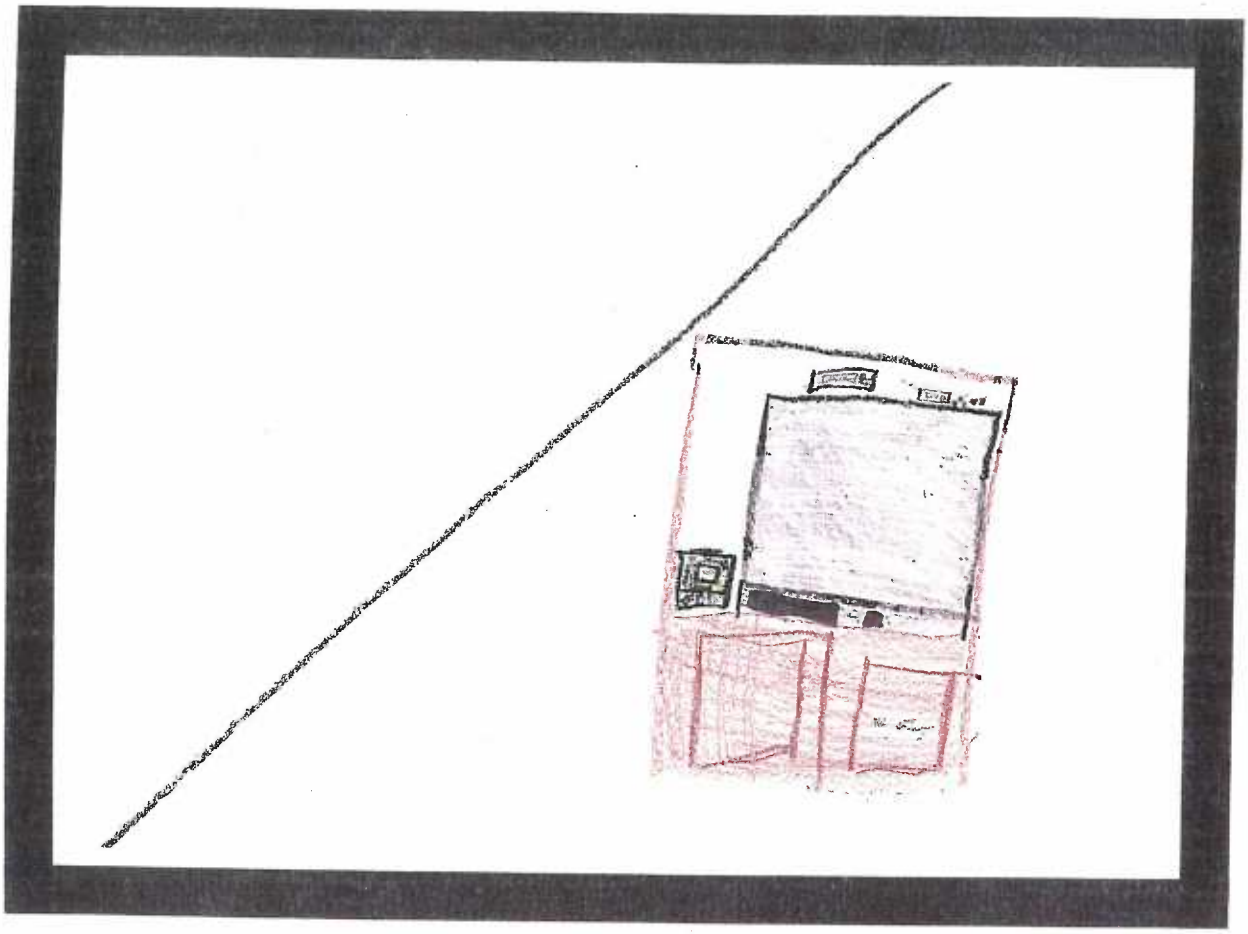
Participant: Yeah. You would be too. [pause] and the other kids, well, they don't care as long as it's not them, you know. They're not gonna help and all. And you mom, well she gets mad too when she knows it's you. [pause] Believe me, it's not good.

Researcher: Well, is there anything else you want to tell me about this picture?

Participant: No, not really. I am just scared of her when she gets yelling and all. [pause] That's all, really. [pause]

Participant # 15 (parsed into clauses)

I can't wait to hear about this...
Do you want me to tell you about this... [pause]
Yes, what is this that you are most afraid of...
My teacher. [pause]
This is my teacher
and she is, I mean, sometimes, she is really scary. [pause]
She yells
and she can make you stay after school and all.
She gets this face on
and you know someone is in for it
and you just hope it's not you and all.
And she stands there [pause] all over you
and yells and all, and all,
and [pause] and you are wondering if it's you.
Sometimes she yells your name
and you know it's you [pause]
and that's scary too. [pause]
Where are you in this picture?
Right here [points off the page] hoping its not me she's looking for.
And all, I mean, she's all over you
and you are way down here [pause]
All of us are really.
I mean everyone in the class.
We're all scared, I think,
at least sometimes.
Anyway, someone's gonna get it.
See her face.
I'm just down here hopin' it's not gonna be me.
You don't ever know, you know.
So you are most afraid of your teacher when she gets mad?
Yeah. You would be too. [pause]
and the other kids, well, they don't care
as long as it's not them, you know.
They're not gonna help and all.
And you mom, well she gets mad too
when she knows it's you. [pause]
Believe me, it's not good.
Well, is there anything else you want to tell me about this picture?
No, not really. I am just scared of her
when she gets yelling and all. [pause]
That's all, really. [pause]



Here it comes!

Participant #16

Male
8.5 years
European American

Participant #16

Researcher: Well, tell me all about this.

Participant: This is me watching TV, see this is the TV and this is the DVD player and this is where you put the movie in, if you're watching a movie and all, and [pause] this is the screen and it's just gotten all dark and all and you are scared now. [pause]

Researcher: What is so scary?

Participant: That it's getting' all dark {pause] on the TV. Then you know, it's going to be scary, something's happening, real soon [pause]. You know how it gets dark and then you know and [pause] you just know that something scary's gonna happen ?[pause] That's what I mean [pause]

Researcher: What is this? (pointing to line going across the picture)

Participant: That is the shadow [pause] like a warning [pause] here it comes! [pause]

Researcher: So you are most afraid of when a shadow falls across the TV screen?

Participant: Yeah, like you know it's coming, something scary, so you just get scared then. [pause]

Researcher: Are you afraid when a shadow comes but not on the TV?

Participant: Just on the TV I think [pause] I don't know, just on the TV is when I know. Don't think I know that in my house or anything, shadows don't come that big you know? [pause]

Researcher: Where are you in this picture?

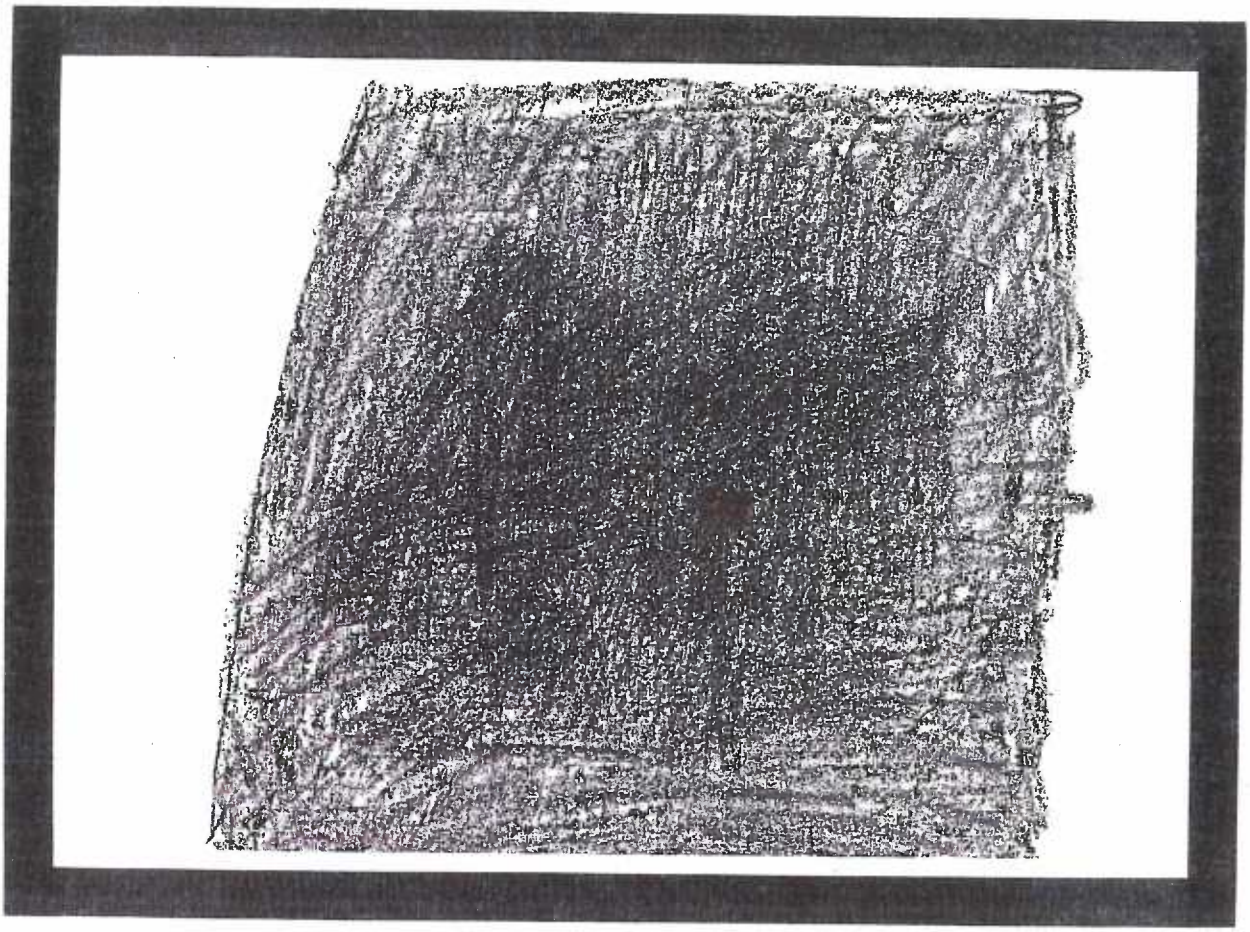
Participant: Over here [points off the page] all covered up, all scared, you know? [pause] Though now that I think about it I'm not sure how that helps. Maybe it just feels like someone is holdin' you. [pause] I never really thought about that before. [pause]

Researcher: Is there anything else you want to tell me about all of this?

Participant: No, are we gonna do the other thing now?

Participant #16 (parses into clauses)

Well, tell me all about this.
This is me watching TV,
see this is the TV
and this is the DVD player
and this is where you put the movie in, if you're watching a movie and all,
and [pause] this is the screen
and it's just gotten all dark and all
and you are scared now. [pause]
What is so scary?
That it's getting' all dark {pause] on the TV.
Then you know, it's going to be scary,
something's happening, real soon [pause].
You know how it gets dark
and then you know and [pause] you just know that something scary's gonna happen
[pause]
That's what I mean [pause]
What is this? (pointing to line going across the picture)
That is the shadow [pause]
like a warning [pause] here it comes! [pause]
So you are most afraid of when a shadow falls across the TV screen?
Yeah, like you know it's coming, something scary,
so you just get scared then. [pause]
Are you afraid when a shadow comes but not on the TV?
Just on the TV I think [pause] I don't know,
just on the TV is when I know.
Don't think I know that in my house or anything,
shadows don't come that big you know? [pause]
Where are you in this picture?
Over here [points off the page] all covered up, all scared, you know? [pause]
Though now that I think about it I'm not sure how that helps.
Maybe it just feels like someone is holdin' you. [pause]
I never really thought about that before. [pause]
Is there anything else you want to tell me about all of this?
No, are we gonna do the other thing now?



Who's there?

Participant # 17

Male
7.8 years
Pacific Islander

Participant #17

Researcher: Ok, go ahead. Draw the thing that you are most afraid of ... then I will want to hear all about it from you. Ok?

Participant: What if I'm most afraid of the dark? [pause]

Researcher: Well do you want to tell me about it.... Or draw it first and then tell me?

Participant: I'll draw it [pause] It'll be a lot of black, y'know. I'll be usin' the whole crayon up probably. [pause]

Researcher: Whatever you need to do

Participant: [after completing drawing] Ok I'm done. [pause] Told you. A LOT of black, 'cept this one thing.... Can you see it?

Researcher: I can't tell what it is?

Participant: That's the problem. You don't know. That's why you so scared. See. If it's dark. You don't know what it is. [pause]

Researcher: Where are you in this picture?

Participant: Here. Out here [points off the page between self and the paper] lookin' down the hall.... And it's dark. See. And then you're not afraid if it's just dark, just if you think you see something. Then it's trouble. I mean you don't know what it is. That's the scary part. [pause]

Researcher: So you are most afraid of the dark when you think you see something?

Participant: Yeah. The dark by itself isn't so bad 'cept what it can keep you from seein'. See? [pause]

Researcher: Well, can anyone or anything help you out?

Participant: Well, I guess if you could you'd turn the light on or yell to someone to come help you or tell you, but then that's not when you're scared. You're Scared when you can't do all that, you know, when you can't get help.

Researcher: Ok. Is there anything else you would like to tell me about?

Participant: No. What is the other part I have to do? I forgot now.

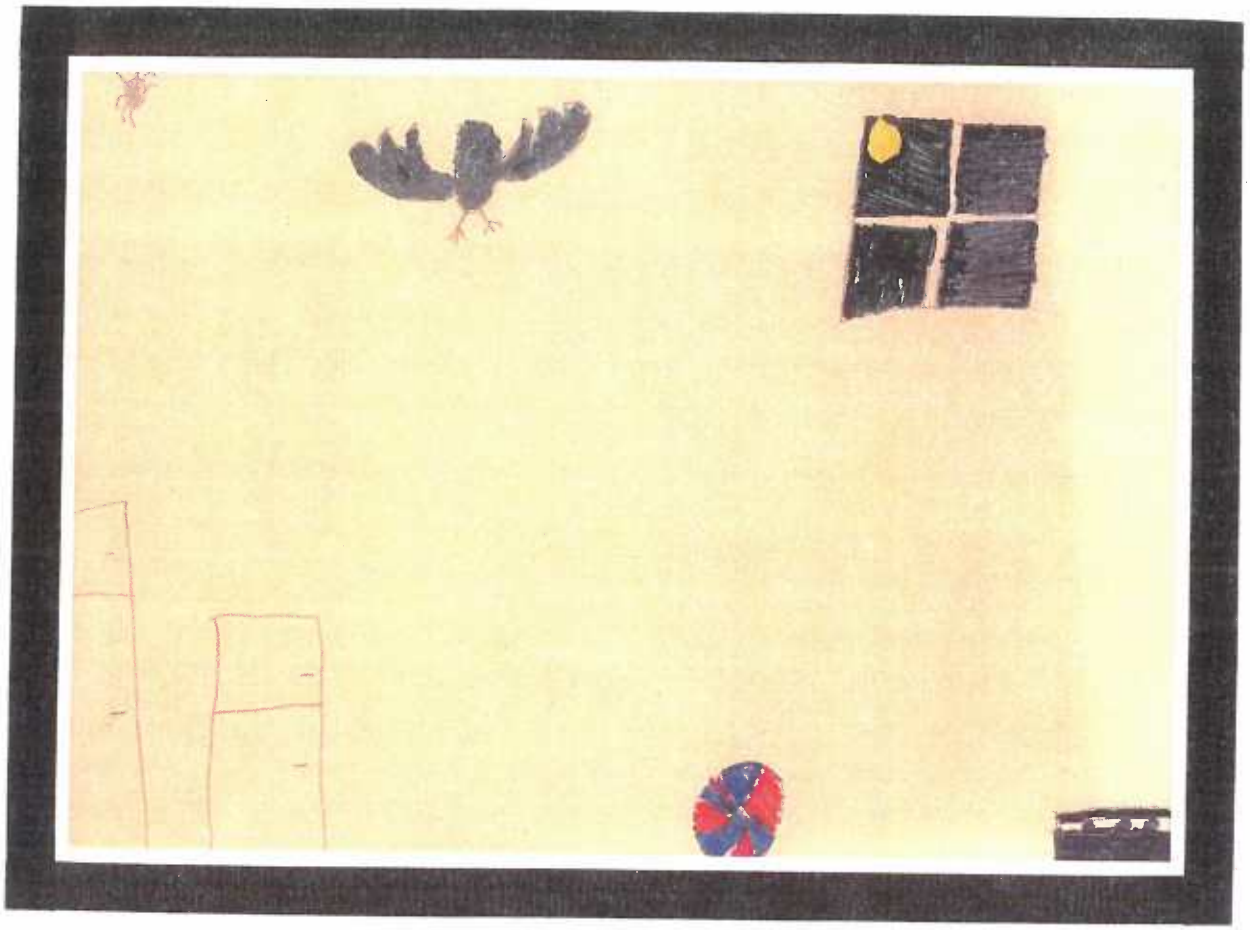
Participant #17 (parsed into clauses)

Ok, go ahead. Draw the thing that you are most afraid of...
then I will want to hear all about it from you.
Ok?
What if I'm most afraid of the dark? [pause]
Well do you want to tell me about it....
Or draw it first and then tell me?
I'll draw it [pause]
It'll be a lot of black, y'know.
I'll be usin' the whole crayon up probably. [pause]
Whatever you need to do

[after completing drawing]

Ok I'm done. [pause]
Told you. A LOT of black, 'cept this one thing....
Can you see it?
I can't tell what it is?
That's the problem.
You don't know.
That's why you so scared. See.
If it's dark.
You don't know what it is. [pause]
Where are you in this picture?
Participant: Here. Out here [points off the page between self and the paper]
lookin' down the hall....
And it's dark. See.
And then you're not afraid if it's just dark,
just if you think you see something.
Then it's trouble.
I mean you don't know what it is.
That's the scary part. [pause]
So you are most afraid of the dark when you think you see something?
Yeah. The dark by itself isn't so bad
'cept what it can keep you from seein'. See? [pause]
Well, can anyone or anything help you out?
Well, I guess if you could you'd turn the light on
or yell to someone to come help you or tell you,
but then that's not when you're scared.
You're scared when you can't do all that, you know,
when you can't get help.
Ok. Is there anything else you would like to tell me about?
No. What is the other part I have to do? I forgot now.

Participant: Nope.



The basement

Participant #18

Male
7.7 years
African American

Participant #18

Researcher: I can't wait to hear about your drawing...

Participant: Well, the thing I'm most afraid of is my basement. See...[pause] here [pause] this is how you get down here and then you have to walk all the way over here to get to the refrigerator. [pause] and all these things see are here and it's, you know, really scary to you. [pause] This is the refrigerator. We have 2 of them, some families have 2, you know. [pause] and this is a beach ball. It's old but you know it's there 'cause the light shines down on it and [pause] this is, I don't know what this is, really, it has some water coming up and making, it makes a noise, and it goes all the time, but only sometimes does the water slosh up over but it's really scary 'cause it makes the noise and you have to walk by it fast. [pause]

Researcher: Fast?

Participant: It makes the motor noise and then [pause] when you don't know it all of a sudden sloshes water up and sometimes it can get you and you are not ready for that at all. [pause]

Researcher: What else is scary about the basement?

Participant: The bats. See. They hang up there. We had one once and someone came and got it but they could be back and you can't really know that they're there or not and they could just come [pause] like if you are getting sloshed and you aren't looking out for the bat. [pause] or the spiders. They are there too. Up high. I don't care about the spiders so much really but the spider's WEB is scary. It can get on you and you can't get it off. [pause] And this is the moon. It's the only light down there, 'cept what is in the frigerator when you open it up but then you have to shut it and get back. I hate that part. I hate it when my mom wants something from the frigerator. I always hope she doesn't ask me. [pause]

Researcher: Well, is there anything else you want to tell me?

Participant: No, no. [pause] Bet you wouldn't want to go there, huh?

Researcher: Well, if I had to what would help me be less scared?

Participant: [pause] If I knew , I would be telling you another picture story [pause]

Researcher: What if we went there together?

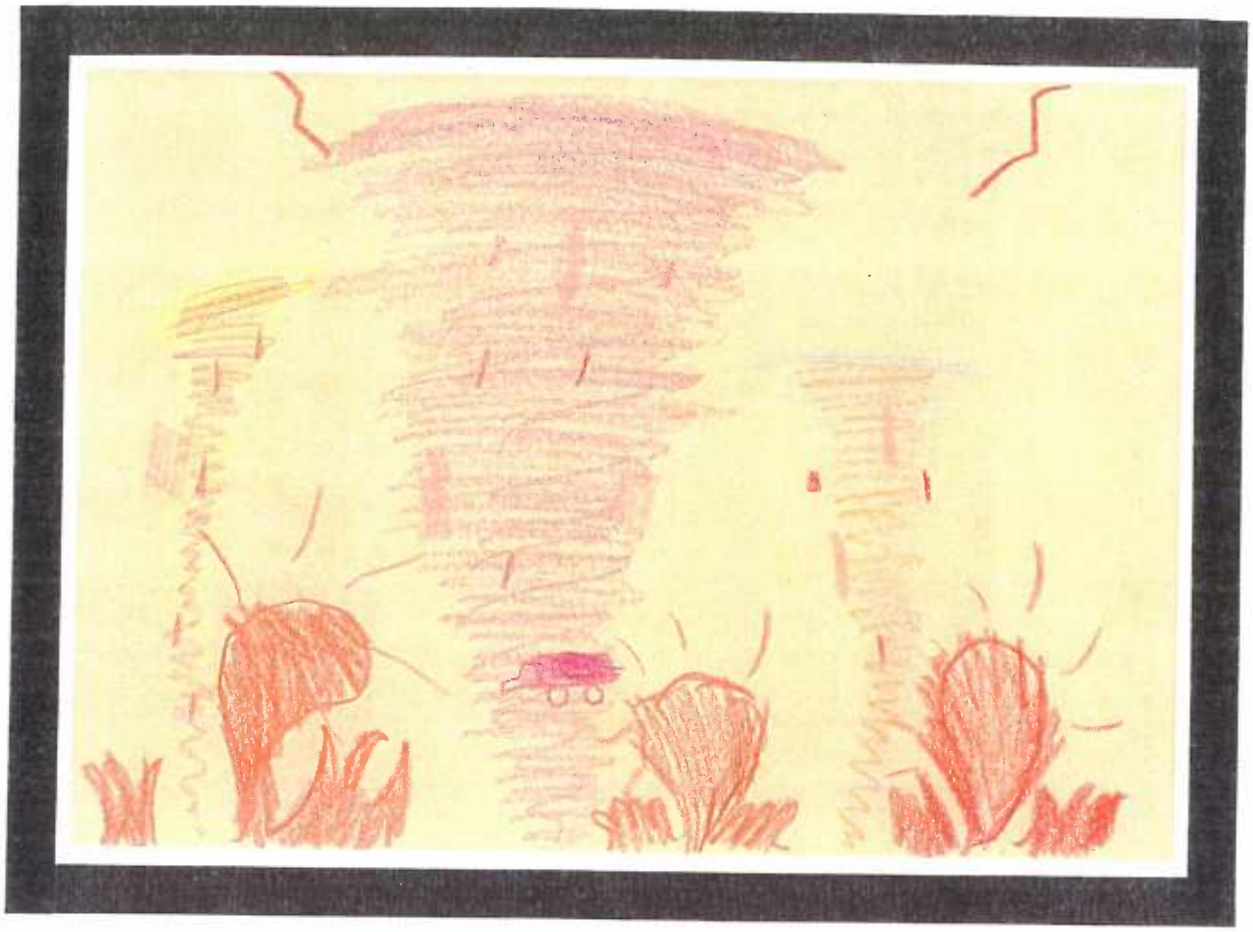
Participant: You'd be too scared to help me, believe me. [pause]

Researcher: Well, ok then. Is there anything else you want to tell me?

Participant #18 (parsed into clauses)

I can't wait to hear about your drawing...
Well, the thing I'm most afraid of is my basement.
See...[pause] here [pause] this is how you get down here
and then you have to walk all the way over here to get to the refrigerator. [pause]
and all these things see are here
and it's, you know, really scary to you. [pause]
This is the refrigerator.
We have 2 of them,
some families have 2, you know. [pause]
and this is a beach ball.
It's old
but you know it's there 'cause the light shines down on it
and [pause] this is, I don't know what this is, really,
it has some water coming up
and making, it makes a noise,
and it goes all the time,
but only sometimes does the water slosh up over
but it's really scary
'cause it makes the noise
and you have to walk by it fast. [pause]
Fast?
It makes the motor noise
and then [pause] when you don't know it all of a sudden sloshes water up
and sometimes it can get you
and you are not ready for that at all. [pause]
What else is scary about the basement?
The bats. See.
They hang up there.
We had one once
and someone came and got it
but they could be back
and you can't really know that they're there or not
and they could just come [pause]
like if you are getting sloshed
and you aren't looking out for the bat. [pause]
or the spiders.
They are there too. Up high.
I don't care about the spiders so much really
but the spider's WEB is scary.
It can get on you
and you can't get it off. [pause]
And this is the moon.
It's the only light down there,
'cept what is in the frigerator when you open it up
but then you have to shut it and get back.

I hate that part.
I hate it when my mom wants something from the frigerator.
I always hope she doesn't ask me. [pause]
Well, is there anything else you want to tell me?
No, no. [pause]
Bet you wouldn't want to go there, huh?
Well, if I had to what would help me be less scared?
[pause] If I knew , I would be telling you another picture story [pause]
What if we went there together?
You'd be too scared to help me, believe me. [pause]
Well, ok then. Is there anything else you want to tell me?
Nope.



Everyone's afraid of it touching down

Participant #19

Female
8.3 years
European American

Participant # 19

Researcher: Ok. Now what I am hoping you can do is think about the one thing that scares you the most and then tell me about it. If you'd like, you can draw it first and then tell me.

Participant: I'll draw it. I'm a good artist. I know that.

[Participant proceeds to complete drawing]

Ok. I'm done. Can you tell what it is?

Researcher: Wow. Why don't you tell me all about it?

Participant: Well, this is 3 tornados, all touching down. See how the [pause] even the truck is sucked up in one. [pause] These are explosions on the ground, like when the tornados hit a gas station of propane tank or something. [pause]

Researcher: Where are you in this picture?

Participant: Over here [pointing off the page to the right] in the basement of our house. No tornado touched down there, but, [pause] you know its near and [pause] it could. I was in a tornado once, but we didn't get, I mean it didn't touch down at our house, but it did touch down and you could see what it did. [pause] A truck and everything was all over and on, I mean, it was upside down on the road, like the tornado picked it up and threw it there. And [pause] there were fires and explosions from things. It was really scary. [pause] But I wasn't scared then, because we were in the basement and we got to play with all our old toys and things from when we were little, you know, like 5 years old. [pause] but when we came out afterwards [pause] I know to be scared now. [pause]

Researcher: So you aren't afraid of tornados really, as long as you are in a safe place?

Participant: Well, I AM afraid of tornados now because I know what they can do. Before I didn't really know so I just thought it was fun and all then I saw what happened so now I am afraid.

Researcher: So you are afraid even if you are with other people in a safe place?

Participant: See, there is not real safe place from tornados. I was safe that one time and I didn't know. But now, I know. Even when I'm with people, they'd be scared too you know. Hard to be not scared once you know what can happen. [pause]

Researcher: Is there anything or anyone that could make you less afraid of tornados?

Participant: Well [pause] I don't think so, less someone was knowing all about it and could tell you all calm and all. But I don't know anyone whose like that.

Researcher: Is there anything else you want to tell me about the picture or being scared?

Participant: No, that's all [pause]

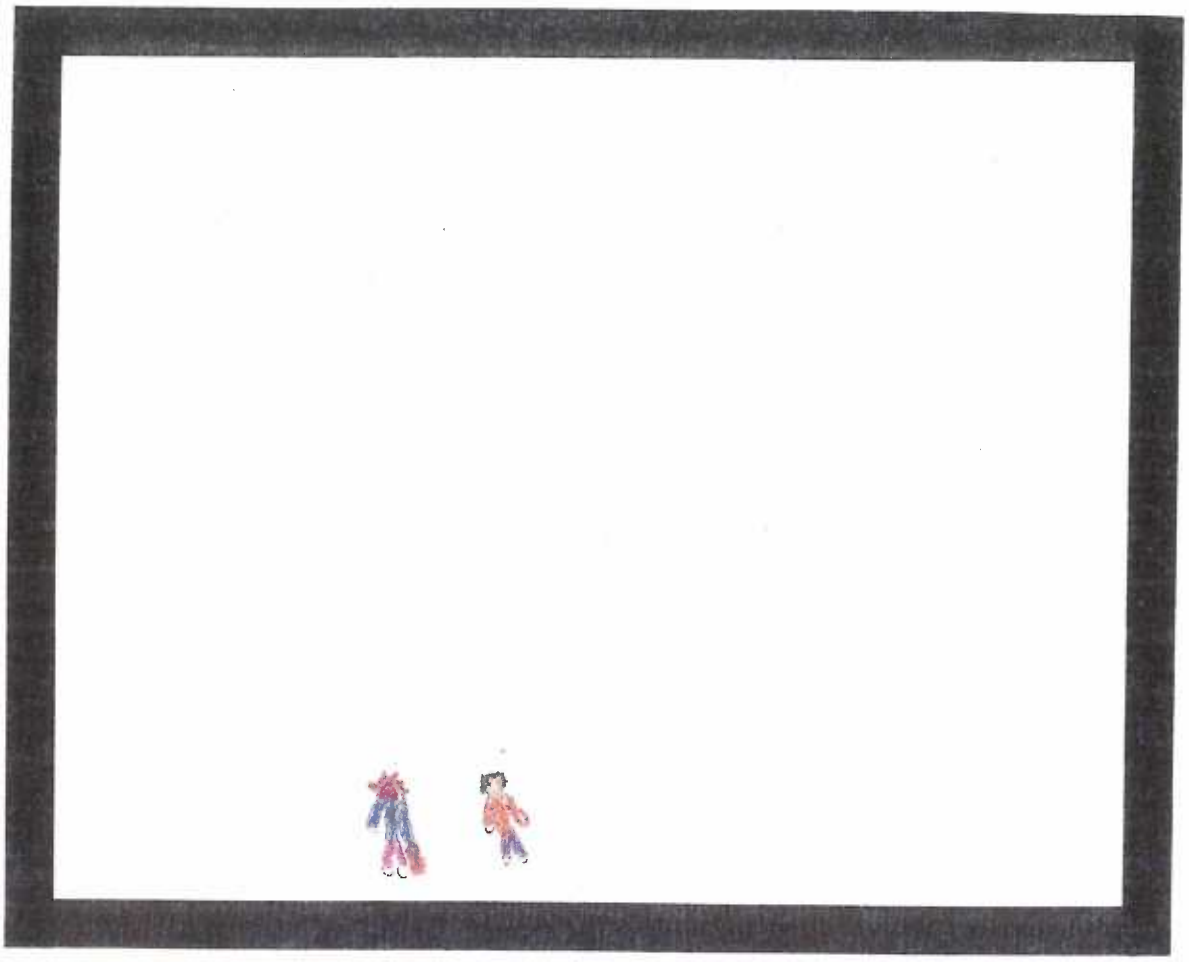
Participant # 19 (parsed into clauses)

Ok. Now what I am hoping you can do is think about the one thing that scares you the most
and then tell me about it.
If you'd like, you can draw it first and then tell me.
I'll draw it.
I'm a good artist.
I know that.

[Participant proceeds to complete drawing]

Ok. I'm done.
Can you tell what it is?
Why don't you tell me all about it?
Well, this is 3 tornados, all touching down.
See how the [pause] even the truck is sucked up in one. [pause]
These are explosions on the ground,
like when the tornados hit a gas station of propane tank or something. [pause]
Where are you in this picture?
Over here [pointing off the page to the right] in the basement of our house.
No tornado touched down there,
but, [pause] you know its near
and [pause] it could.
I was in a tornado once,
but we didn't get,
I mean it didn't touch down at our house,
but it did touch down
and you could see what it did. [pause]
A truck and everything was all over and on,
I mean, it was upside down on the road,
like the tornado picked it up and threw it there.
And [pause] there were fires and explosions from things.
It was really scary. [pause]
But I wasn't scared then,
because we were in the basement
and we got to play with all our old toys and things from when we were little, you know,
like 5 years old. [pause]
but when we came out afterwards [pause]
I know to be scared now. [pause]
So you aren't afraid of tornados really, as long as you are in a safe place?
Well, I AM afraid of tornados now
because I know what they can do.
Before I didn't really know
so I just thought it was fun and all
then I saw what happened

so now I am afraid.
So you are afraid even if you are with other people in a safe place?
See, there is not real safe place from tornados.
I was safe that one time and I didn't know.
But now, I know.
Even when I'm with people,
they'd be scared too you know.
Hard to be not scared once you know what can happen. [pause]
Is there anything or anyone that could make you less afraid of tornados?
Well [pause] I don't think so,
less someone was knowing all about it
and could tell you all calm and all.
But I don't know anyone whose like that.
Is there anything else you want to tell me about the picture or being scared?
No, that's all [pause]



Yikes!

Participant #20

Male
8.1 years
Latino

Participant #20

Researcher: Ok. So tell me all about what you are the most afraid of.

Participant: Well, this is a guy with a mask and a, see here [pointing to hand] a knife, with blood on it. He is looking for who he's gonna get next. You don't know who it is 'cause he's got a mask on and, but, you know he's lookin' for someone. You just can't see where he's looking. He's a killer man, and that's what he does. He kills people. Not even thinking about who they are at all. Just kills 'em. [pause]

Researcher: Where are you in this picture?

Participant: Here. [points just off the page to the right] I'm watching. Like on TV. You can see he's looking round and that's the next guy right there. He doesn't know. But I do. And, that's what's so scary. You know something's gonna happen, but, and you know, you could be the next one, you know. [pause] And there's no one else around. Just me. I'm probably gonna be next 'cause there's no one else round to help, 'cept the guy whose about to get it. Lot of help he'll be. [pause]

Researcher: Have you ever been in that position? Where you saw something like that happen? Or thought it was going to happen?

Participant: No, [pause] I mean just watching the TV and all, but not in real life, but, you know, it could be that the man I seen on the TV is in real life. I mean I've seen pictures on real TV with men in masks too, not just movies, TV, real TV, you know. What if I would see a man in a mask? I'd know what was happening. I'd know. I seen it on the TV, for real. It was bad, real bad [pause].

Researcher: What else would you like to tell me about this picture or about what you are most afraid of?

Participant: Nothing really. That's all. I mean, that's enough. [pause]

Participant #20 (parsed into clauses)

Ok. So tell me all about what you are the most afraid of.
Well, this is a guy with a mask
and a, see here [pointing to hand] a knife, with blood on it.
He is looking for who he's gonna get next.
You don't know who it is
'cause he's got a mask on
and, but, you know he's lookin' for someone.
You just can't see where he's looking.
He's a killer man, and that's what he does.
He kills people.
Not even thinking about who they are at all.
Just kills 'em. [pause]
Where are you in this picture?
Here. [points just off the page to the right] I'm watching. Like on TV.
You can see he's looking round
and that's the next guy right there.
He doesn't know.
But I do.
And, that's what's so scary.
You know something's gonna happen,
but, and you know, you could be the next one, you know. [pause]
And there's no one else around.
Just me.
I'm probably gonna be next
'cause there's no one else round to help,
'cept the guy whose about to get it.
Lot of help he'll be. [pause]
Have you ever been in that position?
Where you saw something like that happen?
Or thought it was going to happen?
No, [pause] I mean just watching the TV and all,
but not in real life,
but, you know, it could be that the man I seen on the TV is in real life.
I mean I've seen pictures on real TV with men in masks too,
not just movies, TV, real TV, you know.
What if I would see a man in a mask?
I'd know what was happening.
I'd know.
I seen it on the TV, for real.
It was bad, real bad [pause].
What else would you like to tell me about this picture or about what you are most afraid of?
Nothing really. That's all.
I mean, that's enough. [pause]

Here it comes!

Participant # 21

Male
7.9 years
European American

Participant #21

Researcher: Well, now, let's hear all about this.

Participant: Well [pause] this is a roller coaster ride and all and that's what I'm most afraid of. [pause] I mean I've never really been on a roller coaster really, but I've been there, you know, nearby, and people are always screaming. Then they get off and they tell you to go on, it's great. Sure. Everyone always wants me to but I don't want to do it and I don't, so they say it's cause I'm scared, but I guess I'm scared, but more scared cause they are screaming and I'm wondering about that. [pause]

Researcher: Where are you in this picture?

Participant: Here, [pause] the one with the glasses. I'm in the backest car because they [pause] made me get on it, you know, cause there's one seat still open, and I got on and we're coming to the first place of screaming and I know, I mean I don't know what's coming, 'cept for all the screams, I know that and I know that people don't scream for nothing, so I'm just waiting there knowing [pause] being scared of what is going be so scary, see, I really don't know. I just know that it is. [pause]

Researcher: So it sounds like you're afraid of what is going to happen because you don't really know what's going to happen?

Participant: Yeah, 'cept I know it's gonna be scary cause I've heard the screams [pause] I'm scared that's gonna happen. [pause] Someone's gonna make me do something I already know is scary, that's the worst part [pause]

Researcher: Which is more scary ... the thought of going down this first hill on the roller coaster or the thought of being made to do it by someone?

Participant: Someone makin' me do it, for sure, 'cause I already know it's scary, [pause] now I'm double scared, you know? [pause]

Researcher: What would make you less scared?

Participant: Nothing. I don't think. I mean, everyone else is going to be too busy screamin and all. Whose gonna help me? [pause]

Researcher: Is there anything else about the picture or about what scares you that you would like to share?

Participant: No, just don't want to go on that roller coaster, that's all. Don't want to do it. [pause] Are we gonna do the next thing now? Where you give me the list of things?

I mean, everyone else is going to be too busy screamin and all.
Whose gonna help me? [pause]
Is there anything else about the picture
or about what scares you that you would like to share?
No, just don't want to go on that roller coaster, that's all.
Don't want to do it. [pause]
Are we gonna do the next thing now?
Where you give me the list of things?

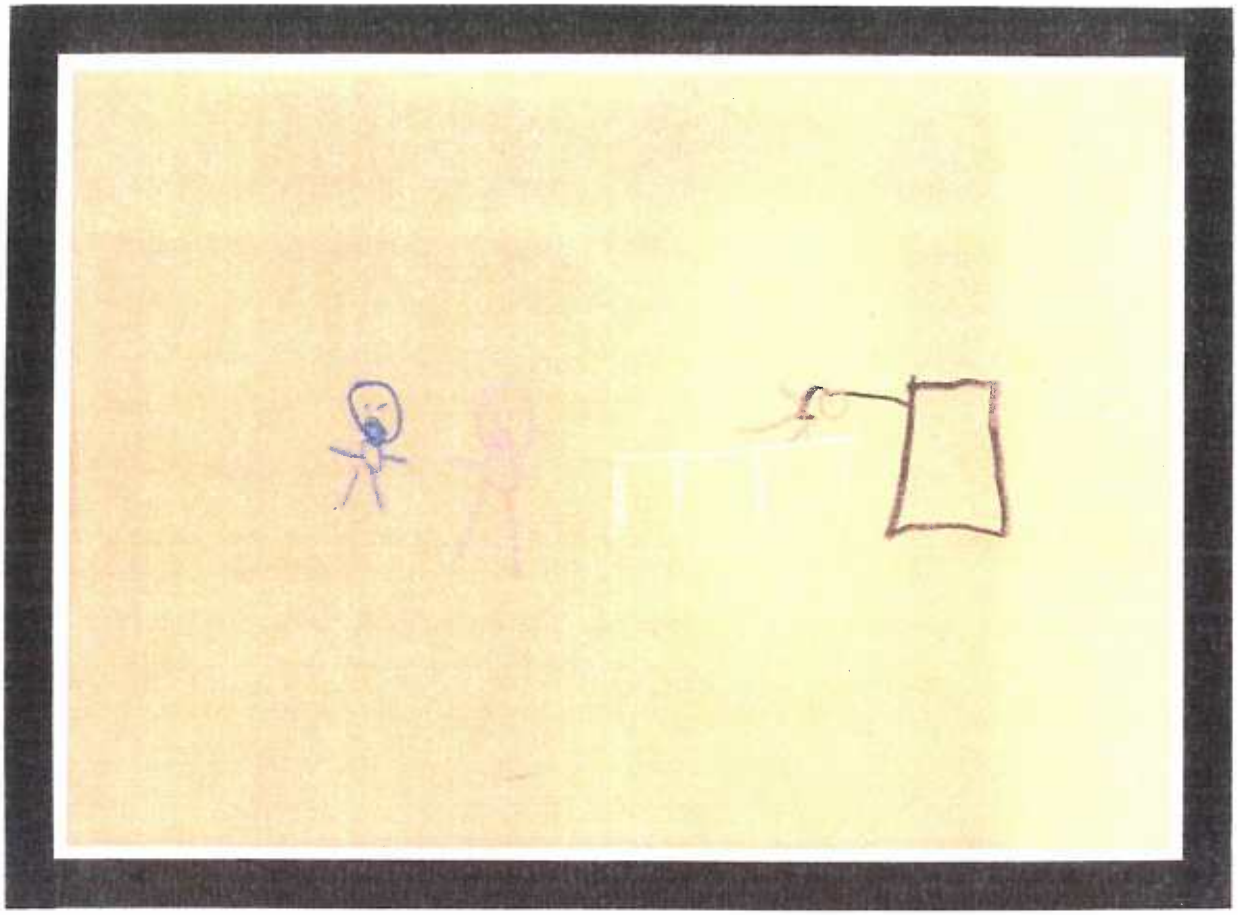
Participant #21 (parsed into clauses)

Well, now, let's hear all about this.
Well [pause] this is a roller coaster ride and all
and that's what I'm most afraid of. [pause]
I mean I've never really been on a roller coaster really,
but I've been there, you know, nearby,
and people are always screaming.
Then they get off
and they tell you to go on, it's great. Sure.
Everyone always wants me to
but I don't want to do it
and I don't,
so they say it's cause I'm scared,
but I guess I'm scared,
but more scared cause they are screaming
and I'm wondering about that. [pause]
Where are you in this picture?
Here, [pause] the one with the glasses.
I'm in the backest car
because they [pause] made me get on it, you know,
cause there's one seat still open,
and I got on
and we're coming to the first place of screaming
and I know, I mean I don't know what's coming,
'cept for all the screams,
I know that
and I know that people don't scream for nothing,
so I'm just waiting there knowing [pause]
being scared of what is going be so scary, see,
I really don't know.
I just know that it is. [pause]
So it sounds like you're afraid of what is going to happen
because you don't really know what's going to happen?
Yeah, 'cept I know it's gonna be scary
cause I've heard the screams [pause]
I'm scared that's gonna happen. [pause]
Someone's gonna make me do something I already know is scary,
that's the worst part [pause]
Which is more scary ... the thought of going down this first hill on the roller coaster
or the thought of being made to do it by someone?
Someone makin' me do it, for sure,
'cause I already know it's scary, [pause]
now I'm double scared, you know? [pause]
What would make you less scared?
Nothing. I don't think.

Participant: Heck, no. They are cutting and stuff. They are way WAY too busy for me. [pause]

Researcher: Well, is there anything else you want to tell me about this picture or what it is you are most afraid of?

Participant: Nope. That's it. Just don't want no surgery. [pause] What is the next thing we're doing?



Nobody's watching for me here

Participant #22

Male
8.1 years
African American

Participant #22

Researcher: I can't wait to hear about this. Tell me all about it...

Participant: Surgery. You know when they do the operation stuff. I'm most scared that I'm having to go to surgery. [pause] This is the room and the black box that keeps you 'live and they are the guys with, look at their faces, see they got masks on and you can't see whether they are smiling' or maybe sad 'cause things are goin' bad and all, you know? [pause] Then the box, this big black box that keeps people in surgery, in the surgery room, all alive and everything, it could not work too and then what can you do, nothing. See, you are out of it and everyone else is makin' all those decisions 'bout you and you can't say nothin' at all, cause you're havin' the surgery. [pause]

Researcher: And where are you in this picture?

Participant: Here [points to person on the surgery table]. See all hooked up to the black box and these guys, see, you can't see their faces really. [pause] that's the scary part [pause] not seeing their faces [pause]

Researcher: So you are most afraid that you won't know if something is going to happen because you can't see their faces?

Participant: You can't see. You can't see at all in surgery. You don't know. And that's the scary part. S'pose to relax and all, but how can you? [pause]

Researcher: Have you ever had surgery?

Participant: Nope, but I'd seen people who had it. They didn't look so good to me. Something went wrong I think. I don't know. [pause]

Researcher: Who do you know had surgery?

Participant: On the TV, you know. And something went wrong. I'm scared of that. [pause]

Researcher: What do you think would help you be less scared if you were going to have surgery?

Participant: Well, that's interesting to ask me. Because I'm wondering about that now. [pause] Maybe if I could see, you know, their faces, no [pause] only if their faces were smiling, so [pause] maybe if I knew someone was watching them, maybe that. [pause] I have to be wondering about that more though. [pause]

Researcher: You don't think all those people are watching out for you in there?

Participant #22 (parsed into clauses)

I can't wait to hear about this. Tell me all about it...
Surgery.
You know when they do the operation stuff.
I'm most scared that I'm having to go to surgery. [pause]
This is the room
and the black box that keeps you 'live
and they are the guys with, look at their faces, see they got masks on
and you can't see whether they are smiling' or maybe sad
'cause things are goin' bad and all, you know? [pause]
Then the box, this big black box that keeps people in surgery,
in the surgery room,
all alive and everything,
it could not work too
and then what can you do,
nothing.
See, you are out of it
and everyone else is makin' all those decisions 'bout you
and you can't say nothin' at all,
cause you're havin' the surgery. [pause]
And where are you in this picture?
Here [points to person on the surgery table].
See all hooked up to the black box
and these guys, see,
you can't see their faces really. [pause]
that's the scary part [pause]
not seeing their faces [pause]
So you are most afraid that you won't know if something is going to happen because you can't see their faces?
You can't see.
You can't see at all in surgery.
You don't know.
And that's the scary part.
S'pose to relax and all,
but how can you? [pause]
Have you ever had surgery?
Nope, but I'd seen people who had it.
They didn't look so good to me.
Something went wrong I think.
I don't know. [pause]
Who do you know had surgery?
On the TV, you know.
And something went wrong.
I'm scared of that. [pause]
What do you think would help you be less scared if you were going to have surgery?

Well, that's interesting to ask me.
Because I'm wondering about that now. [pause]
Maybe if I could see, you know, their faces,
no [pause] only if their faces were smiling, so [pause]
maybe if I knew someone was watching them,
maybe that. [pause]
I have to be wondering about that more though. [pause]
You don't think all those people are watching out for you in there?
Heck, no. They are cutting and stuff.
They are way WAY too busy for me. [pause]
Well, is there anything else you want to tell me about this picture or what it is you are most afraid of?
Nope. That's it.
Just don't want no surgery. [pause]
What is the next thing we're doing?