

IDENTIFICATION OF A DOMINANT DEFENCE MECHANISM FOR
CHILDREN IN THEIR MIDDLE CHILDHOOD IN DEALING WITH
FEAR

by

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STATEMENT

I declare that “IDENTIFICATION OF A DOMINANT DEFENCE MECHANISM FOR CHILDREN IN THEIR MIDDLE CHILDHOOD IN DEALING WITH FEAR”, is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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DEDICATION

I dedicate this study to my close friends for their continual support and motivation during the process. Their kind words and constant encouragement inspired me to never give up.

To Kevin Rochford, my late UCT professor, you were an inspiration.

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Herewith I would like to acknowledge and thank the following people:

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The respondents who took time to participate in this research. Your involvement and assistance is what made this study possible.

ABSTRACT

Although fear is an integral part of normal human functioning, it is important to obtain knowledge of children's normative fear and defence mechanism in order for parents and caregivers to understand and contribute towards mediating potentially stressful experiences of children in their care.

This combined qualitative and quantitative study aimed to identify a dominant defence mechanism for children in their middle childhood in dealing with fear. In order to reach the aim of this study a conceptual framework was done exploring terms central to this study including: development in middle childhood, fear, coping mechanisms and defence mechanisms. Miller and Dollard's learning theory as a theoretical perspective was applied to the study. Interviews were conducted with eleven children in the southern suburbs of Cape Town. The data was analyzed and several findings were identified and explored. Implications, limitations as well as suggestions are part of the concluding chapter of the report.

KEY WORDS

Middle Childhood

Fear

Defence mechanisms

Coping mechanisms

Cue

Drive

Response

Reward

Learning

DECLARATION OF TERMINOLOGY

In order to not discriminate against any gender and for practical reasons the researcher has chosen to use his/her, he/she when referring to individual children. In some parts, the study refers to each participant/child and it is for that reason that the singular pronouns needed to be used.

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CHAPTER ONE

INTRODUCTION TO RESEARCH

1.1. INTRODUCTION

According to Burkhardt (2003:4) childhood fears can be defined as normal strong emotional reactions to actual or imaginary dangers which fade when the threatening object is removed. Further they comprise of both physiological changes (i.e. heart palpitations, rapid breathing and profuse sweating) as well as behavioural expressions (i.e. avoidance, escape and tentative approach). Nevid, Rathus and Greene (2000:577) define fear as an unpleasant, negative emotion characterised by the perception of a specific threat, sympathetic nervous system activity, and tendencies to avoid the feared object.

Fear could have a major impact on children's development in their middle childhood and it is therefore important to gain an understanding of children's fears and the defense mechanisms used in order to be aware of how they are dealing with their fears. Through research, psychologists have found that those children, who emerge from middle childhood with a positive self-esteem, a healthy relationship with friends, and a good feeling about their own academic and social capabilities, are ready to tackle the challenges that await them during adolescence (Kaplan, 2000:456). It is therefore of importance that this research on fear be done on children in their middle childhood in order to assist teachers, caregivers, psychologists, psychiatrists, occupational therapists, as well as child play therapists in their understanding of the children in their care and possibly aid in a smooth progression to adolescence.

1.2. RATIONALE FOR STUDY AND PROBLEM FORMULATION

From a scientific point of view the motivation for the study is the need to acquire a better understanding of the child's world and his/her perception of it. It is of fundamental importance to incorporate the child's point of view into caring systems, professional

practice and social policies before any meaningful contribution can be made towards developing and optimizing human potential (Loxton, 2004:3).

In order to stimulate and develop human potential, the researcher believes it is a good policy to start with children. Loxton (2004:2) is of the opinion that the importance of listening to children's own voices on their behavioural issues has a long history of being ignored and that children have been reduced to silent minority being spoken for by well-meaning adults such as parents, teachers, and other professionals. In order to have access to the world of children, it is of vital importance really to listen to what they say in their own words; thus the motivation for this study is based on the collection of data in a qualitative manner with elements of a quantitative study. Some of the questions in the semi-structured interviews were of a qualitative nature encouraging rich and descriptive answers and therefore really listening to what the sample group had to say. Other questions were quantitative in nature and elicited numerical answers.

According to Wait (2004:125), historically spoken, middle childhood has not always been regarded as an important phase of development by psychologists. Freud (1963) referred to it as the latent phase in his psychoanalytical theory and regarded it as the period during which aggressive and sexual impulses were repressed. According to him it played an important part subconsciously, but no important new developments took place during this stage. Later, research by Erickson and Piaget (Erickson, 1985:57) has shown the importance of these years. Their theories emphasize intellectual development, competence, and a growing investment in work. During this phase children spend a great deal of their days learning and practising the skills that are valued by their society, whether these skills be reading, writing, arithmetic, sport skills, fishing or weaving.

Duncan and van Niekerk (2001:325) believe that South African children have often, in the past, been one of the most neglected and disadvantaged sectors of the community. Being able to identify a dominant defence mechanism in dealing with their fears in a normative sample group of children in their middle childhood could possibly aid in early

intervention and prevention programmes. This could possibly aid in reducing the overall incidence of childhood disorders, as well as of certain adult disorders.

Shore and Rapport (1998:437) are of the opinion that the onset of many adult psychological problems can be traced back to childhood, especially anxiety disorders. Burkhardt, Loxton and Muris (2003:95) confirm this and state that specific fears have been found to be prevalent among children in their middle childhood. Erickson (1985:144) in his discussion of 'infantile fears' as the precursors of irrational anxieties entertained by adults suggests a clear continuity between child fears and the later presentation of fear and anxiety disorder in adulthood. According to Spence (in Burkhardt, 2007:3-4) the need for effective preventative programmes is therefore of the utmost importance. Early prevention could result in cost savings in mental health services. Benefits include improved quality of life and reduced suffering for many children. Dadds, Seinen, Roth and Harnett (2000) are of the belief that early intervention reduces negative long-term consequences, such as the disruption of relationships, schooling and vocational development.

From a literature point of view, a search of the available databases on the World Wide Web, the University of Stellenbosch, the University of Cape Town, the University of the Western Cape, the University of Amsterdam and the UniSA has revealed that sufficient research regarding fear in pre-school and children in their middle childhood has been conducted. The psychology department of the University of Stellenbosch has compiled a great portion of the available data. The researcher was part of this information gathering in her honours year in psychology under the leadership of Dr Loxton and Dr Wait. Together with a group of honours students a similar study of a previous study done in the Netherlands by Muris, Merckelbach, Gadet and Moulaert, published in the *Journal of Clinical Child Psychology*, 2000, was completed as a mini-thesis. The topic is Fears, Worries and Scary Dreams in 3 to 6 Year-Old Children: Their Content, Origin, Frequency, and Intensity. From the above literature, there is however no research surrounding children's fears and the defence mechanisms used.

There is however updated South African literature on fears in children and the coping mechanisms used. This includes a doctoral dissertation by Loxton (2004) with the title: *Expressed fears and coping mechanisms of a selected group of preschool children* a master's dissertation by Du Plessis (2006) entitled: *The origins of fears in a selected group of middle childhood South African children*, and a master's dissertation by Burkhardt (2003) entitled: *The fears expressed and coping mechanisms of a selected group of middle childhood South African children living in a children's home*. This study was furthered into a doctoral dissertation by Burkhardt (2007) entitled: *An assessment instrument for fear in middle childhood South African children*.

All the above dissertations argue that fear is regarded as a universal experience and is common in the lives of children (Kennedy, 1982:272; Ollendick & King, 1991:636). It is regarded as part of the normal emotional development of a child (Bauer, 1976:69; Craig, 1996:100; Robinson, Rotter, Fey & Robinson, 1991:189). The expression of fear is individualistic and is influenced by many factors such as past experience, situational stimuli, temperament, and physical and cognitive development (Gullone & King, 1992:987). This also holds true for the present study.

In the above mentioned dissertations, coping mechanisms are referred to as behaviour that involves problem solving, information seeking, cognitive restructuring, seeking understanding, catastrophizing, emotional release or ventilation, physical activities, acceptance, distraction, distancing, avoidance, self criticism, blaming others, seeking support and the use of religion. According to Vaillant (1993:10) there are three very different means by which ones mind can cope with stress and danger. First, one can receive help from others; this aid to coping is often called social support, and it is generally voluntary. Second, one can employ voluntary, learned methods to help oneself; such manoeuvres are sometimes called cognitive coping strategies. Third, one can deploy involuntary, unconscious strategies. These are often subsumed under the psychoanalytical term ego mechanisms of defence. This third kind of coping process alters perception of both internal and external reality in a largely involuntary way. Often the result of such mental distortion of reality is to diminish anxiety and depression, and thus to reduce the

physiological and psychic wear and tear of stress. Further, Vaillant (1993:10) states that defences work not just against the scary reality, but also against scary relationships, desires and taboos.

Considering the above explanation by Vaillant and the ever changing environment and field of a child, the researcher is of the opinion that coping skills are no longer the only suitable explanation in accurately defining what children do with their fears. The researcher is of the opinion that children do not always cope with their fears, but use a defence mechanism to deal with them. Therefore a re-exploration and redefinition of what children in their middle childhood do with their fears could lead to identifying a dominant defence mechanism used.

Further, being a primary-intermediate phase teacher, the researcher is of the belief that a knowledge of children's normative fears and defence mechanisms, not simply coping mechanisms, has the potential to assist teachers, caregivers, psychologists, psychiatrists, occupational therapists, as well as child play therapists in their understanding of the children in their care. This can possibly contribute towards mediating potentially stressful experiences of children by teaching them developmentally appropriate and effective coping skills.

The researcher is further of the opinion that if this research does not get done it could have implications for children in their middle childhood. What children do with their normative fears has always been defined through coping mechanisms, if the possibility that they can be understood as defence mechanisms is overlooked, then one could be missing out on a vital part of psychological knowledge. Looking at fears and how children deal with them from another angle could allow for a better understanding of children in their middle childhood. Without a doubt, it is a certainty that the more knowledge society has in their possession concerning South African children's fears, the better quality treatment strategies society will have at their disposal to help children suffering from anxiety disorders, who have limited resources personally available to them to afford long-term and expensive treatment. Even better, such knowledge can be applied

to the prevention of certain anxiety phenomena at grass-roots level, where the accessibility of both human and financial resources is low.

It must also be noted that many definitions, references, as well as facts surrounding children's fears are outdated, which could pose a problem when accurately comparing data. A call for newer and more relevant information is therefore also a motivation in this study.

According to Mouton (2001:48) the statement of the research problem should be a clear and unambiguous statement of the object of study and the research objectives. The problem statement is sometimes formulated as specific research questions or research hypothesis.

From the available literature, and the researcher's professional point of view, children in their middle childhood behave in a certain way when dealing with their fears. Previous research on how children deal with expressed fear has been regarded as coping mechanisms. The problem is that fear and how children deal with their fear has not been looked at from the angle of defense mechanisms. If one does not know this information then it could have implications for children in their middle childhood, for example the development of anxiety and stress disorders, phobias and certain social disorders. In this study, the researcher calls for a re-exploration of children's fears in their middle childhood and a refinement of how they channel them by identifying a dominant defence mechanism for this sample group. The value of the new knowledge proposed to be obtained through this study, could possibly have benefits for people working with children and help them to understand certain behaviour.

Furthermore, this research, being exploratory in nature, may spark a greater interest in this area and could lead to further studies in the future. It could also allow for a longitudinal comparison; with the same sample group; in order to gain a better understanding of the progression of fears and defence mechanisms in children in their middle childhood.

1.2.1. RESEARCH QUESTION

The first step in any research is to formulate or work out the research question. The question is gradually refined until it becomes specific enough to give the researcher a clear direction for answering it. Developing the initial question is critical because it determines much of how the research should be conducted (Graziano & Raulin, 2004:60). According to Strydom and Delport (2005:327-328) a research question may be described as formulation of vague thoughts about a subject into a specific question. All questions should be related to the goal and objectives of the study. According to these definitions, the research question of this study is: **What dominant defence mechanism do children in their middle childhood tend to use when dealing with their fear?**

1.2.2. AIM AND OBJECTIVES

Webster (in Fouché & de Vos, 2005:104) defines both “goal” and “objective” as “the end towards which effort and ambition is directed: aim, purposes,” while “objective” denotes the more concrete, measurable and more speedily attained conception of such an “end toward which effort or ambition is directed.” The one (goal, purpose or aim) is the “dream”; the other (objective) is the steps one has to take, one by one, realistically at grass-roots level, within a certain time span, in order to attain the dream. According to the above definitions, the goal and objectives for this study can be expressed as follows:

The aim of the study is:

- to determine the content of fears in a selected group of children in their middle childhood in the southern suburbs of Cape Town in order to identify a dominant defence mechanism used to deal with their expressed fear.

The objectives of this study are:

- to provide a conceptual framework describing Miller and Dollard’s learning theory and the developmental stage of children in their middle childhood, fears, coping mechanisms and defence mechanisms in general.

- To explore the expressed fears and defence mechanisms for children in their middle childhood through semi-structured interviews with children between the ages of eight and twelve years, in the southern suburbs of Cape Town, to analyse the data and control it with existing literature.
- To come to conclusions and make recommendations for further research regarding children's fear and the defence mechanism used. Explain the limitations of the study and summarise the findings.

1.3. RESEARCH APPROACH

There are two well-known and recognized approaches to research, namely the qualitative and the quantitative paradigms (Fouchè & Delport, 2005:73). According to Babbie and Mouton (2001:270) the qualitative paradigm is holistic in nature and aims mainly to understand social life and the meaning that people attach to everyday life. Qualitative researchers attempt always to study human action from the perspective of the social actors themselves.

On the other hand, according to Fortune and Reid (in Fouchè & Delport, 2005:73) quantitative studies are focused on relatively specific questions or hypotheses that remain constant throughout the investigation. Measurement is normally focused on specific variables that are, if possible, quantified through rating scales, frequency counts and other means. According to Creswell (1994:1-2) the main aims are to measure the social world objectively, to test hypotheses and to predict and control human behaviour. A quantitative study may therefore be defined as an inquiry into a social or human problem, based on testing a theory composed of variables, measured with numbers and analyzed with statistical procedures in order to determine whether the predictive generalizations of the theory hold true.

In the past various methods have been used to obtain data regarding children's fears. For example observational investigations, parent/teacher reports, child interviews, fear list investigations, self-rating checklists and projective techniques (Burkhardt, 2007:64-65).

Most research regarding children's fears has been quantitative in nature and large samples have been used. For this research, in depth interviews were conducted on case studies involving explorations and descriptions of each case and data was obtained in a systematic way and in a standardized manner. The questions used in the semi-structured interview are both qualitative and quantitative in nature. The study is qualitative with elements of a quantitative study.

1.3.1. TYPE OF RESEARCH

Fouchè and de Vos (2005:105) state that it is important to classify the functions of research in the degree of direct practical application inherent in the findings. Research may, therefore, be labeled as either basic or applied. Basic (or pure) research seeks empirical observations that can be used to formulate or refine theory. It is not concerned with solving the immediate problems of the discipline. Applied research is most often the scientific planning of induced change in a troublesome situation and it is aimed at solving specific policy problems or at helping practitioners accomplish tasks.

The information gathered from this study will contribute towards change in a potentially troublesome situation. By looking at the fears and defence mechanisms of children in their middle childhood, it explores an important issue in their development and well being and could possibly aid in preventing later adult psychological problems, especially anxiety. It will also help care-givers and teachers to become more aware of children's fears in their middle childhood and how they are channeling them. The type of research is therefore applied research.

Neuman (2000:6) states that the social sciences involve the study of people – their beliefs, behaviour, interaction, institutions, and so forth. Social science research is defined by Mouton and Marais (in de Vos, 2005a:41) as a collaborative human activity in which social reality is studied objectively with the aim of gaining a valid understanding of it. The type of applied research used in this study is both exploratory and descriptive research. According to Fouché and de Vos (2005:106) exploratory research is conducted

to gain insight into a situation, phenomenon, community or individual. The need for such a study could arise out of a lack of basic information on a new area of interest, or to become acquainted with a situation so as to formulate a problem or develop a hypothesis. In this study, research was conducted to gain insight into the expressed fears and the mechanisms of defence in children in their middle childhood, which together, is a new concept as there is a lack of classic information in this area of interest. An exploratory study could constitute an answer to a “what” question (Fouché & de Vos, 2005:106). This study aims at answering the question: What dominant defence mechanism do children in their middle childhood tend to use when dealing with their fears?

As discussed above, in this study the researcher was hoping to embark on a new study that could be the first stage in a sequence of studies, if a longitudinal study is to follow in the future. The study is therefore classified as exploratory research.

According to Babbie and Mouton (2001:80-81) a major purpose of many social scientific studies is to describe situations and events. According to Rubin and Babbie (2001:125) descriptive research refers to a more intensive examination of phenomena and their deeper meanings, thus leading to a more detailed description and a research strategy such as is applicable to the case study. This study aims at describing the fears and defence mechanisms of children in their middle childhood in great depth; it is for this reason that this study could also be classified as descriptive research.

1.3.2. RESEARCH STRATEGY

In order to conduct research a research strategy needs to be put in place. As previously stated this study is a qualitative study with elements of a quantitative research approach. Creswell (1998) identifies five strategies of inquiry or traditions that could be used to design qualitative research; among them is the case study. According to Fouché (2005:272) a case study involves the exploration and description of a case, this takes place through detailed, in depth data collection methods, involving multiple sources of information that are rich in content. Case studies typically also focus on individuals

(Graziano & Raulin, 2000:123). The researcher aimed at exploring the fears and defence mechanisms of children in their middle childhood, by gathering rich, in-depth information. The researcher feels the best way to understand this is through an appreciation of individual experiences and it is for this reason that a case study was the most applicable research strategy.

Mark (in Fouché, 2005:272) refers to three different types of case studies, all with different purposes: the intrinsic case study, the instrumental case study and the collective case study. The instrumental case study is used to elaborate on a theory or to gain a better understanding of a social issue. The case study merely serves the purpose of facilitating the researcher's gaining of knowledge about the social issue. This study aimed at gaining a better understanding of children's fear and the defence mechanism by exploring individual cases. The most applicable type of case study was the instrumental case study. The proposed research procedure and work method for this study will be discussed in the following section.

1.4. RESEARCH PROCEDURE AND WORK METHOD

Research methodology refers to methods, techniques and procedures that are employed in the process of implementing the research design or research plan, as well as the underlying principles and assumptions that underlie their use (Babbie & Mouton, 2001:647). As mentioned previously, the researcher has selected a research topic and addressed the aim and objectives of this study. Furthermore the researcher chose to use both research approaches and developed a research strategy. According to Delport and Fouché (2005:261-354) there are several steps in the research procedure that need to be taken in order to conduct successful research. These steps can be seen as the procedure that needs to be followed in order to find a solution to the problem. In the following section the research procedure and work method relevant to this study will be discussed.

1.4.1. CONCEPTUAL FRAMEWORK

According to Creswell (1998:173) literature may be on either end of the continuum. As such, theory could be used to guide the study in an explanatory way (“before” data collection), or engaged towards the end of the study as a way in which to compare and contrast it with the developed theoretical model (after data collection). The researcher decided to use theory both at the beginning of the study (in order to familiarize with certain terms and concepts relating to the fears of children in their middle childhood) as well as at the end of the study (to compare various themes and ideas that arise from the case study with the existing literature).

According to Fouché and Delpont (2005:127) a review of the available literature is aimed at contributing towards a clearer understanding of the nature and meaning of the problem that had been identified. The field of study located in the research study was children in their middle childhood. The literature review highlights main issues in the field and through this it made it clearer where the research fits within the field.

In this study a conceptual framework was compiled investigating relevant literature. A conceptual framework is built from concepts or constructs, often of a variable nature, and is utilized in the formulation of basic statements. These statements may be definitions, propositions or hypotheses that are woven together with a view to classifying, describing and in particular, explaining a human phenomenon (de Vos, 2005a:43). In this study, the conceptual framework begins with an in-depth look at Miller and Dollard’s learning theory as a theoretical perspective for the study. The study also compiled a literature study on the developmental stage of children in their middle childhood and the influence of fear on normal development. Thereafter the researcher investigated existing literature on fear, development of middle childhood, definition of fear, the content and level of fear. Furthermore coping mechanisms and defence mechanisms were also investigated.

There are various sources, which can be used in a literature study. Yegidis and Weinbach (in Fouché & Delpont, 2005:127) point out that such sources should, in the first place,

provide information about the research problem. They must enable the researcher to draw conclusions and, finally the source must be credible. In this study sources older than fifteen years are properly motivated: the researcher made use of the classical works of Freud (1966; 1963), Erickson (1985), Bandura (1982), Miller and Dollard (1941) and Dollard and Miller (1950) which date back more than fifteen years. The researcher is also of the opinion that many definitions of fear, coping mechanisms and defence mechanisms have stood the test of time and are still relevant and applicable to modern society and understanding. This includes the definitions and explanations of fear by Gullone and King (1992; 1993), Ollendick and King (1991), Kennedy (1982), Bauer (1976), Robinson, Rotter, Fey and Robinson (1991), Morris and Kratochwill (1983), Ferrari (1986), Graziano, Giovanni and Garcia (1979) and Craig (1996), as well as the valuable input of Biederman, Rosenbaum, Bolduc-Murphy, Faraone, Chaloff, Hirshfeld and Kagan (1993). The researcher makes reference to the Fear Survey Schedule and its developers: Sherer and Nakamura (1968) and Ollendick (1983).

Defence mechanism was a concept formulated by Sigmund Freud and then later developed by his daughter, Anna Freud. Therefore the majority of literature or writings on defence mechanisms were formulated soon after it was defined and understood by Sigmund and Anna Freud. Writers such as Cramer (1983), Mahl (1971), Chandler, Paget and Koch (1978) and Vaillant (1993) made valuable contributions to the understanding of defence mechanisms. Definitions of coping mechanisms by Band and Weisz (1988) are also referred to in this study.

Yegidis and Weinbach (in Fouché & Delport, 2005:127) are of the belief that the following resources are relevant in a literature study: scientific books; articles in professional journals; standard reference materials; research reports, dissertations and monographs; specialized index publications; presentations at conferences, symposia and workshops; the internet; radio and television broadcasts; and newspapers, magazines and periodicals. For the sake of this research study, sources that covered information regarding Miller and Dollard's learning theory, children's fears (their content, origin, frequency, and intensity), defense mechanisms and coping mechanisms were used. The

researcher mostly make use of scientific books, published and unpublished masters and doctoral dissertations, the Internet – including online journals and policy documents and research reports. Lastly the researcher also consulted a professional in the field of fear in South African children, Dr Loxton from Stellenbosch University.

1.4.2. SAMPLING TECHNIQUE

During the process of selecting or sampling the aim is to get a sample that is as representative as possible of the target population (Mouton, 2001:132). In qualitative research however, sampling can be described as being relatively limited, based on saturation, not representative, the size not statistically determined and involving low cost and less time (Strydom & Delpont, 2005:328). In order to select the best sampling approach, the universe and population of the research need to be identified.

According to Strydom (2005:203-204) the term universe refers to all potential subjects who possess the attributes in which the researcher is interested. In this study the universe includes all children in their middle childhood in South Africa.

A population is a term that sets boundaries on the study units. It refers to individuals in the universe who possess specific characteristics (Strydom & Venter, 2005:193). The population in this study consisted of those children in their middle childhood attending school in the southern suburb area of Cape Town. Schools included: Zwaanswyk Primary (in Retreat) and Western Province Preparatory School (in Claremont). After the universe and population were identified the sampling technique was developed.

A sample is studied in an effort to understand the population from which it was drawn (Strydom, 2005:194). Seaberg (in Strydom, 2005:194) describes a sample as a small portion of the total set of objects, events or persons that together comprise the subject of the study. Patton (2002:244) says that there are no rules for sample sizes in qualitative inquiry. Sample size depends on what the researcher wants to know, the purpose of the inquiry, what is at stake, what will be useful, what the credibility will be and what can be

done with available time and resources. Graziano and Raulin (2000:428) state that there are two types of sampling methods, namely probability and non-probability sampling. Non-probability sampling is any sampling procedure in which some participants have a higher probability of being selected than other participants. This study made use of non-probability sampling due to accessibility of children in their middle childhood to the researcher.

There are many different types of non-probability sampling methods. This study made use of purposive sampling. In purposive sampling a particular case is chosen because it illustrates some feature or process that is of interest for a particular study (Silverman, 2000:104). In purposive sampling the researcher must first think critically about the parameters of the population and then choose the sample case accordingly. Clear identification and formulation of criteria for the selection of respondents is, therefore, of cardinal importance. In this study, the respondents were chosen if they: were in their middle childhood, attended either Western Province Preparatory School or Zwaanswyk Primary in the southern suburbs of Cape Town, could speak English, parental consent had been given and had the same time slot available as the researcher to be interviewed. Eleven children were chosen to be apart of the sample group.

The researcher will now explain the pilot study that was conducted with two children, who did not form part of the sample group. The pilot study was completed before the interview process, with the sample group, took place.

1.4.3. PILOT STUDY

In qualitative research the pilot study is usually informal, and a few respondents possessing the same characteristics as those of the main investigation can be involved in the study, merely to ascertain certain trends. According to Royse (in Strydom & Delpont, 2005:331) the purpose is to determine whether the relevant data can be obtained from the respondents. The pilot study was used because the researcher wanted to assure trustworthiness and the researcher felt that it did contribute to the overall trustworthiness

of the research. Two English speaking children in their middle childhood attending school in the southern suburbs of Cape Town, who did not form part of the sample, were used in the pilot study. The researcher informally ran through the semi-structured interview questions in order to test the nature of the questions in the interviewing environment. This enabled the researcher to make the necessary modifications with a view to quality interviewing before the main investigation.

The researcher will now explain the research steps in the data collection.

1.4.4. DATA COLLECTION

Before data was collected, the researcher sent out letters to parent(s)/guardians explaining the proposed study (see Addendum B). The parents had the choice to volunteer their child and to complete a consent form.

In the next section data collection will be discussed. The main part of the investigation can be regarded as an exploration or in-depth analysis of the fears and defence mechanisms of children in their middle childhood. According to Fouché (2005:272) the discovery and description of the case takes place through the detailed, in-depth data collection method, involving multiple sources of information that are rich in context. It is for this reason that the researcher conducted interviews with children in their middle childhood, as a case study, exploring their normative fears and ways of channeling them. The importance of the research lies in the description of the fears - the case studies.

According to Greeff (2005:292) qualitative studies typically employ unstructured or semi-structured interviews. Semi-structured interviews are defined as those organized around areas of particular interest, while still allowing considerable flexibility in scope and depth (see Addendum D). In general, researchers use semi-structured interviews in order to gain a detailed picture of a participant's beliefs about, or perceptions or accounts of, a particular topic. Semi-structured interviews are especially suitable where one is particularly interested in complexity or process, or where an issue is controversial or

personal (Greeff, 2005:296). In this study, the researcher made use of the semi-structured interview to gain a detailed understanding of children's fears in their middle childhood and the defence mechanisms used. Qualitative questions included: "what do you do when you are afraid?" and "when these fears become evident in your thoughts, what do you do then?"

The researcher also made use of quantitative elements during the interview process by asking relatively specific questions that remained constant throughout the investigation. In the case of some questions the researcher's role was to obtain the data and to avoid adding the researcher's own impression or interpretation (Fortune & Reid, in Fouchè & Delport, 2005:73). These questions included, "How much do you fear this thing? On a scale of 1 to 10, 10 being very scared." Another question included asking each participant about their new level of fear after using their specific defence mechanism.

The interviews were tape-recorded and all data was transcribed so that the researcher could analyze and make sense of the information (see Addendum F for an example). It was also important for the researcher to take field notes during the interview sessions in order to recall various non-verbal cues which may have been evident during the interviews. Field notes according to Greeff (2005:301) should include both empirical observation as well as interpretations. Strydom (2005:281) states that by making comprehensive field notes, the researcher can keep maximum control over the situation. Furthermore, it was important that the researcher create a comfortable and relaxed interview environment so that the participants felt at ease and were able to express themselves freely.

1.4.5. DATA ANALYSIS AND LITERATURE CONTROL

After the completion of all the interviews the data was analyzed. Patton (2002:432) states that qualitative analysis transforms data into findings. This involves reducing the volume of raw information, sifting significance from trivia, identifying significant patterns and constructing a framework for communicating the essence of what the data reveal. Data

analysis is also the process of bringing order, structure and meaning to the mass of collected data. Marlow (1993:231) states that “The primary mission in the analysis of qualitative data is to look for patterns in data, noting similarities and differences.”

The data collection and recording circle is a twofold approach, meaning that some analysis occurs at the site while the researcher is still collecting data and some away from the site after a period of data collection (de Vos, 2005*b*:335). The process of conducting qualitative data analysis and interpretation can be described on the basis of Creswell’s model (in de Vos, 2005*b*:334), where the model is offered as a spiral image containing the following circles: collecting and recording data; managing data; reading and writing memos; describing, classifying and interpreting; and representing and visualizing. Data analysis away from the site begins with data management. The researcher organized the data in a straightforward retrievable format. Reading and writing memos allowed the researcher to gain a sense of the whole database by reading the transcripts many times (see Addendum F for an example).

Describing, classifying and interpreting are at the heart of qualitative data analysis and involves identifying relevant themes, recurring language or ideas and patterns of belief - categories of meaning emerge from this phase. These categories should be internally consistent yet distinct from one another (de Vos, 2005*b*:348). The researcher interpreted the data and classified them into six different interview results in order for the data to make sense. The researcher also searched for other reasonable explanations for the data and the linkages among them and then explained why the researcher’s explanation was the most plausible of all. Representing and visualizing the data involved the presentation of the information in text, tabular or graphic form. Once the researcher had gone through the above process it was important that the validity of the analyzed qualitative data be presented. This can be done by making the research available to the public, including the sample group and schools involved.

To follow is a detailed look at the trustworthiness in this particular research study.

1.4.6. TRUSTWORTHINESS

Lincoln and Guba (in de Vos, 2005*b*:346) further propose four constructs that accurately reflect the assumptions of the qualitative paradigm and these are further made applicable to this study:

- Credibility is the alternative to internal validity. In this study, the inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described.
- Transferability is the alternative to external validity or generalisability. In this study, the burden of demonstrating the applicability of one set of findings to another context rested more with the investigator who made the transfer than with the original investigator.
- Dependability is the alternative to reliability. The researcher attempted to account for changing conditions in the phenomenon chosen for study as well as changes in the design created by increasingly refined understanding of the setting. The assumption of an unchanging social world is in direct contrast to the qualitative/interpretive assumption that the social world is always being constructed, and the concept of replication is itself problematic.
- Confirmability is the final construct. The researcher captured the traditional concept of objectivity.

Lincoln and Guba (in de Vos, 2005*b*:347) stress the need to ask whether the findings of the study could be confirmed by another. By doing so, they remove evaluation from some inherent characteristic of the researcher (objectivity) and place it squarely on the data themselves. Thus the qualitative criterion is: Does the data help confirm the general findings and lead to the implications?

The researcher ensured the “truth value” of the research by making sure it was credible, transferable, dependable and confirmable. Once the researcher had analyzed the data, it needed to be controlled with existing literature in order to see whether similar themes and ideas exist in other literature. In other words the researcher went back to the literature in

the form of a literature control. The issue of trustworthiness is further dealt with in Chapter Four.

1.5. ETHICAL ASPECTS

The fact that human beings are the objects of study in the social sciences brings unique ethical problems to the fore, which is never relevant in the pure, clinical laboratory settings of natural science (Strydom, 2005:56). Therefore the researcher needed to be aware of the general agreements about what is proper and improper in the conduct of scientific enquiry. In the following section the researcher addresses the ethical aspects relevant to this study.

Strydom (2005:56) offers a description of ethics as follows:

“...Ethics is a set of moral principles that are suggested by an individual or group, are subsequently widely accepted, and offer rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, sponsors, employers, assistants, students and other researchers...”

Babbie and Mouton (2001:520) propose that if a researcher is going to do social scientific research then the researcher must be aware of the general agreements among researchers about what's proper and improper in the conduct of scientific inquiry.

The following are ethical issues relevant to the study:

One of the first principles of any research with children is that of non-harmful procedures both physically and psychologically. The children in this research will not be placed under any physical risk. On a psychological level, the semi-structured interviews might be experienced as disturbing or threatening as each participant was asked to discuss his/her individual fear. This could have brought about a heightened sense of awareness of that which they are fearful. In order to eliminate this possibility, great care was taken with the process of data collection. During the introductory talk, before the interview

took place, the researcher briefly explained the process and topic that was to be discussed. Each respondent was verbally asked if they were willing to participate now that they had been informed, with the option of not going through with the process.

The researcher has experience working with children and during the interviews the participants were closely monitored for any signs of distress or discomfort enabling the researcher to react accordingly during the debriefing phase. Parent(s)/guardians were informed that if they had reason to believe that their child was displaying signs of heightened awareness of their fear due to the procedure, therapy would be offered. The researcher would offer three sessions with an intern play therapist and thereafter the child would be referred to a qualified child play therapist at the parent(s)/guardians own expense.

According to Babbie and Mouton (2001:256) it may be necessary for the researcher to help the interviewees cope with any negative feelings arising out of their experiences during the interviewing. The participants in the research sample were given the opportunity to discuss emotions that were being brought to the foreground by the research and the way they felt.

At the end of each interview the researcher asked each participant to draw and discuss their safe place with the intention of decreasing the awareness of their fear. The researcher is of the opinion that this, in combination with making the interview as non-threatening as possible, alleviated any psychological side-effects or heightened awareness of their fears. No debriefing or therapy was needed for any participant.

Graziano and Raulin (2000:424) believe that participants have the right to know exactly what they are getting into and to refuse to participate if they so choose, this is the basis of informed consent. According to Strydom (2005:60) informed consent ensures the full knowledge and cooperation of subjects, while also resolving, or at least relieving any possible tension, aggression, insecurity or resistance of the subjects. "Informed" according to Williams, Grinnell and Tutty (in Strydom, 2005:60) means "...that each

participant fully understands what is going to happen in the course of the study, why it is going to happen, and what its effect will be on him or her.” Informed consent letter were signed by parent(s)/guardians of each child interviewed. In the information letter to parent(s)/guardians (see Addendum B) the issue of privacy and confidentiality of data was explained. It was also explained that the research findings may be published and that the identities and interest of those involved would be protected.

In the informed consent forms, the best interests of the child with regard to the following aspects were emphasized:

- A. Confirmation of
 - 1. particulars of the researcher and the University involved;

- B. Understanding of
 - 2. the objectives of the research project, as well as the nature and logistics concerning the interview with the child;
 - 3. assurance that no physical risks were involved;
 - 4. assurance that the parents/guardians will be contacted should the researcher become concerned about the child;
 - 5. confidentiality issues;
 - 6. the availability of feedback, should it be desired by the parties involved;
 - 7. voluntary agreement to the child’s participation.
 - 8. the fact that no financial costs were involved;
 - 9. the implications that participants were free and that the participants could withdraw from the research at any stage.

Dane (1990:51) and Babbie (2001:472) distinguish between confidentiality and anonymity. They believe that confidentiality implies that only the researcher and possibly a few members of his staff should be aware of the identity of the participants, and that the researcher should make a commitment with regard to confidentiality. Anonymity means

that no one, including the researcher should be able to identify any subject afterwards. This study made use of confidentiality.

Information, particularly sensitive and personal information, provided by participants as part of a research study should be protected and made unavailable to anyone other than the researcher (Graziano & Raulin, 2000:418). This is the confidentiality that the researcher stuck to throughout the research procedure. Total anonymity, where no one, not even the researcher will be able to identify the subjects afterwards, was not possible in this study due to the fact that the researcher was acquainted with the participants in order to conduct the interviews. Respondents were made aware that anonymity is not possible but that responses would be strictly confidential and that only the researcher would know the identity of the participants. Throughout the study all possible means of protecting the privacy of the respondents was applied by following the ethical guidelines.

Strydom (2005:61) is of the firm opinion that no form of deception should ever be inflicted on respondents. If this happens inadvertently, it must be rectified immediately during or after the debriefing interview. In the unlikely event of any unwitting form of deception taking place, it would have to be explained and resolved fully in the debriefing session.

Ethical issues regarding qualitative data analysis emerge when the personal, intellectual or professional biases of the researcher play a role in spite of validity checks (Marlow, 1993:242). The researcher took care not to influence the data and that she was competent and adequately skilled to undertake the proposed investigation.

According to Strydom (2005:66) the findings of the study must be introduced to the reading public in written form, otherwise even a highly scientific investigation will mean very little and will not be viewed as research. When making the research report available to the public researchers should observe the following:

- The report must be accurate, unambiguous, clear and objective.
- The results must not be biased and all forms of slanting or emphasis are unethical and must be avoided.
- Shortcomings and errors must be admitted.
- Plagiarism is a serious offence, therefore all sources must be referenced and a clear bibliography must be included.
- Subjects will be informed about the findings in an objective manner without impairing the principle of confidentiality. This will be done through a letter that will be made available to all the participants' parents discussing the process and results. If the researcher finds it necessary, a report will be written and made available to all the parents in the two relevant schools.

In conclusion, the researcher took the utmost effort to stick to these criteria in order to remain ethical throughout the study.

1.6. DEFINITIONS OF MAIN CONCEPTS

For the purpose of this study the following concepts will be defined to ensure a uniform understanding.

1.6.1. MIDDLE CHILDHOOD

According to Louw, van Ede and Ferns (1998:322) middle childhood is known as the period from about the ages of six to twelve years. This is a period of relative calm concerning physical development, but is an important era for cognitive, social, emotional and self-concept development.

Erikson (1985:112) describes the period in terms of “industry versus inferiority”, because he believes it is important to establish oneself as a responsible, hardworking and serious minded person at this time.

In this study middle childhood will refer to children within the age group of eight to twelve years.

1.6.2. FEAR

Fear can be defined as a normal reaction to a real or imagined threat which disappears when the threatening object is withdrawn. Fear involves behavioural expressions, subjective feelings as well as physiological changes (Ferrari, 1986:75; Craig, 1996:240).

Fear is considered to be an integral part as well as an adaptive aspect of development (Morris & Kratochwill, 1983:40). Gullone and King (1993:137) argue that the expression of fear is an individualistic one and is influenced by many factors including past experiences, situational stimuli, temperament and physical as well as cognitive development. Fear is a common experience throughout the course of development.

According to Murdoch James, Reynolds and Dunbar (1994:460) the terms ‘phobia,’ ‘anxiety’ and ‘fear’ are often used interchangeably by the person on the street, but for the clinician they have different meanings. A phobia goes beyond the level of normal fears, which may be appropriate as well as adaptive. Anxiety can be seen as a more generalized symptom with a wider influence over a child’s personality and daily functioning. Lastly, fear is associated with situation-specific events.

For the purpose of the present study the terms fearful, scared and afraid of were used interchangeably. During the semi-structured interviews, questions centered around what children were most scared or fearful of in their lives.

As can be seen from the above, many definitions and the developmental understanding of fear is outdated. This literature can however be understood as classic work regarding fear and some of the authors are pioneers in understanding fear in children. Fear in this study is however understood and defined as distressing emotion aroused by impending danger, evil or pain (Webster’s Dictionary, 2001:259). A definition of coping mechanisms follows.

1.6.3. COPING MECHANISMS

As mentioned previously, there has been no research done on defense mechanisms and fear in children, and it is for that reason that the researcher uses coping mechanisms as a comparative to defense mechanisms. A primary (attempting to change the stressful situation), secondary (attempting to adjust the present circumstances) and relinquished control (not trying to change the circumstance, nor trying to adjust them) model was postulated by Band and Weisz (1988:247) to be appropriate in describing coping behaviours in young children.

Lazarus and Folkman (1984) conceptualize coping as “constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resource of the person.” Even though their model shows similarities with that of Band and Weisz’s model concerning the goal directedness and motivational nature of coping, there are differences between them with regard to what coping efforts are directed towards.

A brief description of defence mechanisms follows.

1.6.4. DEFENCE MECHANISMS

According to Pervin and John (2001:86) anxiety is such a painful state that we are incapable of tolerating it for very long. How are we to deal with such a state? Why are we not anxious more of the time? The answer is that individuals develop defence mechanisms against anxiety and fear. Unconsciously, we develop ways to distort reality and exclude feelings of awareness so that we do not feel anxious. Freud (1966:45) describes it as “the ego’s struggle against painful or unendurable ideas or affects.” Vaillant (1993:28) is of the opinion that defences not only enable one to understand adaption to stress they also offer one a means of uncoding or translating much of what seems irrational in human behaviour.

For this study defence mechanisms protect an individual from unacceptable or painful ideas or impulses (Webster's Dictionary, 2001:184). The outline of the research report follows.

1.7. OUTLINE OF RESEARCH REPORT

This research report consists of four chapters:

Following Strydom's (2005:252) guidelines, in this study Chapter One of the research report comprises of the introduction. This includes the title of the study, the table of contents and the introduction proper. Still following Strydom's guidelines, the researcher introduces the reader to the study, presents the goals, objectives and research question as well as showing the specific steps taken to conduct the study. In the introduction definition of key concepts, which help to orientate the reader and allows for a deeper understanding of what is to be researched, is provided.

Chapter Two contains Miller and Dollard's learning theory as a theoretical perspective. It also deals with the review of literature – in other words the conceptual framework. Although the purpose of the study is specifically to identify a dominant defence mechanism in children in their middle childhood, the researcher first needed to provide a framework of what children's fears in their middle childhood are, and how they cope with them. The researcher looks at other studies and literature on this topic and uses them to guide the study. According to Cross and Brodie (in Strydom, 2005:252) a literature review maps out the main issues in the field being studied and should point out where this particular research fits in.

The findings from the empirical study are presented in Chapter Three. According to Strydom (2005:253) the researcher must contextualise the findings by comparing them to existing literature. The discussion in this chapter begins with a brief summary of the results in a non-technical language. The researcher then aims at identifying all findings regarding the fears and defence mechanisms in children in their middle childhood. These

are presented in textual form and then discussed in more detail, including any other literature in which similar findings are discussed.

Finally, the researcher's summary, conclusions, recommendations and limitations are presented in Chapter Four. The researcher states whether the research question has been answered and if the aim and objectives for this study were achieved. According to Strydom (2005:254) recommendations should be based on the conclusions and should be of a practical nature. This chapter deals with the conclusions of the study and recommendations for further research. The researcher also deals with the limitations of the study and ends with a summary.

1.8. SUMMARY

This chapter gives an overview of what this study is about. A discussion on the choice of topic and problem formulation is presented. The question: what dominant defence mechanism do children in their middle childhood tend to use when dealing with their fear is discussed. The research approach which comprises of the type of research and research strategy is discussed in this chapter. Further the aim and objectives of the research is included. The procedure, as well as method is also introduced. The researcher discusses and considers all the ethical aspects of the study. Thereafter brief definitions of middle childhood development, fear, coping mechanisms and defence mechanisms are given. The Chapter closes with a brief outline of the research report.

The following Chapter consists of a conceptual framework where key concepts regarding this study are explored.

CHAPTER TWO

THEORETICAL PERSPECTIVE AND THE CONCEPTUAL FRAMEWORK ON MIDDLE CHILDHOOD, FEAR, COPING MECHANISMS AND DEFENCE MECHANISMS

2.1. INTRODUCTION

Specific fears are prevalent in children of all ages (Burkhardt, Loxton & Muris, 2003:94; Muris, Bodden, Merckelbach, Ollendick & King, 2003:195). Normative fears follow a predictable course, appearing and disappearing spontaneously (Field & Lawson, 2003:1278) and are, for the most part, transitory and short-lived (Burkhardt, 2007:1).

According to Biederman, Rosenbaum, Bolduc-Murphy, Faraone, Chaloff, Hirshfeld and Kagan (1993:814) it is important to gain a comprehensive knowledge regarding fears as well as their development. Research has shown that excessive fears or fearfulness during childhood may increase the risk of children developing anxiety disorders during adolescence. Burkhardt, Loxton and Muris (2003:94) confirm this by stating that many anxiety disorders and the symptomology thereof can be traced back to childhood. These specific fears have been found to be prevalent among children in their middle childhood. It was therefore of interest to the researcher to investigate the fears of the sample group of children and how they deal with them by understanding it through Miller and Dollard's learning theory.

For the purpose of this chapter, the objective was to provide a conceptual framework describing Miller and Dollard's learning theory, the developmental stage of children in their middle childhood, fears, coping mechanisms and defense mechanisms in general. De Vos (2005:35) explains that the nature of the conceptual framework is determined by the function that the framework has to fulfill. For the purpose of this research the conceptual framework provided in this chapter serves the basic function of explanation

and understanding of children's defence mechanisms used regarding fear in their middle childhood.

In this chapter, Miller and Dollard's learning theory is discussed as the theoretical perspective. Further, children in their middle childhood and the importance of this developmental phase and the emotional impact that their fear could have on learning, social interaction, as well as future decisions is explored. A definition of fear; fear content and level of fear in children in their middle childhood are then discussed with reference to literature. Coping mechanisms are explored, the term defence mechanism is defined and lastly defence mechanisms relevant to this study are explored.

2.2. THEORETICAL PERSPECTIVE

The researcher is of the opinion that children use defence mechanisms to cope with their fears and if these defence mechanisms lower their fears then over time this behaviour, can become learnt. It is for that reason that the researcher uses Miller and Dollard's learning theory as the theoretical perspective for this study

2.2.1. MILLER AND DOLLARD'S LEARNING THEORY

According to Miller and Dollard's (1941:1-2) learning theory, learning is the circumstances under which a response and a cue stimulus become connected. After learning has been completed, responses and cue are bound together in such a way that the appearance of the cue evokes the response. Learning takes place according to definite psychological principles. The connection between a cue and a response can be strengthened only under certain conditions. The learner must be driven to make the response and rewarded for having responded in the presence of the cue. This may be expressed by saying that in order to learn one must want something, notice, do something and get something. Stated more exactly, these factors are drive, cue, response and reward, which are concepts that Dollard and Miller borrowed from Hull's theory of learning.

According to Sharan (2002:260) drive is any strong stimulus that impels an organism to action and the elimination or reduction of which is reinforcing. Drives may be internal, such as hunger or thirst, or they may be external, such as a loud noise or intense heat or cold. A drive may be primary, in that it is directly related to survival, for example, hunger, thirst, pain, sex, and elimination or it may be secondary, or learned, such as fear, anxiety, or the need to be successful or attractive. Secondary drives are usually culturally determined whereas primary drives are not. It is important to note that primary drives are the building blocks of personality, and all acquired drives ultimately depend on them. This concept is similar to Freud's position that many of the everyday behaviours we observe in people are indirect manifestations of basic instincts such as sex or aggression.

Drive is the motivational concept in Miller and Dollard's theory; it is the energizer of personality. The stronger the stimulus, the stronger the drive and the greater the motivation (Hergenhahn & Olson, 1999:313). According to Sharan (2002:260) drive is defined as any strong stimulus that impels the organism to act, and for learning to occur a given response is rewarded in the presence of a distinctive cue.

Dollard and Miller (1950:32) explain that a cue is a stimulus that indicates the appropriate direction an activity should take. Drives energize behaviour whereas cues guide behaviour. The researcher explored the cues that trigger fears which turn into a response in the sample group.

Hergenhahn and Olson (1999:313) are of the belief that responses are elicited by the drive and cues present and are aimed at reducing or eliminating the drive. In other words, the hungry (drive) person seeing a restaurant (cue) must get into the restaurant (response) before the hunger drive can be reduced. With regard to this study, the fearful (drive) child seeing a spider on TV (cue) must use a defence mechanism (response) to protect him/herself or deal with his/her fear. According to Sharan (2002:262), in Dollard and Miller's theory, a response can be overt – it can be directly instrumental in reducing a drive – or it can be internal, entailing the thinking, planning, and reasoning that will

ultimately reduce a drive. Dollard and Miller refer to internal responses as cue-producing responses.

Some responses are more effective than others in reducing a drive and are the ones expected to occur when next the drive occurs. New responses to new situations must be learned and old responses must be discouraged if they are no longer maximally effective. The rearrangements of response probabilities as new conditions emerge or as old conditions change is called learning (Hergenhahn & Olson, 1999:313).

Further, according to Hergenhahn and Olson (1999:314) if a cue leads to a response and the response leads to reinforcement, the association between the cue and the response will be strengthened. If this process is repeated, eventually the organism develops a strong habit. Cramer (1997:237) however, offers strong confirmative evidence for age differences in the use of defence mechanisms.

2.2.2. FEAR AS AN ACQUIRED DRIVE

The researcher looked in detail at the complexities of Dollard and Miller's concepts of response and reinforcement. As explained above, Sharan (2002:260) explains that two types of drives exist: primary and secondary. Primary drives are biologically determined, and secondary drives are learner or culturally determined. One of the most important secondary drives is fear, because it is so important to both adaptive and maladaptive human behaviour. Freud (1966:58) observed that anxiety serves as a warning of impending danger. Events that accompanied a painful experience, when reencountered, will cause fear and anxiety, thus warning the person to be careful. For example, a child burnt by a hot stove will experience fear when next seeing a stove even if merely seeing a stove is not painful.

The researcher is of the belief that children also defend themselves against their fear in order to reduce their fear. In the empirical study in order to prove that learning occurred the researcher asked relevant questions regarding each participant's fear, defence

mechanism used, cue or trigger and self-efficacy. In this research study the focus was on children in their middle childhood and an exploration of this stage of development and the influence that fear could have, follows.

2.3. DEVELOPMENT IN MIDDLE CHILDHOOD

The transition to middle childhood is marked by entry into formal education and according to Papalia, Olds and Feldman (2006:325) this phase is also known as the school years. School is the central experience during this time – a focal point for physical, cognitive and psychosocial development. Children grow taller, heavier and stronger and develop the motor skills needed to take part in organised games and sports.

Hanvey (2002:6) states that, during these years, children's development is driven by the basic psychological need to achieve competence, autonomy and to relate to others. They seek opportunities to master and demonstrate new skills, to make independent decisions, control their own behaviour and form good social relationships with peers and adults outside the family. Turner and Helms (1995) show that the ability to identify, attach emotional labels such as anger, fear, sadness and happiness to their inner feelings as well as to understand complex emotions arises during middle childhood.

According to Erickson (1985:112) children in their middle childhood experience the crisis of industry versus inferiority. Erikson further explains that only when a crisis in a certain stage is satisfactorily resolved is the person able to move on to the next stage of development. Neuman and Neuman (2006:289) further believe that if the person copes with a crisis in a maladaptive way, the result will be that the person will struggle more with that issue later in life.

The concept of industry refers to an eagerness to acquire skills and perform meaningful work. Each new skill allows the child some degree of independence and may even bring new responsibilities that heighten his/her sense of worth. Children who are not capable of mastering certain skills will experience feelings of inferiority, and a few failed

experiences can generate such strong negative feelings that the child will avoid engaging in new tasks in order to preclude failure (Wait, 2004:140). In addition, Kaplan (2000:456) explains that competencies affect self-esteem and popularity. Problems with anxiety, low self-esteem and withdrawal in the face of challenges can be recognised during this period as children respond to the new demands placed on them by the complex social institutions to which they must adjust.

Furthermore if children suffer from the self-doubt and the withdrawal they feel inferior and cannot conceive themselves as having the potential to contribute to the welfare of the larger community. The researcher is of the opinion that certain of these failed experiences might be influenced by fear, and if we gain a greater understanding of this fear, then helping children in their middle childhood through this psychosocial crisis could have long term benefits.

According to Piaget (in Wait, 2004:126) at about the age of seven children reach a major turning point in cognitive development: concrete operations. During the stage of concrete operations, roughly between the years from seven to eleven, children become less egocentric and can use thinking (mental operations) to solve concrete problems. When children acquire cognitive operations, their thinking and reasoning resembles the thought processes of adults in many ways. A child's thinking becomes more logical, flexible and organized when applied to concrete information.

The middle childhood years are, emotionally speaking, particularly complex. It is a time of dramatic change and there are a number of developmental and environmental factors that influence the growth, learning and social development of the child. At this stage children develop skills of self-awareness and ability to reflect on themselves. Individual differences become more noticeable as competencies influence success in school. It is therefore not surprising that problems with anxiety, low self-esteem and withdrawal in the face of challenges can often be recognised during this period as children have to respond to the new demands placed on them. As children reach middle childhood, the

psychological effects of fear become more profound as their role in peer and social settings becomes more important (Wait, 2004:132).

The researcher is therefore of the opinion that middle childhood is a particularly important phase in which to address the problem of fear, as essential roles and attitudes of adult life begin to take shape in this phase, namely a person's orientation towards friendships, interpersonal relationships and future skill development. This may determine whether the child adapts or maladapts to the crisis posed by a fear.

2.4. DEFINITION OF FEAR

As is evident from literature, there are many different definitions of fear. However, fear is mostly defined as a normal emotional response to a perceived threat that may be real or imagined (Gordan, 2004; Treffers & Silverman, 2001:1). Botha, van Ede, Louw, Louw and Ferns (1998:234) also state that fear is regarded a part of the normal emotional development, as well as human functioning of children. In order to ascertain what is normal and adaptive and what is problematic, the degree of distress, impairment and/or interference in daily life needs to be assessed.

According to Dadds *et al.* (2000) knowledge concerning fears at each developmental stage is vital when attempting to ascertain whether or not fear is problematic. Fears and the expression of them also depend to a certain extent on age, social class, culture and even a particular moment in history. Thus, what children fear is influenced by social and historic moments and individual experiences (Graziano, Giovanni & Garcia, 1979:804). Gullone and King (1992:987) believe that the expression of fear is also influenced by past experience, situational stimuli, temperament, and physical as well as cognitive development. Therefore there are a variety of variables that influence fear; this is also true regarding the content and level of fear.

2.4.1. FEAR CONTENT AND LEVEL

Previous research on fear has either been done on one of the following or a combination of them: fear content (the most-fear eliciting items); the prevalence of fears (the number of items an individual reports as eliciting the maximal level of fear); as well as the intensity (the sum of fear rating on all the items), which differ depending upon age, gender, mental disorders, cognitive ability, culture, socio-economic status and other demographic characteristics (Gullone, 2000:152). Cross cultural comparisons have been reported for the items rated as most fear-eliciting on average, as well as for the factor analysis structure of fear (Mellon, Koliadis & Paraskevopoulos, 2004:233).

According to Burkhardt (2007:39) the body of work consists of normative data, the bulk of which has mainly been gathered in English-speaking countries. During recent years more studies have attempted to explore the patterns of incidence and development of fears in different cultures. Previous studies have linked the definitions of culture to aspects such as race and language. Such studies aid in the better understanding of fear and contribute to a more comprehensive body of knowledge regarding childhood fears. This in return enables the development of more effective prevention as well as treatment.

The Fear Survey Schedule for Children (FSSC) is one of the oldest and most widely used behavioural self-report measures of fears of objects and situations. This instrument was originally developed by Sherer and Nakamura (1968) in an attempt to develop a fear scale for children in which the items are grouped into sub-scales by means of factor analysis. It provides the child with a list of potentially fear-eliciting objects and events. These include items such as crawling insects, failure, receiving an injection, crowds and enclosed spaces. The respondent is then asked to indicate the degree of fear.

In 1983 Ollendick revised this schedule. The Revised Fear Survey Schedule (FSSC-R) for children is the most widely used instrument employed for the purpose of determining the rank orders and characteristics of childhood fears. It is still an 80-item self-report measure, but the answer options have been shortened from a 5-point scale to 3-point

scale. Participants are asked to indicate their level of fear to specific stimuli or situations on a 3-point scale ('none', 'some' and 'a lot') (Muris, Merckelbach & Collaris, 1997:931). A 5-factor structure was derived from factor analysis. These factors are the fear of failure and criticism (e.g. 'looking foolish'), fear of the unknown (e.g. 'going to bed in the dark'), fear of minor injury and small animals (e.g. 'snakes'), fear of danger and death (e.g. 'being hit by a car or truck') and medical fears (e.g. 'getting an injection from the nurse or doctor'). According to Ollendick (1983) the FSSC-R displays a high level of reliability and a moderate level of validity.

According to the latest South African research by Burkhardt (2007:142) regarding children's fear in their middle childhood the five-factor solution seems to be the best conceptual fit since the factors seem to be more interpretable. The adapted scale is a South African version of Ollendick's FSSC-R and is referred to as the FSSC-SA (Fear Survey Schedule for Children – South Africa). Fears are grouped according to the following 5 factors:

- Factor I- Fear of Danger and Death
- Factor II- Fear of the Unknown
- Factor III- Worries
- Factor IV- Fear of Animals
- Factor V- Situational Fears.

The simple straightforward question, namely, "What do you fear most?" provides a good indication of the stimuli and situations that are actually frightening to children (Muris, Merckelbach & Luijten, 2002:42). The identification of the most common fears has been a major area of focus in fear research; it seems that the most common fears are death-and-danger-related (Burkhardt, 2007:20).

Exceptions to the most commonly reported fears can provide invaluable information regarding local characteristics and cultural idiosyncrasies in the content of fear (Mellon *et al.*, 2004:250). Exceptions seem to provide insight into the context in which the results are found as well as highlighting the importance of the respective context when

interpreting results. This could prove to be of particular relevance to the present study, since South African children grow up in a country where they face many challenges such as multi-lingualism, neglect, child abuse, poverty, violence and a struggling health system.

According to the researcher, it is also important to consider the level of fear. Level of fear in previous research has always pertained to gender or cultural comparisons. Within a South African context, white South African children have been found to display lower anxiety levels (Muris, Schmidt, Engelbrecht & Perold, 2002) and fear levels (Burkhardt, Loxton & Muris, 2003) than coloured or black South African children. Du Plessis (2006:37) believes this is probably due to the likelihood that most white children in South Africa have been raised according to cultural values strongly resembling those of Western Countries. What the researcher understands by this is that in some black cultures they teach children to be scared of a thing like a 'tokoloshi' and certain animals as they believe evil spirits can take an animal form. However, regardless of intercultural disparities, South African children in general reveal higher levels of fear than Western children and this is probably due to circumstances unique to their culture.

From the above it is evident that it is difficult to identify and clearly pinpoint the influence of individual variables such as culture, socio-economic status and community comparisons, as these variables are usually interrelated. It is, however, clear that more research pertaining to cross-cultural variables needs to be undertaken to confirm differences and their interpretations. In this regard, Gullone (2000:444) also refers to the importance of developing measures of fear within the culture, rather than measures developed in a culture and translated for use on other cultures.

Gullone, King and Ollendick (2001) conducted a longitudinal study, investigating the continuity/discontinuity of self-reported anxiety in children as well as adolescents over a three-year period. The sample consisted of 68 children. It was found that anxiety decreased over time and was influenced by variables such as sex and age, which is consistent with previous findings (Gullone & King, 1997). According to Burkhardt

(2007:37) longitudinal studies have reported that normative fears are relatively transitory and that they decrease with an increase in age.

Not only are fears in children transitory, but according to Loxton (2004:12) coping mechanisms are also constantly changing cognitive and behavioural efforts to manage specific demands that are reviewed as challenging or exceeding the resource of the person. To follow is a literature review on coping mechanisms.

2.5. COPING MECHANISMS

The researcher refers to coping mechanisms with regard to fears as the avenue of defence mechanisms has not yet been explored. No research has as yet been done regarding defence mechanisms. It was therefore of interest to the researcher to use existing information on how children cope with their fears, through the use of coping mechanisms, and then compare this to the new information gathered on how they defend themselves against their fear using a defence mechanism.

Compas, Connor-Smith, Saltzman, Thomsen and Wadsworth (2001:88) noted that research on coping in children and adolescents was scarce until the 1980's. Despite considerable progress thereafter in the field over the next 10 years to 15 years, Compas *et al.* (2001: 88) stated that research on coping during childhood and adolescence has fallen behind similar research being done on the stages of infancy and adulthood.

The issues of conceptualization and measurement appear to be the most problematic and crucial in coping research dealing with children and adolescents. According to Compas *et al.* (2001:88) there appears to be a lack of clarity and consensus with regard to the conceptualization. This leads to, amongst other things, confusion in approaches to measuring the construct coping, problems in comparing the results across studies, as well as to difficulties in documenting differences in coping with regard to age, gender and other variables.

Band and Weisz (1988:247) found that the primary/secondary control model was effective in data-processing of coping approaches and were coded according to three broad categories namely primary control (coping efforts intended to influence events or conditions), secondary control (coping efforts directed towards maximizing one's fit to current conditions) and relinquished control (no coping attempt). They extended these three categories with a refined descriptive set of categories.

The primary control coping mechanism consists of the following four subdivisions: Direct problem solving, Problem-focused crying, Problem-focused aggression and Problem-focused avoidance. The following five subdivisions were used to describe the secondary control coping mechanism: Social/spiritual support, Emotional-focused crying, Emotional-focused aggression, Cognitive avoidance, Pure cognition. Loxton (2004:13) expanded on the relinquished control by adding another category, namely, Don't know. In some cases, the child might respond with the answer, 'I don't know,' this must also be recognized and recorded in the findings.

An overview of the literature shows a variety of categories of coping, such as "problem solving, information seeking, cognitive restructuring, seeking understanding, catastrophizing, emotional release or ventilation, physical activities, acceptance, distraction, distancing, avoidance, self criticism, blaming others, seeking support and the use of religion" (Compas *et al.*, 2001:92).

In one of the few studies that explicitly coupled expressed fears with coping and efficacy rating Muris, Merckelbach, Ollendick, King and Bogie (2001) investigated children's night-time fears and their reported coping strategies in order to deal with them. They worked with a sample of 176 normal school children aged four to twelve years. The sample group (91 boys and 85 girls), was divided into three ages groups consisting of children in group one, aged four, five and six years (n=68); children in group two, aged seven, eight and nine years (n=59); and group three, children aged ten, eleven and twelve years (n=49). Information was obtained through interviews with both the children and their parents. Muris *et al.* (2001:1365) found that, with respect to coping behaviour,

children reported a variety of strategies in order to deal with their night-time fears and generally rated them as helpful in reducing anxiety.

Reported coping strategies were assigned to six categories in the following rank order of preference: seeking support from parents (44.2%); Avoidance (29.5%); Distraction (27.1%); Trying to sleep (24%); Active control (11.6%) and Clinging to stuffed animals (5.4%). Effectiveness was rated by the children on a 3-point scale from 1= not at all helpful; 2= helpful and 3= very helpful in their coping behaviour for reducing their anxiety. Muris *et al.* (2001:1366) also found that the coping strategies differed with regard to effectiveness. Whereas an Avoiding coping strategy was reported less effective, an Active control coping strategy was found to be more effective.

According to Lazarus and Folkman (1984) coping efforts have also been classified as those intended to act as stressors (problem-focused coping) and those which are intended to regulate emotional states associated with or resulting from the stressor (emotional-focused coping). According to Garber, Braafladt and Weiss, as well as Sandler, Tein and West (in Burkhardt, 2003:10) the coping strategies, which are associated with better adjustment during middle childhood include cognitive strategies of self-calming, cognitive distraction and problem solving. The strategies, which are associated with higher levels of internalizing symptoms are: self-denigration, focus on negative affect, support seeking, intervening in parental quarrels and escape thought. For higher levels of externalizing symptoms a greater use of emotional-focused strategies was found and a lesser use of problem focused strategies.

According to Muris, van Brakel and Meesters (in Muris *et al.*, 2001:1367) a variety of coping strategies are employed by children who have problems or feelings of anxiety and depression as well as night-time fears. The avoidance strategies were found to be least effective while the more active coping strategies were reported as being more beneficial (Muris *et al.*, 2001). Ineffective coping styles such as avoidance might be associated with the development of fears or in particular with the persistence of fears (Ollendick, Langley, Jones & Kephart, 2001:1033).

In summary, literature refers to the way in which children deal with their fears as coping mechanisms. Coping mechanisms can be understood as the reward or reinforcement in Miller and Dollard's learning theory. In this study, the researcher explored the possibility of how children in their middle childhood deal with their fear by using a defence mechanism.

2.6. DEFENCE MECHANISMS

According to Vaillant (1993:11) "Defense mechanisms are for the mind what the immune system is for the body." According to the Encyclopedia of Children and Adolescence (1998) under the heading of: "Defense Mechanism", the concept of the defence mechanism originated with Sigmund Freud (1856-1939) and was later elaborated by other psychodynamically oriented theorists, notably his daughter Anna Freud (1895-1982).

Further, according to the Encyclopedia of Children and Adolescence (1998, u.w. "defense mechanism") defence mechanisms allow negative feelings to be lessened without an alteration of the situation that is producing them, often by distorting the reality of that situation in some way. While they can help in coping with stress, they pose a danger because the reduction of stress can be so appealing that the defences are maintained and become habitual. They can also be harmful if they become a person's primary mode of responding to problems. In children, excessive dependence on defence mechanisms may produce social isolation and distortion of reality and hamper the ability to engage in and learn from new experiences.

According to Cramer (1983:78) there have been relatively few systematic investigations of children's use of defence mechanisms. The researcher also found it challenging to find research regarding defence mechanisms, and even more so updated information. In part, this may reflect the paucity of methods available for measuring defence operations: projective tests (Rapaport, Gill & Schafer, 1968), questionnaires (Haan, 1965) and a

combination of story-telling followed by questions have been used (Chandler, Paget & Koch, 1978; Gleser & Ihlevich, 1969; Whiteman, 1967), but the greatest input toward the understanding of defences has come from theoretical and clinical writings, for example Anna Freud in 1964.

The idea that the understanding of a defence precludes its continuing usefulness underlies the psychotherapeutic principle of interpreting defences before interpreting the material defended against. The process has been well described by Mahl (1971:141) as follows: “As the patient becomes aware of his defenses, they become less effective. He begins consciously to experience the unpleasant emotions that had been motivating the defense...” If this principle from the therapeutic setting can be extrapolated to normal development, it suggests that young children, whose cognitive capacities are limited, will continue to use cognitively simple forms of defence until these defences are “demystified” (Chandler *et al.*, 1978:198). Once the functioning of the defence is understood, it becomes ineffective. However, the developmental increase in cognitive capacities then allows the child to adopt a cognitively more complex defence, the functioning of which is not yet understood. This lack of understanding allows the defence to be effective. However, as the defence is put into use, and as cognitive development again increases, this defence also becomes “demystified,” and the now ineffective defence is again replaced with one that is cognitively more complex and not understood.

According to Cramer (1983:79-80) from this point of view, then, the use of a particular defence mechanisms depends on the cognitive level of development of the child, which determines both the complexity of the mental operations of which he is capable, as well as his ability to understand the psychological function of the operations in which he engages. Thus, one might expect that denial and repression would be effective defences for six-year-olds, because they are not yet understood, but that ten-year-olds would have to adopt more complicated defenses, such as suppression and anticipation.

Vaillant (1993:17) defined the fundamental properties of defence mechanisms – of involuntary regulatory coping processes:

1. Defences reflect creative synthesis. The mind creates a perception that was not there before and that did not come just from external reality. In this regard, defensive behaviour resembles art.
2. Defences are relatively unconscious and their deployment is relatively involuntary.
3. Defences distort inner and/or outer reality.
4. Defences distort the relationship between affect and idea and between subject and object.
5. Defences are more often healthy than pathological.
6. Defences often appear odd or startling to everyone but the user.
7. Over time defences often mature and allow the mentally “ill” to evolve into the mentally well.

2.6.1. CATEGORIES OF DEFENCE MECHANISMS

There are a variety of defense mechanisms and also different categories of defense mechanisms depending on the source used. Pervin and John (2001) simply just list different defense mechanisms, whereas Valliant (1993) lists them in different categories. In this study, the researcher used the different defense mechanisms as well as applied the different categories to the findings.

Defence mechanisms include: Acting out, affiliation, aim inhibition, altruism, anticipation, autistic fantasy, avoidance, compensation, conversion, deflection, denial, devaluation, displacement, dissociation, fixation, help-rejection, complaining, humour, idealization, identification, incorporation, intellectualization, introjections, isolations, omnipotence, passive aggression, projection, projective identification, rationalization, reaction formation, regression, repression, resistance, restitution, self assertion, splitting, sublimation, substitution, suppression, symbolization and undoing (Pervin & John, 2001:86-96).

Vaillant (1993:35-36) categorizes defences into four groups based on the relative adaptiveness of these styles of self-deception in adult life.

- | | |
|---------------|-------------------------------|
| 1. Psychotic: | Delusional projection |
| | Denial |
| | Distortion |
| 2. Immature | Projection |
| | Fantasy |
| | Hypochondriasis |
| | Passive aggression |
| | Acting out |
| | Dissociation |
| 3. Neurotic | Displacement |
| | Isolation/Intellectualization |
| | Repression |
| | Reaction formation |
| 4. Mature | Altruism |
| | Sublimation |
| | Suppression |
| | Anticipation |
| | Humour. |

According to Porcerelli, Thomas, Hibbard and Cogan (1998:411) the psychoanalytic concept of ego defence mechanisms has passed the test of time and has lent important information to the study of normal development, adaption and psychopathology. Vaillant (1993) and others (Battista; Bond, Gardner, Christian & Sigal; Cramer, Blatt & Ford; Hibbard & Porcerelli, in Porcerelli *et al.*, 1998:411) provide empirical support for the notion of a developmental hierarchy of defence mechanisms ranging from immature to mature. Immature defences emerge early in development and are less cognitively complex (e.g., primitive denial and projection) than mature defences (e.g., sublimation and suppression.) Immature defences are often referred to as primitive defences when

they are manifested in adults, especially those with severe character pathology (Kernberg, 1975).

As normal mental and emotional development proceed through childhood, adolescence, and late adolescence, more mature, complex, and adaptive defences emerge. If for example Vaillant's (1993:36) hierarchy of mature, neurotic, immature, and psychotic defences is used, it will be found that normal adults use mostly mature defences, with possibly some neurotic and a few immature defences. In personality disorder patients, neurotic and immature defences will predominate, and there will be relatively few normal and psychotic defences.

2.6.2. DEFINITIONS OF DIFFERENT DEFENCE MECHANISMS

In the following section the researcher gives clear definitions of the most common defences used by children.

According to the Encyclopedia of Children and Adolescence (1998, u.w. "defense mechanism") denial is defined as an unpleasant reality which is ignored, and a realistic interpretation of potentially threatening events is replaced by a benign, but inaccurate one. Either feelings or events (or both) may be denied. In very young children, a degree of denial is normal. One way of coping with the relative powerlessness of childhood is for young children to act as if they can change reality by refusing to acknowledge it, thereby ascribing magical powers to their thoughts and wishes. For example, a child who is told that her parents are divorcing may deny that it is happening or deny that she is upset about it. Denial has been shown to be effective in reducing the arousal caused by a threatening situation. In life-threatening or other extreme situations, denial can temporarily be useful in helping people cope, but in the long term painful feelings and events must be acknowledged in order to avoid further psychological and emotional problems. Related to denial is avoidance, which involves avoiding situations that are expected to elicit unwanted emotions and impulses.

According to Cramer (1997:236) the existing published studies have focused primarily on the defence of denial. These cross-sectional investigations have shown that the use of denial is more characteristic of very young children and that its use is less frequent among older children and adolescents.

Further, according to Encyclopedia of Children and Adolescence (1998, u.w. “defense mechanism”) repression of painful feelings is conscious initially and then forgotten. In her book, *Ego and the Mechanisms of Defense*, Anna Freud (1966:46) explains repression as “the protection of the ego against instinctual demands.” They are stored in the unconscious, from which, under certain circumstances, they can be retrieved (a phenomenon Freud called “the return of the repressed”). The Encyclopedia of Children and Adolescence (1998, u.w. “defense mechanism”) further states that repression can range from momentary memory lapses to forgetting the details of a catastrophic event, such as a murder or an earthquake. Complete amnesia can even occur in cases where a person has experienced something very painful. The Oedipus complex by which Sigmund Freud explained the acquisition of gender identity relies on a child's repression of incestuous desires toward the parent of the opposite sex and feelings of rivalry toward the parent of the same sex. Other situations may also occasion the repression of hostile feelings toward a loved one (especially a parent). Possibly the most extreme example is child abuse, the memory of which may remain repressed long into adulthood, sometimes being deliberately retrieved in therapy through hypnosis and other techniques.

A third defence mechanism, related to denial and repression, is suppression, by which unpleasant feelings are suppressed through a conscious decision not to think about them. Suppression differs from repression and denial in that the undesirable feelings are available but deliberately ignored (unlike repression and denial, where the person is completely unaware of these feelings). Suppression generally works by replacing unpleasant thoughts with others that do not produce stress, such as happy thoughts or feel good thoughts. This may be done instinctively, or it may be done deliberately in a therapeutic context. Cognitive behaviour therapy in particular makes use of this technique to help people combat negative thought patterns that produce maladaptive emotions and

behaviour. For example, a child may be instructed to block feelings of fear by thinking about a pleasant experience, such as a party, an academic achievement, or a victory in a sporting event. Suppression is considered one of the more mature and healthy defence mechanisms (Encyclopedia of Children and Adolescence, 1998, u.w. “defense mechanism”). Vaillant (1993:69) is in agreement with this statement as he believes that suppression minimizes and looks at the bright side, but does not ignore.

According to Pervin and John (2001:90) rationalization is when an action is perceived, but the underlying motive is not. Behaviour is reinterpreted so that it appears reasonable and acceptable. According to the Encyclopedia of Children and Adolescence (1998, u.w. “defense mechanism”) rationalization is an attempt to deny one's true motives (to oneself or others) by using a reason (or rationale) that is more logical or socially acceptable than one's own impulses. Typical rationalizations include such statements as "I don't care if I wasn't chosen for the team; I didn't really want to play soccer anyway" and "I couldn't get my homework done because I had too many other things to do." Adolescents, caught between their own unruly impulses and adult expectations that seem unreasonable, are especially prone to rationalizing their behavior. Their advanced cognitive development makes many adolescents adept at this strategy.

Affiliation is a defence mechanism whereby the individual deals with emotional conflict or internal or external stressors by turning to others for help or support. This involves sharing problems with others but does not imply trying to make someone else responsible for them (Defense Mechanisms, 2006).

Avoidance is a defence mechanism consisting of refusal to encounter situations, objects, or activities because they represent unconscious sexual or aggressive impulses and/or punishment for those impulses; avoidance, according to the dynamic theory, is a major defence mechanism in phobias (Defense Mechanisms, 2006).

In summary, Vaillant (1993:1) writes that our lives are at times intolerable. At times we cannot bear reality. At such times our minds play tricks on us. Our minds distort inner

and outer reality so that an observer might accuse us of denial, self-deception, even dishonesty. But such mental defences creatively re-arrange the sources of our conflict so that they become manageable and we may survive. The mind's defences - like the body's immune mechanisms - protect us by providing a variety of illusions to filter pain and to allow self-soothing.

2.7. SUMMARY

It is believed that fear is a normal part of childhood development, but it can have a significant adverse impact on an individual's quality of life and ability to participate in daily activities. The middle childhood years are, emotionally speaking, particularly complex. It is a time of dramatic change and there are a number of developmental and environmental factors that influence the growth, learning and social development of the child. During this age group children develop skills of self-awareness and the ability to reflect on themselves.

From the above; it is clear that it is important to gain an even deeper understanding of children in their middle childhood and the use of a certain defence mechanism as a response which is elicited from the drive of fear. It is also beneficial for the researcher to understand the cue and self efficacy (reward) for individual fear in order to make use of Dollard's and Miller's learning theory fully. This theory of learning relies heavily on four components that they borrowed from Hull's theory of learning. The four components are drive, cue, response, and reinforcement.

In South Africa, in particular, the sometimes overwhelming influence of poverty and hardship, and the extremely high levels of crime and violence, as well as living in a multi-cultural society, make it even more important to understand the child's perceptions and fears and how he defends himself against these "adult" world problems. It was therefore in the researcher's interest to understand how South African children in their middle childhood deal with their expressed fears and also to identify a dominant response

(defence mechanism) to the sample of children in their middle childhood. This conceptual framework is therefore the background for the empirical study.

Being able to identify a dominant defence mechanism, in a normative sample group of children in their middle childhood, could possibly aid in early intervention and prevention programmes. This therefore could possibly have the potential to be more effective in reducing the overall incidence of childhood disorders, as well as of certain adult disorders.

In the next chapter the research findings and literature control of the study are discussed.

CHAPTER THREE

RESEARCH FINDINGS AND DISCUSSION

3.1. INTRODUCTION

In Chapter Two the researcher provided a conceptual framework, and basic concepts relevant to this study were defined. The purpose of this conceptual framework was to provide the reader with a basic understanding of some of the concepts relevant to the research findings. Now that the reader has a basic understanding of the key concepts, the focus will shift to the empirical research that was undertaken during this study.

The following chapter will focus on the research process, addressing how the data was collected and analyzed in the study. It also includes a literature control which is based on the findings of this research.

3.2. AIM AND OBJECTIVES

During this study the aim was to determine the content of fears in a selected group of children in their middle childhood in the southern suburbs of Cape Town in order to identify a dominant defence mechanism used to deal with their expressed fear. In order to achieve this aim certain objectives needed to be addressed. For the purpose of this chapter, the objective was to explore the expressed fears and mechanisms of defence in children in their middle childhood (between the ages of eight and twelve years) living in the southern suburbs of Cape Town through semi-structured interviews. The data was then analysed and controlled by comparing results with those in existing literature.

3.3. RESEARCH PROCESS

In the following section an overview of the research process that was followed will be described.

3.3.1. RESEARCH AND WORK PROCEDURE

The identification and selection of a researchable topic was completed prior to the commencement of the empirical research. Motivation and rationale for this topic were discussed in Chapter One of this report. For the purpose of this study the researcher also developed the following research question: **What dominant defence mechanism do children in their middle childhood tend to use when dealing with their fear?**

The research followed a qualitative approach of an exploratory and descriptive nature with elements of a quantitative study. In this study the aim was to identify a dominant defence mechanism for children in their middle childhood when dealing with their fears. A conceptual framework was formulated to gain information and explore central concepts to this study namely: Miller and Dollard's learning theory, development of children in their middle childhood, definition of fear, fear content and level, coping mechanisms and defence mechanisms. This information was documented in Chapter Two of this report. The conceptual framework provided the basic function of explanation and understanding of the concepts explored in the empirical study.

3.3.2. DESCRIPTION OF UNIVERSE, SAMPLE AND SAMPLING TECHNIQUE

In this study the universe includes all children in their middle childhood in South Africa. The population in this study consisted of those children in their middle childhood (ages between eight and twelve years old) attending school in the southern suburb area of Cape Town. Schools included: Zwaanswyk Primary (in Retreat), and Western Province Preparatory School (in Claremont). A letter was sent to the heads of these schools explaining the proposed topic (see Addendum A). Both schools agreed to participate in the study. Once the universe and population were identified the sampling technique needed to be developed. The researcher identified a definite purpose for this study prior to commencing with the investigation: To identify a dominant defence mechanism for

children in their middle childhood in dealing with fear. Therefore the researcher used non-probability, purposive sampling.

The researcher sent out letters to parents stating the research topic and explaining the proposed study (see Addendum B). The parents were asked to fill out their contact details and address for each participant. This would be useful if a longitudinal follow-up study was to be done using the same sample group, in the future. Just over forty parents and guardians chose to volunteer their child(ren). They signed consent forms which explained the topic, procedure and that sessions would be recorded.

Eleven children in their middle childhood were chosen and the researcher made contact with the relevant parents or guardians in order to discuss the research. These eleven children were chosen on the criteria of having the same time slots available for interviews as the researcher.

3.3.3. INTERVIEWING SCHEDULE

Semi-structured interviews were conducted with the respondents over a period of two weeks. The researcher arranged an appointment via the respondent's parent or guardian for when it would be most convenient for the child to be interviewed, without interrupting school time. All interview schedules were arranged telephonically and a letter followed to remind each parent/guardian of the date, time and place of the interview.

The questions used by the researcher during these interviews served mainly as a guide. Where necessary the researcher would use clarifying questions relating to the response given by the respondent. After each interview the respondents were thanked and a letter explaining the interview process and the questions asked were given to each parent/guardian (see Addendum E).

3.3.4. PILOT STUDY

The pilot study proved to be useful in this study as certain questions needed to be tested and changed before the interview process. For example the researcher realised that two questions were similar and yielded the same answers and therefore needed to be altered. The pilot study made it clear to the researcher that an introductory talk needed to be given before the interview began. This introduced the researcher and the process and created a more relaxed atmosphere for the participants during the interview.

In the pilot study, each participant expressed his/her individual fear and then stated that he/she defended him/herself against fear using the defence mechanism of suppression or denial. The researcher felt that conducting the pilot study added to the quality of the interviews as the researcher was prepared and aware of the possible responses that could be given by the respondents.

A description of the method used for the collecting of data from the sample group follows.

3.3.5. METHOD OF DATA COLLECTION

The approach was qualitative with elements of a qualitative study. Semi-structured, face-to-face interviews were used. The researcher prepared a few main questions with which to begin and guide the conversation.

For the purpose of this study the researcher interviewed eleven children in their middle childhood attending either Western Province Preparatory School or Zwaanswyk Primary in the southern suburbs of the Cape Town. Seven participants were male and four were female. Settings familiar to the children were chosen for interviews. In order to obtain optimum results, the researcher aimed at selecting a location that was private and relatively quiet with little or no disturbance from other children. The researcher commenced each research session with an introductory talk (see Addendum C) to create a

non-intimidating child-friendly atmosphere and then, according to the child's tempo, gradually carried on with the interview questions (see Addendum D).

The researcher asked relevant open-ended and closed questions regarding the aims of the study and also kept a close parallel to Miller and Dollard's learning theory explained in Chapter Two. The researcher firstly explored what each participant's main fear was, by asking the question; "Please make a drawing of that which you fear most?" This is also known as the drive. The level of fear was questioned, "How much do you fear this thing on a scale of 1-10 with 10 being very scared." The researcher is of the belief that this scale was more valuable than Ollendick's 3-point scale ('none', 'some' and 'a lot') as referred to in Chapter 2.3.3. The researcher felt that the 'none' point was not valid as the researcher had asked each child what he/she fears the most. If they didn't fear the thing, they would not have mentioned it.

Next they were asked if anything acting as a trigger cued them off to become fearful or afraid. They were asked: "Does anything trigger or set off this fear?" "Does something maybe happen before you get fearful or scared?"

Thereafter each participant was asked what he/she does when afraid. This question was aimed at understanding the defence mechanism or the response that each participant used. They were asked if this defence helped them and what their perceived self-efficacy was on a scale of 1-10. The researcher tested the self-efficacy of the participants by asking them what their new level of fear was after they had used their individual response (defence mechanism). In other words, did the defence mechanism work?

The interview was concluded with each participant drawing and describing his/her safe place. The research focused on fear and what each participant did when he/she was afraid. The reason the researcher asked each child to draw his safe place was to encourage the child to stop thinking about fear and rather to focus on a place that makes him/her feel secure and protected. The researcher continually checked for any signs of heightened awareness.

For the purpose of transcribing the interviews, a voice recorder was used. All respondents were made aware of this and verbal consent was obtained from each respondent. This was also explained in the informed consent form signed by the parents/guardian of the respondents. After the interview process, the researcher analyzed the data collected.

3.3.6. METHOD OF DATA ANALYSIS

Once the interviews had been conducted they were transcribed and analyzed. The data was divided into main findings regarding the questions asked. In the instances where ample existing literature was available, for example under Main Finding One, the researcher made use of only updated South African research. Therefore this in-depth study aimed to support research findings with the latest existing literature and to further explore these findings in a South African context. However if there was not abundant research on that main finding, then other international literature had to be accessed and used and in some cases outdated data.

The results of the empirical study as well as the literature control will be provided in the following section.

3.4. EMPIRICAL DATA

The research report is structured so that all the interview results are listed. The results are the answers to the questions that were asked of each child. The interview results are therefore based on the information provided by the respondents that related to the aim of the study: To identify a dominant defence mechanism for children in their middle childhood when dealing with fear. The data that was found relevant to these findings were then provided in transcribed form. The findings were then explored and compared to existing literature. At this stage it must be made clear that the researcher makes comparisons with other studies regarding their results even though the method of obtaining the data was different. The studies referred to often made use of quantitative

methods of data gathering and mostly relied on the Fear Survey Schedule for Children – South Africa (FSSC-SA) and the Fear Survey Schedule for Children – Revised (FSSC-R).

The interview results regarding each question of the present study are summarised with regard to the actual procedure that was followed when conducting the research. Thus, findings are presented with respect to the semi-structured interviews. During the interviews, Miller and Dollard's learning theory was followed closely. The six main interview results regarding how children deal with their expressed fears are listed:

- Expressed fear.
- Level of fear.
- Defence mechanisms used.
- Cues that triggers fear.
- Self efficacy in dealing with their fear.
- New level of fear after using the defence mechanism.

All results will be discussed in the following section. The verbal responses from each respondent regarding the findings; when relevant; will be provided first and will then be compared to existing literature.

3.4.1. INTERVIEW RESULTS REGARDING EXPRESSED FEAR

At the start of the semi-structured interview, the participants were asked to draw what they were most scared or were fearful of. These pictures are included to show how each participant experienced their fear through the medium of a drawing. In one case the participant could not think of what he was most afraid of and Participant K chose not to draw, but speak directly about her fear. Opportunity for iconic representation is known to facilitate communication with children (Louw, van Ede & Louw, 1998). According to Geldard and Geldard (1999:121) children who are not able to talk about their wishes and needs in connection with past, present and future situations may be able to do so by using the symbolic language of drawings, paintings or constructive artistic creation.

As discussed in Chapter 2.2.1., drive is the motivational concept in Miller and Dollard's theory; it is the energizer of personality (Hergenhahn & Olson, 1999:313). Fear and anxiety are a drive and to follow are the verbal responses of each respondent with regard to their drawn main fear as well as the Factor which it falls using the FSSC-SA, which is discussed in Chapter 2.3.3. Fears are grouped according to the following 5 listed factors:

Factor I: Fear of Danger and Death

Factor II: Fear of the Unknown

Factor III: Worries

Factor IV: Fear of Animals

Factor V: Situational Fears

The results regarding the fear each participant expressed are listed below:

- **Respondent A**

"I'm scared of things like a horrible person with a gun or like 'torcher' thing." "... it's also like you being kidnapped or something."

(Factor I: Fear of Danger and Death)



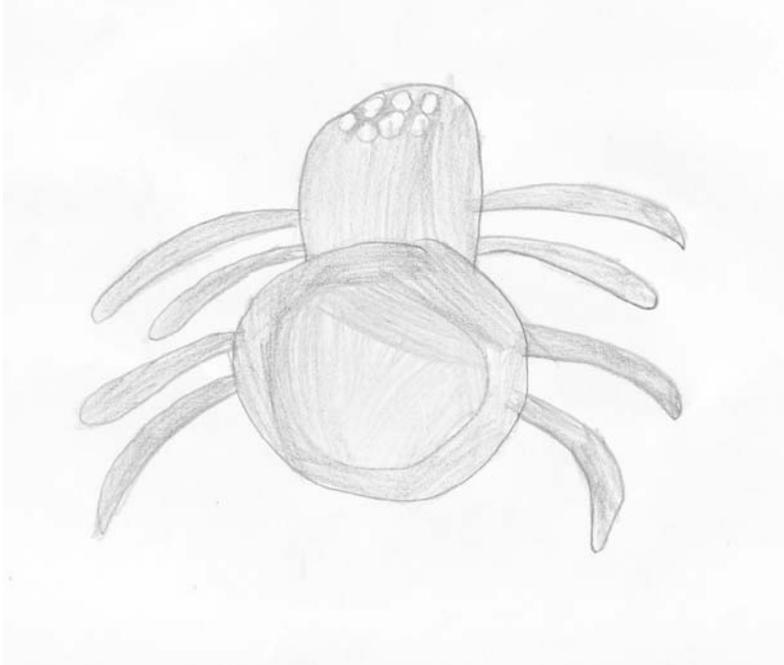
- **Respondent B**

"I'm not sure." "I don't know."

- **Respondent C**

“Um, I am drawing a spider.”

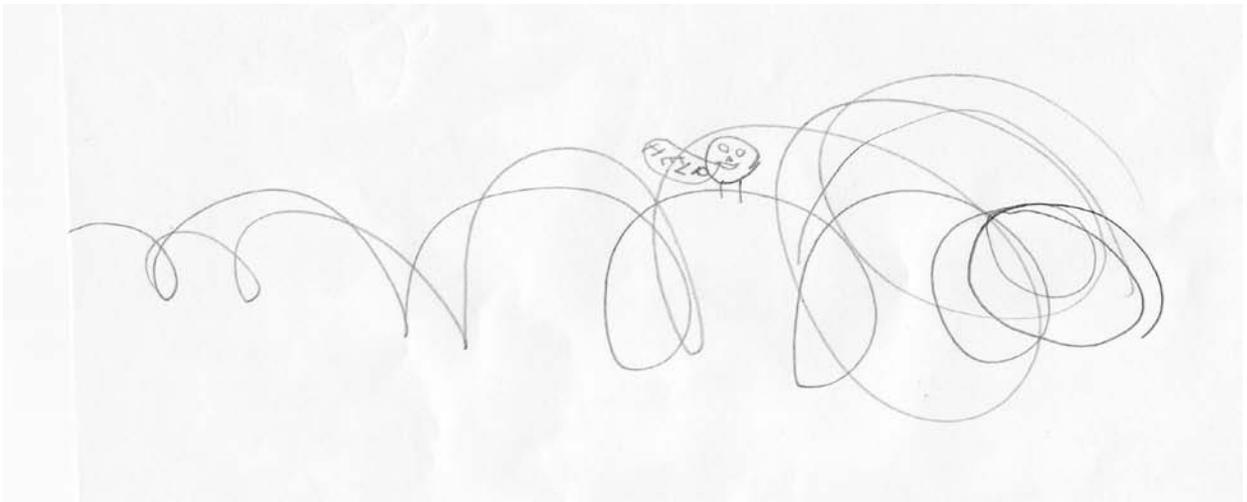
(Factor IV: Fear of Animals)



- **Respondent D**

“Ok, but I don’t really know how to do this. I don’t know how to draw a tornado.” “Ja, and when it is going to hit.”

(Factor I: Fear of Danger and Death)



- **Respondent E**

“Sometimes when I am stuck under things, this is really scared for me.” “So I can hardly breathe because I have something on my face and I really don’t like that.”

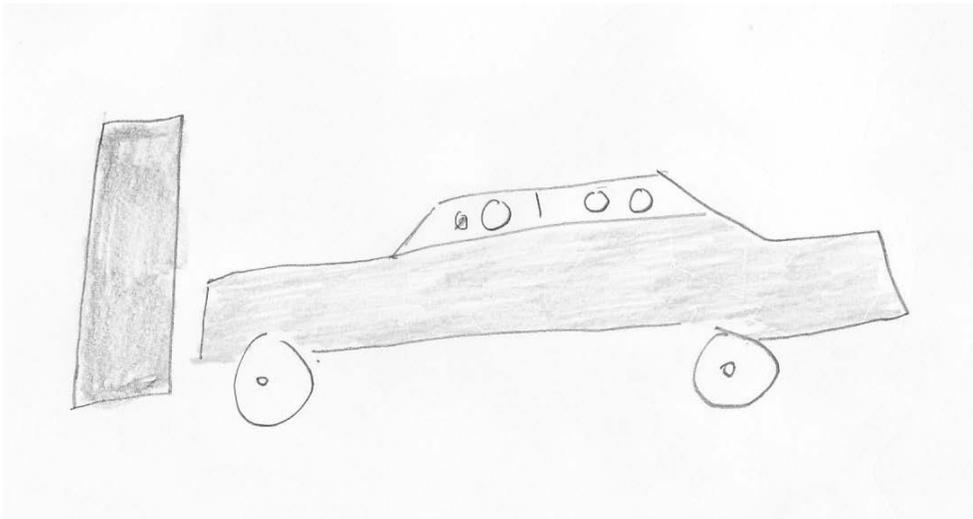
(Factor I: Fear of Danger and Death)



- **Respondent F**

“It’s like if something happens to my family.” “What I have drawn here is a car crash.”

(Factor I: Fear of Danger and Death)



- **Respondent G**

“If a wild animal attacks me.” “A leopard or lion.”

(Factor IV: Fear of Animals)



- **Respondent H**

“Getting hurt. Because now a days you can’t even walk outside because something is going to happen to you.” “I’ll just draw a gun and a weapon.”

(Factor I: Fear of Danger and Death)



- **Respondent I**

“I am drawing the Devil.”

(Factor II: Fear of the Unknown)

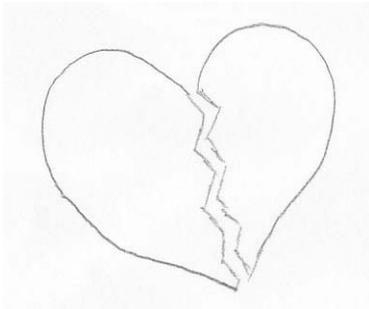


- **Respondent J**

“This is my heart and it is broken.” “...like if someone hurts me and then it breaks.”

“Like a family member.”

(Factor I: Fear of Danger and Death)



- **Respondent K**

“Like robbers at your house, when people break in and people attack each other in a fight and the people that fight with you and attack you. If they had a weapon.”

(Factor I: Fear of Danger and Death)

According to Pervin and John (2001:373) a drive is broadly defined as a stimulus strong enough to activate behaviour. The drive in this study is each participant’s fear.

From the above it is clear that the majority of fears fall under the Factor I- Fear of Danger and Death category according to the FSSC-SA with seven respondents. Two respondents’ fears fall under Factor IV- Fear of Animals. One respondent answered the Devil, which falls under Factor II- Fear of the unknown and one other answered “I don’t know.”

These findings are similar to the South African study by Du Plessis (2006) the top ten fears of children in their middle childhood are in order: (1) Death, (2) Snakes, (3) Crime, (4) Crocodiles, (5) Predators, (6) Spiders, (7) Gangs, (8) Weapons, (9) Dogs and (10) Rape. Death was found to be the most prominent fear experienced with 24.2% of the 660 children in their middle-childhood attending four regular state schools in the immediate Stellenbosch areas, admitting to fearing death. The children attended grades 5 (n=294) and 7 (n=366) (and) fell between the ages of ten and fourteen years. The original sample consisted of 739 participants but questionnaires that were less than 80% completed were excluded (n=25) as well as those completed by children above the ages of fourteen years (n=54).

Another recent South African study (Burkhardt, 2007:144) also found that most of the fears fall into the death and danger category, followed by: Factor II, Factor III, Factor V and lastly Factor IV (lowest level of fear). The ten most common fears derived from the results of the FSSC-SA for all the South African children (N=646) were: (1)getting HIV, (2)not being able to breathe, (3) sharks, (4) being hit by a car or truck, (5) lions, (6) falling from high places, (7) bombing attacks - being invaded, (8) bears and wolves, (9) getting a shock from electricity and (10) tigers.

Further, according to a South African study by Burkhardt (2003:19) the ten most common fears expressed by children in their middle childhood living in a children's home are: (1) not being able to breathe, (2) being hit by a car or truck, (3) bombing attack, (4) getting burnt by fire, (5) falling from a high place, (6) burglar breaking into the house, (7) earthquake, (8) death, (9) illness and (10) snakes. The majority of these fears loaded onto the danger and death subscale. The dominance of death and danger-related stimuli among the most common fears has been reported fairly stable over time by longitudinal studies and provides support to the suggestion that we are biologically prepared to fear certain stimuli (Gullone & King, 1997: 99). Even though this study used a sample of children in a children's home, it is still relevant to this study as the sample consisted of South African children in their middle childhood.

On the other hand in an earlier South African study, Burkhardt (2002) found that the fear of snakes (in the wild animals' category) was still the most common item amongst a group of 404 children in their middle childhood (ranging from ages eight to twelve years). This research was based on a comparable Free Option Method (FOM) study. According to Burkhardt (2002:30), one of the explanations of the findings for the prominence of fear of snakes might be ascribed to the fact that South Africa has a diverse snake population, of which many are poisonous.

According to Burkhardt (2003:9) the most common fears experienced by children are remarkably similar to those originally identified by Sherer and Nakamura in 1968 and although there are differences in the level of fear across cultures this does not apply to the content of fear namely, the most common fears experienced by children. These are similar across different countries and cultures (Ollendick, in Burkhardt, 2003:9).

Muris, Merckelbach, Mayer and Prins (2000) conducted a study with the aim being to determine how serious common childhood fears are. The findings of the study indicated that childhood fears are common, a normal part of development and that they reflect significant anxiety disorders in a substantial minority interfere with their daily routine. A

good indication to determine whether a fear could have an impact on a child is to examine the level of fear.

3.4.2. INTERVIEW RESULTS REGARDING THE LEVEL OF FEAR

To follow are the verbal responses given to the question, “On a scale of 1-10; with 10 being the most fearful; how fearful or scared are you of this fear?”

• **Respondent A**

“Probably about a seven.”

• **Respondent B**

“Probably a nine, nine-and-a-half.”

• **Respondent C**

“Probably about a seven scared.”

• **Respondent D**

“Ten.”

• **Respondent E**

“Like eight.”

• **Respondent F**

“About a seven.”

• **Respondent G**

“Like a six out of ten.”

• **Respondent H**

“About three or four, I am not really scared of it.”

• **Respondent I**

“Eight”

• **Respondent J**

“About a five or six out of ten scared.”

• **Respondent K**

“Nine.”

The respondents gave a variety of levels ranging from “Three or four” to “Nine, nine-and-a-half” out of ten. The average is above five which indicates that their level of fear is high. Other studies have only compared the level of fears of different cultures and genders on a 3-point scale (‘none,’ ‘little’ and ‘a lot’). This study did not focus on different cultures or genders, but on the level of fear of the whole sample on a scale of 1-10.

According to Ingman, Ollendick and Akande (1999:340) and Ollendick, King and Frary (1989:25) the level of fear can be influenced by a number of factors for example culture and religion. Recent research has shown that the level of fear in children from Nigeria and Kenya was higher than the level of fear in children from countries such as Britain, America, Australia and China. In a study by Ingman *et al.* (1999) the effects of religion were explored. It was found that Christian children reported higher levels of fear than Muslim children. In a study by Burkhardt (2002) the highest number of fears was displayed by the black South African children while the white South African children expressed the lowest number and level of fear. This was re-confirmed in an updated study by Burkhardt (2007:156) in which the level of fear experienced was the highest for the black South African children, followed by the coloured South African children while white South African children experienced the lowest level of fear.

According to the study by Burkhardt (2003) a significant gender difference was found with respect to the level of fear that the children living in a children's home express. The level of fear in girls was higher than the level of fear that boys experienced. This leads to the question of: how the participants deal with their expressed fear with regard to a defence mechanisms.

3.4.3. INTERVIEW RESULTS REGARDING THE DEFENCE MECHANISM USED

According to Hergenhahn and Olsen (1999:312) drive is any strong stimulus that impels an organism to action and the elimination or reduction of which is reinforcing. In this study the researcher looked at the response, or defence mechanisms that each respondent used in order to eliminate or reduce his/her fear.

The verbal responses given to the question, "What do you do when you are afraid?" follow. Being a semi-structured interview, the researcher; when necessary; could direct the questioning in order to elicit an answer that was relevant to defence mechanisms. In the brackets below each respondent's answer is the defence mechanism used, as discussed in Chapter 2.5. of this study.

• Respondent A

"I think of sport or something else."

(Suppression)

• Respondent B

"I put my mind on something different. I'll think about something else or I will go and play and stop thinking it. I'll go play rugby or something."

(Suppression)

• **Respondent C**

“Well, I try and avoid the spiders.”

(Avoidance)

• **Respondent D**

“I forget about thinking it somehow.” “.except thinking about something else. When it happens I usually think of an earthquake.”

(Suppression)

• **Respondent E**

“Ahh, just calm down and not thinking about it.”

(Denial)

• **Respondent F**

“I say to my self it won't happen.”

(Rationalization)

• **Respondent G**

“I think of something else like swimming.”

(Suppression)

• **Respondent H**

“I put it out of my thoughts and think it won't happen to me.”

(Rationalization)

• **Respondent I**

“I pray for protection.”

(Affiliation)

• **Respondent J**

“I think of something else, something I like, not my fear.” “I think of my mommy.”

(Suppression)

• **Respondent K**

“I try and think of something else. Something I like and not the fear.” “Like nice things happening like birthday parties or Christmas.”

(Suppression)

A drive is what makes the individual respond (Pervin & John: 2001:373). The response in this study is the defence mechanism. Further, according to Pervin and John (2001:374) an important acquired drive is anxiety or fear. The secondary drive of anxiety is important because it can be learnt quickly and can become strong. Fear and anxiety can lead an organism to a variety of behaviours.

The majority of respondents' behaviour, when dealing with their fear, fell under the defence mechanism of suppression. As discussed in Chapter 2.5., unpleasant feelings are suppressed through a conscious decision not to think about them eg “I forget about thinking it somehow,” given by Respondent D. Suppression generally works by replacing unpleasant thoughts with others that do not produce stress such as happy thoughts or feel good thoughts (Encyclopedia of Children and Adolescence, 1998, u.w. “defense mechanism”). “I think of something else like swimming,” given by Respondent G. “I think of something else, something I like, not my fear.” “I think of my mommy,” given by Respondent J, as well as, “I try and think of something else. Something I like and not the fear.” “Like nice things happening like birthday parties or Christmas,” given by Respondent

The response of two of the respondents fell under the defence mechanism of rationalization. According to the Encyclopedia of Children and Adolescence (1998, u.w. “defense mechanism”) rationalization is an attempt to deny one's true motives (to oneself or others) by using a reason (or rationale) that is more logical or socially acceptable than

one's own impulses. "I say to myself it won't happen," given by Respondent F, and I put it out of my thoughts and think it won't happen to me," given by Respondent H.

According to Porcerelli *et al.* (1998:412) this developmental perspective assumes that every defence co-exists with every other defence but that certain defences assume greater importance at certain developmental periods through a care more prominent earlier in development whereas more mature defences- "healthier"- (Vaillant, 1993:129) emerge and play a more prominent role later in development. This is evident in this study as the majority of middle childhood children were clearly using a mature defence such as suppression e when dealing with their fears.

Further more, Porcerelli *et al.*'s (1998) longitudinal studies of defence development provide a precise tracking of changes in relative defence use, as a function of age. Cramer's (1997) study, using a cohort-longitudinal design, tracked children from age six years, six months up to the age of nine years, five months and their use of the defence denial, projection and identification. The results showed a declining use of denial, with the sharpest decrease occurring between age six and age seven. Further, a steady increase across the time span with regard to the use of projection was evident, with the sharpest increase occurring between eight and age nine. The use of identification at early childhood ages was minimal. However, as the children moved into middle childhood, they showed a slow but steady increase in the use of identification so that, by the end of middle childhood, their use of identification had begun to surpass that of denial.

The findings in this study by Cramer (1997:245) indicate that each of the three defences has its own developmental history within the child's life. The early defence of denial was gradually superseded by more mature defences, such as projection and, later, identification. These findings demonstrate that the use of a developmentally more advanced defence does not spring into being *de novo*, nor is a developmentally earlier defence suddenly dropped from the child's repertoire of defence mechanisms. Rather, the change in the relative strength of different defences during childhood represents a

consistent and continuous pattern of gradual increase and decrease of individual defences over time.

A longitudinal study, involving the same sample group is needed in order to confirm Cramer's findings that defences gradually change over time.

As discussed previously, there is no research linking fears and defence mechanisms available, it is for that reason that the researcher is using coping mechanism, on a comparative level, as there is ample literature regarding how children in their middle childhood use coping mechanisms to deal with their fear.

As stated previously, the majority of participants used the defence mechanism suppression when dealing with their fears. After taking this result and comparing it to the models of coping mechanisms used in other literature studies and which are referred to in this study, it was found that there is no coping mechanism that is equivalent to the defence mechanism of suppression. This finding was checked with Loxton (2008) who writes: "When comparing coping mechanisms to defence mechanisms, it is important to consider the model used." The closest coping mechanism to that of suppression is probably cognitive distraction. Cognitive distraction, however, refers more to activities and stimuli that sidetrack the individual's attention. Suppression is the conscious exclusion of unacceptable thoughts or desires.

The further findings of this study can however be compared to those of the study by Burkhardt (2003:26) in which the coping strategy most often utilized was social or spiritual support (39,34%) from the secondary control strategy. Children in their middle childhood from the children's home often disclosed that they would pray if they were afraid. Since the children's home, where the study was undertaken was of a religious nature, the findings may probably be ascribed to this. Zwaanswyk Primary school prides itself on being a Christian school and this could also explain the use of "praying" when the participant was scared. Even though only one respondent dealt with her fear using

spiritual support (affiliation), it must be acknowledge that only eleven respondents were interviewed.

Burkhardt (2003) also found that the next most utilized coping strategy was problem focused avoidance (20,34%). These findings can once again be compared to the present study, as two participants used the defences of denial and avoidance which is similar to “cognitive avoidance.” In order to understand these results, the emotional and cognitive developmental context of middle childhood children needs to be taken into consideration.

As referred to in the study by Burkhardt (2003:31) an increase in secondary coping strategies was found to be linked to an increase in age by previous studies. According to previous studies coping mechanisms associated with higher levels of internalizing symptoms are amongst others support seeking and avoidance thought (Garber, Braafladt & Weiss; Sandler, Tein & West, in Burkhardt, 2003:31).

According to Craig (1996:205) the thinking of children during middle childhood becomes more adult-like with a lot of cognitive development still taking place. The emotional coping strategies (e.g. emotion-focused crying and emotion-focused aggression) was not utilized frequently by the children in the study and this can be explained in terms of children only reaching greater emotional maturity during middle childhood. Not only does a change occur from helplessness to independence and self-sufficiency but greater emotional differentiation as well as flexibility are also acquired during middle childhood (Turner & Helms, in Burkhardt, 2003:31). This explanation is also relevant to this study as the respondents used more mature defences. According to Porcerelli *et al.* (1998:412) as normal mental and emotional development proceeds through childhood, adolescence, and late adolescence, more mature, complex, and adaptive defences emerge.

In summary the dominant defence mechanism or response used by this sample of children in their middle childhood was suppression. Others included rationalization, denial, avoidance, and affiliation. These results, in some cases, can be compared to the results in previous studies on coping mechanisms and similarities as well as differences

are evident. In order to understand fully if learning has taken place in this sample group, it is important to question the participants regarding the cue that triggers their fear.

3.4.4. INTERVIEW RESULTS REGARDING CUES THAT TRIGGER FEAR

To follow are the answers given to the question, “Is there anything that cues or triggers you off to be scared of this fear?” In Dollard and Miller’s learning theory (1950:32) they explain that a cue is a stimulus that indicates the appropriate direction an activity should take. Drives energize behaviour whereas cues guide behaviour. The researcher further explored the cues that trigger off fears in the sample group.

- **Respondent C**

“... outside my bedroom I have lots of spiders. Like a spider’s nest and they always come inside my room and then I get a bit freaked out.”

- **Respondent D**

“Well, it’s mostly in my dreams so when I sleep that’s when I have more fear of it.” “So when I think it at night.”

- **Respondent E**

“Only sometimes when I am playing with my brother and he puts a cushion on my face.”

- **Respondent F**

“My uncle just died, so?”

- **Respondent G**

“When I watch some of those nature channels, when the animals attack.”

- **Respondent I**

“When I do wrong stuff.”

• **Respondent J**

“Um, well when my friends hurt me then I think of if my cousins hurt me.”

• **Respondent K**

“When you see someone with a knife or a gun, those kinds of things you usually get scared.”

According to Miller and Dollard's (1941:1) learning theory in order to learn, there must be a cue that elicits a response to reduce the drive. From the above, it is evident that certain stimuli do trigger or cue the respondents off to be scared or fearful. Some respondents answered that visual stimuli trigger off their fear, such as: “... outside my bedroom I have lots of spiders. Like a spider's nest and they always come inside my room and then I get a bit freaked out;” “When you see someone with a knife or a gun, those kinds of things you usually get scared,” and “When I watch some of those nature channels, when the animals attack.” It can be said that television does seem to play a role in influencing children's fears. In a study by Du Plessis (2006) she explored how children in their middle childhood acquired their fears and the most popular source for the information pathway was television. Richard (2005) explored television-content related fears from a sample of pre-school South African children. Research indicates that the older the participants were, the more television-related their fears became and as such, that television is influencing the development of childhood fears.

According to Louw, Van Ede and Louw (1998:270) learning theory states that fear is learnt. Learning theorists say that environmental factors, as well as children's own personal experiences, could contribute to this. Environmental factors, such as violent television programmes or frightening images on television and in the movies, could cause fear in children.

For some respondents it was more of an action that happens before, such as “Only sometimes when I am playing with my brother and he puts a cushion on my face,” and

“Um, well when my friends hurt me then I think of if my cousins hurt me.” The action before triggers them to become scared of a particular thing.

For one respondent his fear was elicited from thinking of his fear, “Well, it’s mostly in my dreams so when I sleep that’s when I have more fear of it.” “So when I think it at night.” His thoughts of his fear caused him to be scared of it.

One respondent answered that his uncle had died recently and so that could be the reason that he is now scared of his family members dying or being hurt in an accident. His uncle died of cancer; however he still feels that something could happen to other members of his family.

In summary there are a variety of cues that could trigger off the participants fears. They are individualistic to each participant and his/her fear. According to Sharan (2002:261), learning occurs when a given response is rewarded in the presence of a distinctive cue. In Main Findings Five, the researcher set out to question whether the response (defence mechanisms used) was rewarded by lowering the participant’s fear.

3.4.5. INTERVIEW RESULTS REGARDING SELF EFFICACY IN DEALING WITH FEAR

On asking the question, “Do you think this (using the defence mechanism) reduces your fear?” each respondent answered positively and communicated that it does reduce his/her fear. According to the Sharan (2002:16), self-efficacy is concerned with self-perceptions of how well a person can cope with situations as they arise. If people believe that they are capable of performing well in a situation, they are more likely to enter the situation, persevere in it, and end up doing a good job. All the respondents therefore believe that they coped with their fear as it arose.

Albert Bandura (1982) has theorized that judgments of self-efficacy are crucial to understanding a person’s behaviour. Self efficacy judgments are related to children’s

perceptions of the likelihood of success. In the face of difficulty or failure, children who have confidence in their abilities will work harder to master challenges. They will attribute their difficulties to failure to try hard enough, and they will redouble their efforts. Children who have a low sense of self-efficacy tend to give up in the face of difficulty because they attribute their failure to a basic lack of ability. The level of self-efficacy also affects how children prepare to handle new challenges.

Further, according to the Sharan (2002:262), reward is that mechanism which determines whether or not a response is repeated on successive trials. Individuals will seek to make the cue-response connection that results in reward. When reward occurs, its chief function is to reduce the strength of drive. In this finding the participants' fears (drive) were reduced due to using a specific defence mechanism in order to protect themselves. In the next interview result, the researcher elaborates on this finding and questions by how much, on a scale, the response lowered the children's fear.

3.4.6. INTERVIEW RESULTS REGARDING THE NEW LEVEL OF FEAR AFTER USING THE DEFENCE MECHANISM

To follow are the answers given to the question, "(After doing what you do when you are afraid) how scared are you then on a scale of 1-10 with 10 being very scared?" According Miller and Dollard (1941:1-2) the learner must be driven to make the response and rewarded for having responded in the presence of the cue. All the respondents agreed that using their defence mechanism helped in reducing their fear, they were therefore rewarded if their level of fear had decreased.

- **Respondent A**

"Probably about a three."

- **Respondent B**

"Six."

• **Respondent C**

“Still probably about a seven.”

• **Respondent D**

“... about an eight.”

• **Respondent E**

“About three.”

• **Respondent F**

“About three.”

• **Respondent G**

“About a three or four out of ten.”

• **Respondent H**

“I like forget about it.”

• **Respondent I**

“Three.”

• **Respondent J**

“A four out of ten.”

• **Respondent K**

“About a four.”

All the respondents, except for Respondent C's, level of fear decreased due to using their defence mechanism. Respondent C did however say that it helped using this response, but his level of fear remained the same. These findings can be compared to the efficacy of coping strategies that were utilized in previous studies.

In the study by Burkhardt (2003:26-27) the perceived effective coping (31,99%) of seeking either spiritual or social support, was the highest in overall efficacy of coping strategies that were utilized. This can be compared to the present study as the respondent who used the defence mechanism of affiliation showed a drop in fear from eight to three on a scale of ten.

Furthermore, avoidance strategies were found to be least effective and these tend to be associated with the development of fears or even their persistence (Muris *et al*, 2001; Ollendick *et al*, 2001). When compared to the present study, there is no clear efficacy of using avoidance or denial as one participant's level of fear stayed the same and the other decreased by five on a scale of ten.

The findings that secondary coping strategies are perceived as most effective in reducing the fear experienced by the children, is consistent with previous research results by Tremewan and Strongman (in Burkhardt, 2003:31) where secondary control was consistently associated with effective coping.

3.5. SUMMARY OF ALL FINDINGS

The table below shows the fear factor, level of fear, defence mechanism used and the new level of fear per respondent.

TABLE 3.1.

TABLE OF FEAR FACTOR, LEVEL OF FEAR, DEFENSE MECHANISMS USED AND NEW LEVEL OF FEAR

<u>Respondent</u>	<u>Fear Factor</u>	<u>Level of Fear</u> Out of 10	<u>Defence Mechanisms used</u>	<u>New level of fear</u> Out of 10
A	Factor I	7	Suppression	3
B	I don't know	9 – 9 ½	Suppression	6
D	Factor IV	7	Avoidance	7
E	Factor I	10	Suppression	8
F	Factor I	8	Denial	3
G	Factor IV	7	Rationalization	3
H	Factor IV	6	Suppression	3 or 4
I	Factor I	3 or 4	Rationalization	None or 0
J	Factor II	8	Affiliation	3
K	Factor I	5 or 6	Suppression	4
L	Factor I	9	Suppression	4

The above table shows that Factor I – Fear of Death and Danger was the most common fear factor. The levels of fear ranged from three or four to ten out of ten. The most used mechanism of defense was the defence of suppression. From the table it is clear that the majority of children reported that their level of fears decreased after using the defense mechanism.

Once all the findings had been gathered, to end the interview process, the researcher asked each participant to draw their safe place. The main reason for this was to encourage the participants to stop thinking about their fear and focus on something pleasant and that made them feel protected. Drawings varied from playing with a dog to his/her mom and dad's bed. The researcher felt that doing this activity changed the mood of the participants and most of them spoke openly about what made them feel safe and secure and why.

3.6. SUMMARY

In Chapter Three the focus was on the research process and on addressing how the data was collected and analyzed in this study. In this chapter the researcher explored the testability of Miller and Dollard's learning theory with regard to the defence mechanism used to deal with fear. This was done by questioning the sample group's cue, drive, response and reward.

The data gained during the interviews was valuable. The data collected was explored further and a literature control was done. Even though this was a new study, with regard to looking at how children deal with their fear, it was proven that it could still be compared to previous studies.

The interview questions enquired about each participant's expressed fear; level of fear; the defence mechanism used; the cue that triggered off their fear; their self-efficacy and lastly the new level of fear after they had used the defence mechanism. The researcher discovered that the most common fear (drive) came from the Factor I category: Fear of Death and Danger. Most participants' level of fear was above five which indicates that their level of fear was high. The majority of participants used the defence mechanism (response) of suppression when dealing with their fear. The respondents gave a variety of responses regarding the cues that trigger off their fear and it was concluded that they are individualistic. Lastly, all the participants agreed that using a defence mechanism helped in reducing their fear and all the participants, except one respondent's level of fear was lowered (reward). It can therefore be concluded that using a defence mechanism helped the participants lower their fear. According to Miller and Dollard's theory, for learning to take place there must be a cue, drive, response and reward. This was present in the case of the majority of participants.

In summary, the researcher is of the opinion that this study was successful in identifying a dominant defence mechanism in the sample group and questioning whether learning had taken place. Chapter Four comprises of the summary, conclusions based on the

findings and will provide guidelines for caregivers, teachers as well as therapists on what this sample group's fears were and the dominant defence mechanism used.

CHAPTER FOUR

SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

4.1. INTRODUCTION

In Chapter Three the focus was on the research process, addressing how the data was collected and analyzed in this study. Interview results regarding what the sample group's fears were and the defence mechanisms used were explored by comparing the results to results in existing literature.

The aim of the final chapter is to determine whether the research question has been answered and to come to conclusions and make recommendations for further research. In the following section the research question will be evaluated to ensure that the aim was achieved, the researcher will re-examine the aim and objectives in order to evaluate whether these were met during this study. Conclusions and recommendations regarding the main findings are offered, limitations of the study are given and lastly a summary.

4.2. RESEARCH QUESTION

The identification and selection of a researchable topic was completed prior to commencing with the empirical research. For the purpose of this study the researcher developed the following research question: What dominant defence mechanism do children in their middle childhood tend to use when dealing with fear? The research followed a qualitative approach of an exploratory and descriptive nature with elements of a quantitative study. This was done through semi-structured, interviews with each participant. The data was transcribed and analysed and from the findings discussed in Chapter Three. It was found that the sample group used the dominant defence mechanism of suppression in dealing with their fears.

4.3. EVALUATION OF THE EXTENT TO WHICH THE AIM AND OBJECTIVES WERE MET

The aim of this study was described in Chapter One. In Chapter One an overview of what this study is about, was given. A discussion of the choice of topic, problem formulation, aims and objectives of the research were included. The research question as well as the procedure and method were also discussed in this chapter. To ensure that the study achieved this aim, it is necessary to re-examine the aim and the objectives of this study.

4.3.1. AIM

The aim of this study was to determine the content of fears in a selected group of children in their middle childhood in the southern suburbs of Cape Town; in order to identify a dominant defence mechanism used to deal with the expressed fear.

This aim was achieved by conducting semi-structured interviews with eleven children in their middle childhood who attend school in the southern suburbs of Cape Town. These semi-structured interviews took place over a period of two weeks and specifically focused on what defence mechanism children in their middle childhood use when dealing with their fear. From the results, it was found that the dominant defence mechanism used by this sample group was suppression. The information gathered during this study proved to be valuable data. The data collected was further explored and a literature control was conducted comparing the data to findings on existing literature.

4.3.2. OBJECTIVES

To be able to achieve the aim of this study certain objectives had to be reached. In the following section the researcher will list the objectives of the study and describe how each objective was met.

4.3.2.1. Objective one

To provide a conceptual framework describing Miller and Dollard's learning theory and the developmental stage of children in their middle childhood, fears, coping mechanisms and defence mechanisms in general.

In Chapter Two the researcher presents Miller and Dollard's learning theory as a theoretical perspective. To follow was a conceptual framework which satisfied the meeting of this objective. The purpose of this conceptual framework was to provide the reader with a basic understanding in detail of those parts of the learning theory that were relevant to this research.

As this study focuses on children in their middle childhood, the developmental phase was discussed with reference to how fears could affect development. The researcher focused on the existing literature on fears and coping mechanisms. The researcher also discussed defence mechanisms and gave the definition of certain defence mechanisms. In Chapter Two, the first objective of this study was met. Further this chapter served the function of providing the reader with a basic understanding of some of the concepts relevant to the research findings and in this way formed a basis for the following objective, namely to conduct an empirical study.

4.3.2.2. Objective two

To explore the expressed fears and mechanisms of defence in children in their middle childhood through semi-structured interviews with children between the ages of eight and twelve years, in the southern suburbs of Cape Town, to analyse the data and control it with existing literature.

In Chapter Three the focus was on the research process and addressing how the data was collected and analyzed in this study. Six interview results regarding the questions answered were identified during the analysis of this data. The data collected was then

further explored by conducting a literature control where research findings were compared to findings in existing literature.

After the completion of all the interviews the data was analyzed. This involved reducing the volume of raw information, sifting significance from trivia, identifying significant patterns and constructing a framework for communicating the essence of what the data revealed. Through analyzing the data obtained from the interviews exploring the fears of children in their middle childhood and the defence mechanism used, six interview results were identified regarding the questions asked. They are as follows:

- Expressed fear.
- Level of fear.
- Defence mechanisms used.
- Cues that triggers fear.
- Self efficacy in dealing with fear.
- New level of fear after using the defence mechanism.

The empirical study, of which Chapter Three was comprised, was successfully concluded and the second objective of this study was achieved. Semi-structured interviews were conducted with eleven children in their middle childhood living in the southern suburbs of Cape Town. By asking relevant questions in these interviews, the researcher explored the fears of children in their middle childhood and the defence mechanism used. The questioned focused closely on Miller and Dollard's learning Theory. The time spent on each interview varied between thirty to forty-five minutes per respondent and these interviews were done face-to-face, recorded and transcribed. The data collected was controlled with the findings in existing literature.

The next objective to be completed is objective three.

4.3.2.3. Objective three

To come to conclusions and make recommendations for further research regarding children's fear and the defence mechanism used. Explain the limitations of the study and summarise the findings.

In the following section the researcher will discuss these findings collected in Chapter Three. These become the conclusions to this empirical study.

4.4. CONCLUSIONS AND RECOMMENDATIONS

The following conclusions are drawn regarding the sample group's expressed fears, level of fear, dominant defence mechanisms, cues that trigger off fear, self efficacy and new level of fear. These results can therefore not be generalized to all children in their middle childhood or to the population. Following each main finding regarding the questions asked, is a conclusion and where possible recommendations regarding the research process. These recommendations could be used for further research in this field of study.

4.4.1. EXPRESSED FEAR

The most common fear (drive) of this sample group came from the Factor I category: Fear of Death and Danger. The participants drew their fear and gave verbal responses, some included: "I'm scared of things like a horrible person with a gun or like 'torcher' thing." "... it's also like you being kidnapped or something" which came from Respondent A. "... tornado." "Ja, and when it is going to hit" which came from Respondent D. Respondent H answered, "Getting hurt. Because now a days you can't even walk outside because something is going to happen to you." "I'll just draw a gun and a weapon. Respondent K answered, "Like robbers at your house, when people break in and people attack each other in a fight with the people that fight with you and attack you. If they had a weapon."

Looking at the findings, the researcher recommends that the use of other mediums, not just a drawing, be used to enrich the data obtained. It is often difficult for children to express their fears and having a variety of mediums for them to project onto can be beneficial and add to the findings.

The researcher felt that some participants were extremely nervous and often hesitant in answering just in case they were wrong. On asking Participant F how he was feeling now he responded by saying that he was "...nervous," "Because I don't know the next question that you are going to ask." A recommendation for future research is that the researcher has two sessions with each participant. The first session could be the introductory talk and getting to know each other. This would serve as a way for the participant to become familiar with the researcher. The second session could be for the interview. Even though this study included an introductory talk and the participants were told that there is no right or wrong answer, the researcher is still of the opinion that more genuine answers could have been elicited through two sessions.

The researcher further recommends that a larger sample of children in their middle childhood be used in order for the research to be generalized to the population. The research will therefore be quantitative.

4.4.2. LEVEL OF FEAR

Most children experienced levels of fear ranging from three to nine-and-a-half on a scale of 10. The level of the majority of participants was higher than five; this indicates that they had high levels of fear.

These results are based on the opinion of the participants and there was no scientific testing of whether this was their true level of fear. The researcher recommends a more accurate measurement of the level of fear in children.

4.4.3. DOMINANT DEFENCE MECHANISM

The dominant defence mechanism (response) used by the children regarding their fear was the mature defence, suppression. Responses include: “I think of something else like swimming,” which was given by Respondent G and “I try and think of something else. Something I like and not the fear.” “Like nice things happening like birthday parties or Christmas,” given by respondent K.

A recommendation regarding this conclusion is that a longitudinal, follow-up study with the participants of the present study be conducted to determine whether the defence mechanism is transitory or remains constant. The researcher recommends a study in five years time under with the same condition, for accuracy.

Further, the researcher also recommends that a comparative study on the fears and defence mechanisms of different cultural groups, such as black, white and coloured children in their middle childhood be done.

4.4.4. CUES THAT TRIGGER FEAR

The majority of the children in the sample verbalized that a cue does trigger their fear. Some comments include: “When I do wrong stuff,” given by Respondent I and “When you see someone with a knife or a gun, those kinds of things you usually get scared,” given by respondent K.

No relevant literature could be found regarding the cues which trigger fear in children. The researcher therefore recommends that more research regarding the cues that trigger fear in children should be done.

4.4.5. SELF EFFICACY

All the respondents stated that using the defence mechanism lowered their fear. In Miller and Dollard's learning theory this would be seen as a reward.

The researcher also recommends that more research be conducted on the self-efficacy of children in their middle childhood regarding the use a defense mechanisms to lower their fear.

4.4.6. NEW LEVEL OF FEAR

The level of fear of all the participants, except one, was decreased by the defence mechanism used. This could lead toward the conclusion that in this sample group the use of the defence mechanism did lower fear.

The researcher recommends that further research be done concerning fear of children in their middle childhood and the dominant defence mechanism used.

A further recommendation is that in order to generalize the findings and gain a better understanding of South African children in their middle childhood, this research be replicated in other provinces or settings. This, in conjunction with the findings of the present study could be applied to needy settings in the form of prevention programmes or treatment strategies, and before and after results compared as a means of determining the most effective way of using the results of the study in practice.

Lastly, research into the fears and dominant defence mechanism used can provide valuable information to be incorporated into therapeutic programmes.

According to Miller and Dollard's learning theory, for learning to occur there needs to be a cue, drive, response and a reward/reinforcement. Regarding the above, the researcher is of the opinion that learning took place in most respondents. Most respondents

experienced a cue or trigger before they became fearful (drive) and then used a defence mechanism (response) in order to lower their fear (reward/reinforcement). Their fears were lowered due to using the dominant defense mechanism of suppression.

The knowledge generated by this study can be used by caregivers, assisting them in understanding of the fears of children in their middle childhood and how they deal with their fears. Furthermore, the child's point of view can be incorporated into caring systems, professional practice as well as social policies contributing to the development and optimization of human potential.

As so often said, our future lies within our children, warranting the time invested in them. Let us not forget this and hopefully the present study will contribute to greater understanding and appreciation of this special population.

4.5. LIMITATIONS OF THIS STUDY

A definite limitation of this study was the size of the sample used. Only eleven children in their middle childhood were interviewed.

A limitation of this study was that the children in the sample had to rely on their memories when giving their answers. Keeping this in mind, results should be interpreted with caution.

The researcher did not use a scale or measurement to determine which fear fell under a certain defence mechanism. This was done through fully understanding the meanings of each defence mechanism and then using the researcher's own discretion.

The researcher used a measuring tool of 1-10 to determine the level of fear and new level of fear after using the defence mechanism. Using this scale could have limitations as it had not been proven to work when determining levels of fear.

4.6. TRUSTWORTHINESS

The researcher is of the opinion that the study was trustworthy as it is credible, the findings are transferable, dependable and confirmable: The inquiry was conducted in such a manner as to ensure that the subject were accurately identified and described therefore making it credible. The researcher is of the belief that the findings are transferable. The research was dependable as the researcher attempted to account for changing conditions in the phenomenon chosen for study as well as changes in the design created by increasingly refined understanding of the setting. Finally the researcher feels that the study is confirmable. The researcher captured the traditional concept of objectivity and the findings of the study can be confirmed by another.

4.6. SUMMARY

The researcher set out to find information regarding the fear of children in their middle childhood and to identify a dominant defence mechanism used by focusing on Miller and Dollard's learning theory. This study called for a redefinition of how children deal with their fears. Previous research had always examined how children cope with their fears by using various coping mechanisms.

The research was qualitative with elements of a quantitative study and made use of semi-structured interviews to gather information. Eleven children in their middle childhood attending either Western Province Preparatory School or Zwaanswyk Primary in the southern suburbs of Cape Town were chosen in collaboration with a signed consent form. The information was gathered from the participants in an ethical manner and no participants needed debriefing or therapy. The data gathered was divided into six interview results and compared with existing literature. The research question was answered and the aim and objectives were met.

The results of the study show that the most common fear in the sample group came from Factor I – Fear of Death and Danger. The use of the defense mechanism suppression was

the most common answer. As discussed above the researcher is of the belief that learning did take place in the majority of participants as they expressed a cue, drive (fear), response (defense mechanism) and this resulted in lowering their drive (reward/reinforcement). The researcher does however recommend further studies to prove that, according to Miller and Dollard's learning theory, learning does take place in children in their middle childhood when dealing with their fears.

The researcher is of the opinion that the research study was successful in opening up a new avenue of looking at how children, in their middle childhood, deal with their fear through using a defence mechanism.

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ADDENDUM A: SCHOOLS: INFORMATION LETTER

JODI LORD

Intern play therapist

BA(Hons) PGCE

16 Ian Road, Rondebosch East, 7700

082 3718566

Dear Head of School

PERMISSION FOR STUDY AT ZWAANSWYK PRIMARY SCHOOL

Through UniSA, at the Huguenot College in Wellington, research is currently being undertaken into the content of **expressed fears and dominant defence mechanisms of children in their middle childhood**. Fear is regarded as a universal experience and is common in the lives of children. It is regarded as part of the normal emotional development of a child. Fears and the expression of them depends to a certain extent on age, social class, culture and even a particular moment in history.

The information gathered from the research will be aimed at better understanding and helping, if necessary, children of the age group that falls between eight and twelve years.

Should the parent/guardian give consent, the child will, on an individual basis, be asked to comply with a child friendly, semi-structured interview. The whole session should not exceed one-and-a-half hours and will take place after school hours on the school premises. The session will be recorded to be transcribed at a later stage.

The parents/guardians will be asked to complete a biographical questionnaire, as well as contact details in case a follow-up study is to be conducted at a later stage of study.

It would be preferable if you do not discuss anything regarding the research with the children prior to the research date. Should you be interested, arrangements can be made to discuss the findings of the group during a general feedback session.

Your assistance in the above regard will be highly appreciated and it is hoped that your participation in this research will be of benefit to both yourself and the children.

Should you at any time wish to contact me, I may be reached on 082 3718566.

I thank you in advance for your co-operation.

Yours sincerely



Miss Jodi Lord

11 March 2008

**ADDENDUM B: PARENT(S)/GUARDIANS: INFORMATION AND
PERMISSION LETTER**

JODI LORD

Intern play therapist
BA(Hons) PGCE

Dear Parent(s)/guardians

I am currently a Master's student in play therapy studying at UniSA. A research study is planned to be undertaken regarding the content of **expressed fears and dominant defence mechanism of children in their middle childhood**. Fear is regarded as a universal experience and is common in the lives of children. Fears and the expression of them depends to a certain extent on age, social class, culture and even a particular moment in history and is regarded as part of the normal emotional development of a child.

The information gathered from the research will be aimed at gaining a better understanding and helping, if necessary, children of the age group that fall between eight and twelve years.

This letter is a friendly, enthusiastic request to you as parent(s)/guardian(s) of a child who falls within the age target group of this study, to allow your child to participate in the research interview. Complete privacy and confidentiality is assured and no information that will be used for research purposes will be related directly back to your child in his/her personal capacity.

Should you give consent, your child would, on a one to one basis, be asked to engage in a child friendly interview. The whole session should not exceed one hour and will take place after hours on the school premises. The whole session will be recorded to be transcribed at a later stage.

Please complete a biographical questionnaire, as well as contact details in order to arrange a suitable day and time, and return to the school secretary. Contact details are also required if a follow-up study is to be conducted at a later stage of the study.

It would be preferable if you do not discuss anything regarding the research with the children prior to the research date. Should you be interested, arrangements can be made to discuss the findings of the group during a general feedback session.

Yours sincerely



Miss Jodi Lord
25 August 2008

PARENTS/GUARDIANS: PERMISSION
TITLE OF RESEARCH PROJECT:

**IDENTIFICATION OF A DOMINANT DEFENCE MECHANISM FOR
CHILDREN IN THEIR MIDDLE CHILDHOOD IN DEALING WITH FEAR.**

DECLARATION OF PARENT/GUARDIAN

I, the undersigned,
in my capacity as parent/guardian (delete what is not applicable)

of (child)

from (address)

..... (cell number)

..... (home tel. number)

Dates and times available:

.....
.....
.....
.....

Confirm that

1. My child is invited to participate in the above-mentioned research project, run by Miss Lord, intern child play therapist.

I understand that

- 2.1. the objective of the project is to investigate both fears of middle childhood children and their individual defence mechanisms;
- 2.2. my child will spend approximately one-hour with the researcher, talking and possibly drawing. The interview will be tape-recorded. The researcher has experience with children.
- 3. the session with my child will be conducted at the primary school and there are no physical dangers/risks involved in the research;
- 4. the researcher undertakes to contact me should she feel uneasy or concerned about anything my child says or does in the session;
- 5. the information obtained is confidential and will be used in the following way: It will form part of a master's study which might be published in an academic journal. However no information will in any way be identified with my child.
- 6. the researcher undertakes to provide a general feedback session about the overall results of the group of children after the project has been completed and should the parties involved desire it.
- 7. that I may refuse/ my child may refuse to participate in the project and that such a refusal will not disadvantage me or my child in any way;
- 8. participation in the project involves no financial costs;
- 9. I am not forced or coerced in any way to agree to my child's participation in the project and I understand that we are free to withdraw from the project at any stage.

.....
Sign

.....
Date

ADDENDUM C: INTRODUCTION TALK FORMAT

INTRODUCTION TALK FORMAT

1. Hello, my name is Jodi and your name is
2. How old are you and what grade are you in?
3. I am currently doing research regarding children and would like to talk to you very informally today. Is this ok (verbal consent from child)?
4. I will also write while we talk and this machine will be on. Do you know what it is? It is a recorder. I want to remember everything you tell me today and that is why I'll be recording what you tell me. Would you like to hear your voice?
5. Everything that you tell me will be between us. It's confidential and I'm not going to tell anybody what you tell me here today.
6. I also would like to tell you that there are no right or wrong answers. This is what you think and what you do.
7. Would you like to tell me a little bit about yourself? Do you have any brothers or sisters, what your hobbies are or maybe even what your favourite food is?

ADDENDUM D: SEMI-STRUCTURED INTERVIEW QUESTIONS

SEMI STRUCTURED INTERVIEW FORMAT

1. To be scared of certain things is a normal part of development.
2. Do you know what it means to be afraid or fearful of something?
3. Please make a drawing of that which you fear the most and while you're drawing it, please tell me what you are drawing. You make take your time to think about what you are afraid of.
4. How much do you fear this thing? On a scale of 1 to 10. 10 being very scared.
5. Can you think of anything that can possibly trigger or set off this fear (cue)?
6. What do you do when you are afraid?
7. When these fears become evident in your thoughts (it is not really happening), what do you do then?
8. Is there anything else that you do, to lessen the fear?

9. Does anything trigger or cue you off to be scared of this thing?

10. And does this help you? Do you feel it reduces your fear?

11. (After doing what you do when you are afraid) how scared are you then on a scale of 1-10 with 10 being very scared.

12. How long have you been doing this for?

Lastly the researcher will allow the child to draw a picture of their safe place or something that they enjoy doing. The researcher will summarise what was discussed and clarify the child's answers the above semi-structured questions. The researcher will then debrief the child and look for any signs of heightened awareness.

**ADDENDUM E: PARENT(S)/GUARDIANS: INFORMATION
AND THANK YOU LETTER**

JODI LORD

Intern play therapist
BA(Hons) PGCE
17 Monterey Place
Camp Ground Road, Newlands, 7700
16 September 2008

Dear Parent(s)/guardians

Thank you for allowing your child to participate in this study.

Here are the questions that were asked:

INTRODUCTION TALK FORMAT

- Hello, my name is Jodi and your name is?
- How old are you?
- What grade are you in?
- I am currently doing research regarding children and would like to talk to you very informally today. Is this ok?
- I will also write while we talk and this machine will be on. Do you know what it is? It is a recorder. I want to remember everything you tell me today and that is why I'll be recording what you tell me.
- Everything that you tell me will be between us. It's confidential and I'm not going to tell anybody what you tell me here today.
- Are you still willing to be a part of this research?
- Would you like to tell me a little bit about yourself?

SEMI STRUCTURED INTERVIEW FORMAT

1. To be scared of certain things is a normal part of development.
2. Do you know what it means to be afraid of something?
3. Please make a drawing of that which you are afraid of or fear the most and while you're drawing it, please tell me what you are drawing. You make take your time to think about what you are afraid of.

4. How much do you fear this thing? On a scale of 0 to 10. 10 being very scared.
5. What do you do when you are afraid?
6. Tell me more about this?
7. Does anything trigger or cue you off to be scared of this thing?
8. And does this help you? Do you feel it reduces your fear?
9. (After doing what you do when you are afraid) how scared are you then on a scale of 1-10 with 10 being very scared.
10. How long have you been doing this for?

Lastly I allowed the child to draw a picture of his/her safe place, where he/she feels warm and secure.

Thereafter I summarized what was discussed and clarified your child's answers to the above semi-structured questions. I also debriefed and looked for any signs of heightened awareness.

If you, the parent(s)/guardian, have reason to believe that your child is displaying signs of heightened awareness of their fears due to the procedure, therapy will be offered. The researcher will offer three sessions with an intern child play therapist and thereafter the child will be referred to a registered child play therapist at the parent(s)/guardians own expense.

Yours faithfully,

A handwritten signature in cursive script that reads "Jodi Lord".

Miss Jodi Lord

16 September 2008

ADDENDUM F: TRANSCRIBED NOTES FOR RESPONDENT D

Transcribed notes for Respondent D

School: Western Province Preparatory school

Date: 9 September 2008

Time: 14:30

Researcher: Right, do you know what my name is from your brother?

Respondent D: No.

Researcher: Oh, ok my name is Jodi and your name is Marco Gomes and how old are you?

Respondent D: Nine.

Researcher: And what grade are you in?

Respondent D: Four.

Researcher: Grade 4, well I am currently doing research on children and I am just going to talk to you very informally about your fear and what you are scared of today. Is that ok?

Respondent D: Yes.

Researcher: Yes, I am also going to write while you talk and this little machine is going to be on. Do you know what this is?

Respondent D: It records what ever I say.

Researcher: It records whatever you say, that's right it's a recorder. And would you like to hear your voice?

Respondent D: Yes.

Researcher: Alright, and everything that you say today is confidential. Do you know what confidential means?

Respondent D: No.

Researcher: Ok it means whatever you say today I am not going to repeat to your mom, or your teacher or the principal. It is just between you and I. Whatever this information is used for, say my research

project or say it gets published in a journal. No-one will ever know that you said it.

Respondent D: But it's on recorder?

Researcher: But that's just for me, it's just for me because everything you say is so important I don't want to forget it. After the interview I am going to go back and listen to everything, but no-one else is going to listen to the recorder but me. Alright, it's confidential.

Respondent D: Have you asked other people?

Researcher: Ja, you mean interviewed other people, asked them the questions? Yes, we have had quite a few boys already. Is it important that other boys have also done this?

Respondent D: I don't know.

Researcher: I don't know. Ok, I also want to let you know before we begin that there is no right or wrong answers. Everything you say is what you think. It all your thinking and what you think or feel. To be scared of certain things is a normal part of development. Maybe before we begin, would you like to tell me something about yourself?

Respondent D: Like what?

Researcher: What you love doing? What your favourite sport is? What your favourite subject is?

Respondent D: My favourite sport is cricket. Ahh, my favourite subject is Maths. I like j-boarding.

Researcher: Mmm, j-boarding?

Respondent D: Ja, and that's all.

Researcher: Okay you like those things. And would you like to tell me how you like Wet Pups?

Respondent D: We got a good computer that's for sure.

Researcher: They got you confused?

Respondent D: No, they got good computers.

Researcher: Oh, good computers.

Respondent D: Ja, and um they got nice fields and nice coaches.

Researcher: Ok, nice fields and nice coaches.

Respondent D: And in Grade 4 at the end of the rugby season we get to go to Spur

Researcher: Spur, sho! That sounds lovely. Ok, I think we can begin with the questions. Do you know what it means to be afraid or fearful of something?

Respondent D: Yes.

Researcher: Can you tell me what it means?

Respondent D: To be scared?

Researcher: To be scared of something, what does that mean?

Respondent D: I think you scared of the night.

Researcher: That's right, you can be scared of the dark. To be scared of something means you don't like it being around you or touching you. It means it is an emotional response to something that is not nice for you.

Respondent D: Ja.

Researcher: You agree with that?

Respondent D: Ja.

Researcher: There is some paper here, please take some wax crayons, there are some pencils and kokis or some colour crayons. Please draw what you are most afraid of. Then you can draw it and while you are drawing you can tell me what you are drawing.

Respondent D: I really don't know what. It actually depends because there are quite a few things.

Researcher: Well, draw the thing that you are most scared of.

Respondent D: Ok, but I don't really know how to do this. I don't know how to draw a tornado. Ooohhhh!

Researcher: Are you most scared of a tornado?

Respondent D: Ja, and when it is going to hit. Ok.

Researcher: Ok, and if you can tell me how much do you fear this thing on a scale of 0-10?

Respondent D: Ten.

Researcher: Ten, sounds to me like you are very scared of it. Is that right?

Respondent D: Yes.

Researcher: And can you think of anything that triggers or sets you off to be scared of this thing?

Respondent D: Well it's mostly in my dreams so when I sleep that's when I have more fear of it.

Researcher: So it is in your dreams?

Respondent D: So when I think it at night.

Researcher: When you think it at night. Tell me if this sounds right? So when you think it at night then it comes in your dream and you thinking about it at night can trigger it off?

Respondent D: Well it's just when I lie down with my mom because I think they can protect me so I feel a little bit safer.

Researcher: So you feel safer when you lie down with your mom. And what do you do when you are afraid.

Respondent D: I forget bout thinking it somehow.

Researcher: You forget about thinking about it. Is there anything else you do to lessen your fears of tornados? To make you less scared of tornadoes? You said that you forget about thinking about it. Is there anything else?

Respondent D: No, except thinking about something else. When it happens I usually think of an earthquake.

Researcher: Then you think of an earthquake instead of a tornado?

Respondent D: My dad says because we live near the beach we don't get earthquakes because they don't go near beaches. So I am not too scared about it.

Researcher: Oh right, and how long have you been doing this for? Forgetting about the tornado and maybe rather thinking about the earthquake?

Respondent D: Probably when I was turning nine.

Researcher: Is that when you started?

Respondent D: Because I didn't really know what tornados were before that.

Researcher: And does this help you do you think because you said you try and forget about it and think about something else, do you think this helps you? A little bit....

Respondent D: Ja, but I don't always think of earthquakes. Most times I do think of something else.

Researcher: Ok, you said you were a ten out of ten scared of tornadoes, so, when you think of something else how scared are you of tornadoes then? Does it help you to not think of it?

Respondent D: Ja, lowered.... about an eight.

Researcher: I am just going to re-cap what you said. You are ten out of ten scared of tornadoes, I asked what you do when you are scared of tornadoes and you said you try and think about something else. And if you do think about something else you said your fear maybe goes to an eight so it does help a little bit?

Respondent D: Ja

Researcher: Alright. So do you feel it reduces your fear?

Respondent D: Yes

Researcher: Right. What I am going to do now is go through what you said, clarify it. If anything doesn't sound right, will you just say, "Jodi that is not right." Ok?

Respondent D: Ok.

Researcher: We started by you telling me a little bit about yourself. That you are nine years old and in Grade 4. I asked you what you are most

afraid and you aid of tornadoes and you drew a tornado with you in the middle saying “help!” You said you were very scared of it, ten out of ten scared. You tell me how it sometimes comes in your dreams, when you sleep. And I asked you if anything cues or triggers it off? And you said not really, but sometimes when you think of it, it comes to you. You said you feel safe when you lie with your mom. I then asked what do you do when you scared of the tornadoes? You said you try forget about it and think of something else. Sometimes you think of an earthquake and you sais you are not too scared of earthquakes because your dad told you it doesn’t really happen of you live by the sea. And I said when you do these things and you try stop thinking of the tornado out of ten how scared are you now? And you said about an eight, so it does help you when you think of other stuff. Does that sound right to you?

Respondent D: Yes,

Researcher: Alright, to end off could you please take this piece of paper. If you could please draw a picture for me of your safe place. What makes you feel really happy and feel safe and comfortable?

Respondent D: Well now it has actually changed because I have a dog.

Researcher: Ok, well you can draw whatever your safe place is, where ever it is. Nothing is right or wrong.

Respondent D: I am actually going to draw my mom’s bed.

Researcher: Alright.

Respondent D: Have you seen Fudge?

Researcher: No I have not seen fudge... do you maybe know why I asked you to draw this?

Respondent D: No

Researcher: We have been talking about tornadoes and things that make you scared, what I want to do... how are you feeling now?

Respondent D: About what?

Researcher: How are you feeling, happy, sad, maybe scared?

Respondent D: Happy.

Researcher: You feeling happy. We have been talking about things that make you scared. What I am doing now is asking you draw something that is nice and makes you happy.

Respondent D: I drew my bed.

Researcher: So what did you draw there? What is your safe place?

Respondent D: My bed

Researcher: Your bed, ok and is that where you fell happy, safe and comfortable?

Respondent D: Yes, and because if I do fall asleep my dreams usually are happy.

Researcher: Your dreams are usually happy, that sounds lovely. Well we finished with the interview, thank you very much. Is there anything that you would like to say to me or ask me before you go?

Respondent D: No.

Researcher: So you are fine. This is a letter for your mom to thank her and it's also got all the questions I asked you in it. Could you please give that to her?

Respondent D: Ok.