NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Fears in Childhood: Information for Parents and Teachers

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Children are afraid of a wide variety of things: for example, thunder, the dark, monsters, loud noises. Short-term fears that come and go throughout childhood and adolescence are a part of normal development. These fears are a natural and valuable response to various situations and they may serve a variety of functions, such as helping the child avoid possibly harmful situations or learn new skills.

When children express that they are afraid, they are actually communicating fear of being harmed in some way. Each child's response to fear and fear-provoking situations may vary. Some children may take comfort from a favorite animal (stuffed or living), some may seek to be close to a parent, and others may avoid whatever situation is causing the fear. The majority of children experiencing developmentally appropriate fears will eventually outgrow them.

DEVELOPMENT OF FEARS IN CHILDHOOD

Initially, fears develop in response to situations that children perceive to be uncomfortable and possibly dangerous; in a way, by fearing these situations and avoiding them they are ensuring their own safety. As children grow older, their fears change and may become more complex and abstract. Experiencing a variety of fears and being able to work through overcoming them can indicate that the child is maturing.

Childhood Fears From Infancy to Adolescence

Most studies show a decline in the number of fears with increasing age. Also, the nature of fears tends to change over time as a result of cognitive development and abilities to recognize and understand dangers in different situations. As children mature, their fears tend to shift from immediate, tangible fears to anticipatory, less tangible fears.

During the toddler years, it may not be unusual to experience fear of strangers, separation anxiety, fear of imaginary objects, even fear of being hurt. Night terrors affect about 3-5% of all children, most often between the ages of 2 and 5. Adolescents may experience fear of physical illness, public speaking, and/or sexual issues, as well as concerns about the world in general. Of course, children can also experience fear of animals, the dark, lightning and thunder, being in trouble, failure and criticism, and perhaps abandonment. Common fears at different developmental stages are noted in Table 1. Interestingly, while earlier studies indicate that real-life fears (i.e., fears of real-world violence such as drive-by shootings, drugs, gangs, and nuclear war) do not begin to emerge until early adolescence, more recent findings suggest that these fears are occurring at earlier ages, in the elementary school years. Adults often underestimate the degree to which children experience adult-like fears.

Normal Fears, Anxiety, and Irrational Fears

Fear is a well-researched, basic emotion. Fears are often normal parts of development but can trigger other emotions such as anxiety or even irrational fears or phobias.

Normal fears. Any fear or combination of the fears noted in Table 1 can be a normal part of development. As the child grows and matures, events in everyday life trigger appropriate fears. For example, fear of strangers allows the child to protect himself or herself from potentially harmful strangers. Fears also develop as the child becomes able to perceive potential dangers in different situations but is not yet able to control the situation or find a way to solve the problem in a positive manner.

Anxiety. Individuals acquire secondary emotions through learning and experience, and they often link those emotions to fearful situations. Social emotions such as anxiety are highly dependent on learning and

Table 1. Development of Fears in Childhood

Age	Fears
Infancy–2 years old	Loud noises, being dropped or startled, separation from mother
2–3 years old	Strangers, small animals
4 years old	Darkness, monsters
5–6 years old	Making friends, being teased by others, monsters
6 years old–adolescence	Physical injury, natural events (such as earthquakes, hurricanes, and tornadoes), being teased by others, not being liked by others, not making any friends, dying or the death of loved ones

interaction with one's cognitive perceptions. As children develop and experience fear, they often associate particular situations or events with the possibility of harm, which triggers the fearful response. They may experience physiological changes when the fearful object or situation is present, including quickened heartbeat, a nervous feeling in the stomach, increased perspiration, and anxiety. Parents and teachers are encouraged to be alert for signs of anxiety such as impulsivity, distractibility and difficulty remaining focused, becoming clingy, problems getting to or remaining asleep, accelerated breathing, headaches and stomachaches, or avoidance of particular settings or situations, as possible signs of fears that need to be addressed.

Maladaptive fears. When fears involve intense and persistent reactions, they become maladaptive and may be termed *phobias*. Phobias are out of proportion to the demands of the situation, cannot be explained or reasoned away, and can lead to avoidance of the feared situation. Such irrational fears can also persist over an extended time and prove to be maladaptive to normal developmental stages of growth. When attempting to distinguish between a rational and maladaptive fear response, parents and teachers should consider the effect on the child's life, as well as the age appropriateness of the fear. If a child cannot be soothed or reasoned with regarding recurrent fears associated with a particular event, situation, or object, seek additional advice from a mental health professional.

HELPING CHILDREN OVERCOME FEARS

Significant others, such as parents, may unwittingly play a key role in reinforcing and encouraging fears so that they continue long after their usefulness has diminished. Additionally, a child who is predisposed toward anxiousness may tend to develop more long-lasting fears. It is important for parents, family members, and teachers to take a child's fears seriously without dismissing them. It is also important that caregivers consistently let children know they will take care of them so that children can feel secure. Through continued encouragement and the absence of teasing, children gradually improve their ability to recognize and acknowledge their fears.

Interventions can occur on many levels. They can be initiated by parents and caregivers at home and by mental health professionals in the school or community setting. While it is not appropriate to ignore a child's fears or brush them aside, it is also not beneficial to give too much attention to fears. The parents' own anxiety may cause them to talk too much. This may result in the message of reassurance being lost, and subsequently the child may become more nervous. Alternatively, the child may also learn that acting afraid (without actually being afraid) is a sure way to get parental attention. As a general rule, the younger the child is, the less talking the parents should do.

Evaluate Accuracy of Fear

The first step in intervening is to determine the accuracy of the fear. It is important to help the child to evaluate the reality of the situation—if the source of the fear exists (e.g., is there really a monster under the bed?) and if there is a realistic potential for harm (is the dog familiar and friendly or unknown?). When it is reasonable and practical, temporarily remove the object that is causing the fear. For instance, if a child is afraid of the vacuum cleaner noise, try to vacuum when he is in another room to reduce the perception of noise. As the child learns that no harm is caused by the vacuum cleaner in an adjacent room, help him gradually tolerate closer proximity to the noise.

Anticipate and Prepare

Whenever possible, try to anticipate the child's fear and prepare the child. For example, if a particular child is

afraid of animals and the class is going on a field trip to the zoo, the parent, teacher, or school psychologist can prepare the child by exposing her to a variety of animals, such as stuffed animals and those in books and videos. As the child becomes more comfortable with the animals and the thought of proximity to them, adults can reassure her that the animals at the zoo will be in cages or behind partitions and incapable of harming her. If the child then reacts to a situation at the zoo with fear, get the child's attention and help her focus on you while reassuring her that she will not be harmed.

Teach Coping Strategies

Adults can help children confront their fears by teaching them coping skills. Such strategies include teaching children to recognize anxious feelings and physical reactions to that fear (such as increased heart rate and rapid breathing) and to initiate positive self-talk (telling themselves that they can deal with this fear in a positive way). Relaxation techniques can also be helpful. It is important to teach children how to problem-solve when they are afraid of something, how to manage their fear, and how to evaluate the effectiveness of their coping skills.

Modeling. The parent and/or teacher can model appropriate responses to the feared situation. Books also can be powerful tools for helping children identify their fears and develop subsequent coping strategies. Children can identify with the main characters' needs, wishes, and frustrations and focus on the coping strategies used by the characters. Discussing how a child might respond to certain fearful situations by incorporating some of the coping strategies would be very beneficial in encouraging the child to develop his own ways to cope with fear. (See Recommended Resources for a list of books.)

Control. Fearful situations seem less scary when a child is given some control over them. It could be effective to engage the child in a goal-setting activity with gradually increased exposure to the fearful stimuli until comfort levels are reached. Providing a child with a good-luck charm can be a calming influence. A good-luck activity like whistling, humming, taking deep breaths, or squeezing a parent's hand also works well. By suggesting good-luck (or special) thoughts, you can distract the child from a thought that is scary and replace it with one that is more pleasant and soothing.

Address Persistent Fears

If the fears persist and begin to affect the child's daily functioning in negative ways, it might be necessary for parents to seek guidance from mental health professionals. These professionals may use a variety of approaches to address maladaptive fears in children.

Family involvement. When working with children who experience fear and anxiety regularly, it is important to enlist the family's support. Family involvement can entail training parents in skills for managing the child's fears and anxiety as well as how to better manage their own anxiety, along with skills of communication and problem solving, in order to prevent relapse on the part of the child.

Contingency management. Contingency management procedures are based on the principle that the consequences following a child's behavior will determine whether the behavior will be repeated under similar circumstances. Examples include a parent verbally or tangibly rewarding a child for successfully coping with a feared situation (*positive reinforcement*), a parent no longer nagging when a child cleans his room (*negative reinforcement*), teaching a child to gradually approach a feared animal (*shaping*), or minimizing parental attention when the child avoids a feared situation (*extinction*). Contingency management has been shown to be highly effective when used with school refusal (fear of or extreme resistance to to attending school) and separation anxiety.

Systematic desensitization. Systematic desensitization pairs relaxation with those images that produce fear over and over again until the child responds to the feared object/situation in a relaxed manner. Systematic desensitization has been found to be very effective for controlling childhood fears and anxiety.

CONCLUSION

Fears are very common in children and adolescents and occur as part of normal development. When dealing with childhood fears, the goal is not to simply make them go away but to use them to teach children how to cope with stressful situations and how to determine when to really be afraid. Fears that persist and interfere with functioning or cause significant distress can become phobias or anxiety disorders and may require more concentrated interventions by trained mental health professionals.

RECOMMENDED RESOURCES

For Educators

Gordon, J. & King, N. (2002). Children's night-time fears: An overview. *Counseling Psychology Quarterly, 15*, 121-132.

Honig, A., Sterling, M., Church, S. & Booth, E. (2007). What makes children fearful and anxious. *Early Childhood Today, 21*, 301-305.

King, N., Muris, P., & Ollendick, T. (2005). Childhood fears and phobias: Assessment and treatment. *Child and Adolescent Mental Health, 10*(2), 50–56.

Muris, P., Merckelbach, H., Gadet, B., & Moulaert, V. (2000). Fears, worries, and scary dreams in 4- to 12-year-old children: Their content, developmental pattern, and origins. *Journal of Clinical Child Psychology, 29*, 43–52.

Nicholson, J. & Pearson, Q. (2003). Helping children cope with fears: Using children's literature in classroom guidance. *Professional School Counseling, 7*, 15–19.

Ollendick, T. H., King, N., & Muris, P. (2002). Fears and phobias in children: Phenomenology, epidemiology, and etiology. *Child and Adolescent Mental Health, 7*(3), 98–106.

Sayfan, L. & Lagattuta, K. (2008). Grownups are not afraid of scary stuff, but kids are: Young children's and adults' reasoning about children's, infants', and adults' fears. *Child Development, 79*, 821–835.

For Parents

Chansky, T. (2004). *Freeing your child from anxiety: Powerful, practical strategies to overcome your child's fears, phobias, and worries*. New York: Broadway Books.

Child Development Institute (n.d.). Helping your child deal with fears & phobias. Available: http://www.childdevelopmentinfo.com/disorders/fears.htm

Garber, S. W. (1993). *Monsters under the bed and other childhood fears: Helping your child overcome anxieties, fears, and phobias*. New York: Random House.

Honig, A. (2007). First fears. *Scholastic Parent and Child, 2*, 67.

KidsHealth (2007). Anxiety, fears and phobias. Available: http://kidshealth.org/parent/emotions/feelings/anxiety.html (Spanish available)

Schachter, R. (1989). *When your child is afraid*. New York: Simon and Schuster.

For Children

Brown, M. W. (1942). *The runaway bunny*. New York: Harper & Row.

Buscaglia, L. (1982). *The fall of Freddie the leaf: A story of life for all ages*. New York: Holt, Rinehart & Winston.

Cary, E., & Whitney, J. (1996). *I'm scared (Dealing with feelings)*. Seattle, WA: Parenting Press.

Martin, B., Jr., & Archambault, J. (1985). *The ghost-eye tree*. New York: Henry Holt.

Mayer, M. (1992). *There's a nightmare in my closet*. Syracuse, NY: E.P. Dutton.

Polacco, P. (1990). *Thunder cake*. New York: Philomel Books.

Sendak, M. (1988). *Where the wild things are*. New York: Harper Collins Juvenile Books.

Wineman-Marcus, I., Marcus, P., & Jeschke, S. (1991). *Scary night visitors: A story for children with bedtime fears*. Washington, DC: American Psychological Association.

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