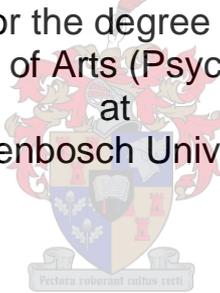


A COMPARATIVE STUDY OF FEARS IN MIDDLE-CHILDHOOD SOUTH AFRICAN CHILDREN WITH AND WITHOUT VISUAL IMPAIRMENTS

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DECLARATION

By submitting this thesis electronically, I, declare that the entirety of the work contained therein is my own, original work, that I'm the owner of the copyright thereof and that I have not previously in it's entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

The experience of fear is a normal phenomenon in the development of children. However, the often marginalised population of children with visual impairments, is one which has been neglected in past fear research. As far as could be ascertained, no research assessing the fears of children with visual impairments has been carried out the past 18 years, and studies within the South African context are non-existent. Previous research has suggested that children, who have a physical disability, are more prone to the development of a psychopathology than their non-disabled peers. It has also been suggested that, due to their physical limitations, children with visual impairments would express a higher prevalence of anxiety and fear. Therefore it is important to identify these children's fears, to enable those involved in their day-to-day lives to gain a greater understanding of their emotional world.

The present study aimed to determine whether significant differences exist between the fear profiles of middle-childhood South African children with visual impairments when compared to their sighted counterparts. A differential research design was employed, and results were examined across the four independent variables of gender, age, culture, and vision. A total of 129 assenting children from three schools in the Western Cape participated in the present study, including 67 children with varying degrees of visual impairments, and 62 gender- and age-matched controls.

All the children were administered a short biographical questionnaire and Burkhardt's (2007) child friendly South African Fear Survey Schedule for Children (FSSC-SA). The administration of these measures was adapted according to the children's degree of visual impairment.

Results of the FSSC-SA indicated that the most feared item for the children with visual impairments was "Fire - getting burned", while the children without visual impairments feared "Getting HIV" the most. The 10 most common fears related mainly to situations in which the possibility of danger and harm is present, with the majority of fears loading onto Factor I (fear of danger and death) of the FSSC-SA.

Consistent with previous research, gender differences were apparent across number, level, and pattern of fear, with girls consistently being more fearful than boys. There was no significant relationship between age or culture and self-reported fear.

In terms of the three sub-groups of visually impaired children, the children with severe visual impairment reported the highest number and level of fear. However, in general terms, the fear profiles of the two overall groups (children with and children without visual impairments) did not differ significantly, thus showing that the worlds, in which these children live, are not as different as was originally anticipated.

In conclusion the present study's contributions as well as shortcomings are discussed, along with recommendations for future research.

OPSOMMING

Vrees is 'n normale ervaring tydens die ontwikkeling van kinders, alhoewel die gemarginaliseerde populasie van kinders met visuele gestremdhede een is wat dikwels in navorsing oor vrees afgeskeep is. So ver as wat die navorser kon vasstel, is geen studies oor hierdie populasie die afgelope 18 jaar uitgevoer nie, en studies binne die Suid-Afrikaanse konteks bestaan glad nie. Vorige navorsing stel voor dat kinders met gestremdhede meer geneig is tot die ontwikkeling van psigopatologie as kinders sonder 'n gestremdheid in hul portuurgroep. Daar is ook voorgestel dat kinders met visuele gestremdhede as gevolg van hul fisieke beperkinge meer vrees en angs sal toon. Dit is dus belangrik om hierdie kinders se vrese te identifiseer, sodat die mense wat by hul alledaagse lewe betrokke is, 'n beter begrip vir hul emosionele wêreld kan hê.

Die doel van die onderhawige studie was om vas te stel of daar beduidende verskille tussen die vreesprofiel van middelkinderjare-kinders met visuele gestremdhede bestaan in vergelyking met hul siende portuurs. Die studie het 'n differensiële navorsingsontwerp gevolg, en die resultate is bestudeer aan die hand van vier onafhanklike veranderlikes, naamlik geslag, ouderdom, kultuur en visie. 'n Totaal van 129 instemmende kinders van drie skole in die Wes-Kaap het deelgeneem aan die onderhawige studie. Die steekproef het 67 kinders met verskillende vlakke van visuele gestremdheid ingesluit, sowel as 62 kinders van vergelykbare ouderdom en geslag in die kontrolegroep.

Die deelnemers moes 'n kort biografiese vraelys invul, sowel as Burkhardt (2007) se kindervriendelike Suid-Afrikaanse Vreesopnameskema vir Kinders (FSSC-SA). Die toepassing van die meetinstrumente is aangepas volgens die kinders se graad van visuele gestremdheid.

Resultate van die FSSC-SA het getoon dat kinders met visuele gestremdhede die meeste vrees getoon het vir "Vuur - om te verbrand", terwyl die mees gevreesde item vir die kinders sonder visuele gestremdhede, die vrees "Om MIV op te doen" was. Die 10 algemeenste vrese het veral verband gehou met situasies waar daar 'n moontlikheid bestaan van gevaar of seerkry, en die meeste van hierdie items het meestal op Faktor I (vrees vir gevaar en die dood) gelaai.

In ooreenstemming met vorige navorsing, het geslagsverskille duidelik geblyk ten opsigte van die aantal, vlak en patroon van vrees, met dogters wat konsekwent meer vrees as seuns vermeld het. Daar was geen beduidende verhouding tussen ouderdom of kultuur en self-gerapporteerde vrese nie.

Ten opsigte van die drie subgroepe waarin die kinders met visuele gestremdhede ingedeel was, het die kinders met 'n ernstige visuele gestremtheid die hoogste aantal en vlakke van vrees gerapporteer. Oor die algemeen het die vreesprofile van die twee oorhoofse groepe (kinders met en kinders sonder visuele gestremdhede) nie beduidend verskil nie, en dus blyk dit dat die wêreld waarin hierdie twee groepe leef, nie so verskillend is as wat aanvanklik gedink is nie.

Ten slotte, word die waarde en tekortkominge van die onderhawige studie bespreek, sowel as aanbevelings vir toekomstige navorsing voorgestel.

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CONTENTS

Declaration.....	ii
Abstract.....	iii
Opsomming	v
Acknowledgements.....	vii
Contents	viii
List of Tables	xiii
List of Figures	xvii
Chapter 1: Introduction, Motivation for and Aims of the Study	1
1.1 Introduction.....	1
1.2 Significance of and Motivation for the Study.....	2
1.3 Research Problem and Aims of the Study.....	4
1.4 Organisation of the Thesis.....	5
1.5 Chapter Summary	6
Chapter 2: Defining Key Terms and Concepts	7
2.1 Fear and Anxiety	7
2.2 South African Fear Survey Schedule for Children (FSSC-SA)	8
2.3 Visual Impairment (Vision).....	10
2.4 Culture.....	11
2.5 Gender	13
2.6 Middle-childhood (Age).....	13
2.7 Living Circumstances	15
2.8 The South African Context	15
2.9 Dependant Variables	16
2.9.1 Content of fear	16
2.9.2 Number of Fears.....	16
2.9.3 Level or Intensity of Fear	16
2.9.4 Pattern of fear	17
2.10 Chapter Summary	17
Chapter 3: Review of the Literature.....	18
3.1 Fear as a Construct.....	18
3.2 The Measurement of Fear	19
3.3 Fear and Age.....	21

3.4	Fear and Gender	23
3.5	Fear and Culture	24
3.6	Fear and Disability	26
3.6.1	Hearing Impairment and Fear	27
3.6.2	Intellectual Disability and Fear	28
3.6.3	Visual Impairment and Fear	29
3.7	Chapter Summary	33
Chapter 4: Theoretical Framework		35
4.1	Systems Theories	35
4.1.1	Bronfenbrenner's Ecological System's Theory	36
4.2	Developmental Theories	38
4.2.1	Erikson's psychosocial Developmental Theory	38
4.2.2	Piaget's Cognitive Developmental Theory	40
4.2.3	Bandura's Social Learning Theory	41
4.3	Chapter Summary	43
Chapter 5: Research Methodology		44
5.1	Introduction	44
5.2	Research Design	44
5.3	Exclusion Criteria	45
5.4	Participants	46
5.5	Measuring Instruments	48
5.5.1	Biographical Questionnaire	48
5.5.2	South African Fear Survey Schedule for Children (FSSC-SA)	49
5.6	Research Procedure	50
5.6.1	Stage 1 – Permission	50
5.6.2	Stage 2 – Data Collection	51
5.6.3	Stage 3 – Data Analysis	52
5.7	Ethics	53
5.8	Chapter Summary	54
Chapter 6: Results		55
6.1	Demographic Characteristics of the Present Sample	55
6.2	Fear Profile with Regards to the Two Overall Groups	57
6.2.1	Overall Group Differences Relating to Content of Fear	57
6.2.2	Overall Group Differences Relating to Number of Fears	58

6.2.3	Overall Group differences relating to Level of Fear	59
6.2.4	Overall Group Differences relating to Pattern of Fear	60
6.3	Fear Profile with regards to Gender	63
6.3.1	Gender differences relating to Content of fear	63
6.3.1.1	Gender differences within the primary group	63
6.3.1.2	Gender differences within the control Group	63
6.3.2	Gender differences relating to number of fears.....	65
6.3.3	Gender differences relating to level of fear	67
6.3.4	Gender differences relating to pattern of fear	69
6.4	Fear profile with regards to age.....	74
6.4.1	Age differences relating to content of fear	74
6.4.1.1	Age differences within the primary group.....	74
6.4.1.2	Age differences within the control group	75
6.4.2	Age differences relating to number of fears	78
6.4.3	Age differences relating to level of fear.....	79
6.4.4	Age differences relating to pattern of fear.....	81
6.5	Fear Profile with regards to culture.....	85
6.5.1	Cultural differences relating to content of fear	85
6.5.2	Cultural differences relating to number of fears	88
6.5.3	Cultural differences relating to level of fear.....	89
6.5.4	Cultural differences relating to pattern of fear	90
6.6	Fear profile with regards to level of vision	95
6.6.1	Visual differences relating to content of fear.....	96
6.6.2	Visual differences relating to number of fears.....	98
6.6.3	Visual differences relating to level of fear	99
6.6.4	Visual differences relating to pattern of fear	101
6.7	Item discrimination on the FSSC-SA	105
6.8	Reliability Analysis of the FSSC-SA	107
6.9	Chapter Summary	107
Chapter 7: Discussion.....		108
7.1	Overall Group Differences in Fearfulness.....	109
7.1.1	Overall group differences in content of fear	109
7.1.2	Overall group differences in number of fears.....	114
7.1.3	Overall group differences in level of fear	114
7.1.4	Overall group differences in pattern of fear.....	115

7.2	Gender differences in Fearfulness	115
7.2.1	Gender differences in Content of fear	115
7.2.2	Gender differences in number of fears	117
7.2.3	Gender differences in level of fear	118
7.2.4	Gender differences in pattern of fear	119
7.3	Age differences in Fearfulness	119
7.3.1	Age differences in content of fear	119
7.3.2	Age differences in number of fears	122
7.3.3	Age differences in level of fear	122
7.3.4	Age differences in pattern of fear	123
7.4	Cultural differences in fearfulness	123
7.4.1	Cultural differences in content of fear	123
7.4.2	Cultural differences in number of fears	126
7.4.3	Cultural differences in level of fear	127
7.4.4	Cultural differences in pattern of fear	127
7.5	Visual differences in fearfulness	127
7.5.1	Visual differences in content of fear	127
7.5.2	Visual differences in number of fears	128
7.5.3	Visual differences in level of fear	129
7.5.4	Visual differences in pattern of fear	129
7.6	Reliability analysis of the FSSC-SA	130
7.7	Chapter Summary	130
Chapter 8: Conclusion, Limitations and Recommendations		132
8.1	Findings relating to overall group differences in Fearfulness	132
8.2	Findings relating to gender differences in fearfulness	133
8.3	Findings relating to age differences in fearfulness	134
8.4	Findings relating to cultural differences in fearfulness	135
8.5	Findings relating to visual differences in fearfulness	135
8.6	Qualitative observations made during data collection	136
8.7	Critical Review of the FSSC-SA	137
8.7.1	Aspects that posed challenges	137
8.7.2	Aspects that added value	138
8.8	Limitations of the present study, and recommendations for future research	138
8.9	Concluding Remarks	140

REFERENCES	143
ADDENDUM A: DEPARTMENT OF EDUCATION: WESTERN CAPE: REQUEST FOR PERMISSION LETTER	158
ADDENDUM B: DEPARTMENT OF EDUCATION: WESTERN CAPE, PERMISSION LETTER.....	160
ADDENDUM C: PARENT/GUARDIAN INFORMATION LETTER.....	162
ADDENDUM D: PARENTS PERMISSION LETTER (PRIMARY GROUP)	165
ADDENDUM E: OUER / VOOG: VRYWARINGSVORM (KONTROLE GROEP).....	166
ADDENDUM F: OUER/VOOG INLIGTINGS BRIEF (KONTROLE GROEP)	168
ADDENDUM G: BIOGRAPHICAL QUESTIONNAIRE.....	171
ADDENDUM H: BIOGRAFIESE VRAELYS	172

LIST OF TABLES

Table 1:	Demographic Characteristics of the Total Sample as well as the Primary and control Groups	46
Table 2:	Fear rank order for the primary (n = 67) and control (n = 62) groups of middle-childhood South African Children based on the results of the South African Fear Survey Schedule for Children (FSSC-SA).....	57
Table 3:	The Means and Standard Deviations for the Number of Fears of the Total Sample (N = 129) regarding Group Based on the South African Fear Survey Schedule for Children (FSSC-SA)	59
Table 4:	Summary of the One-Way Factorial ANOVA as it relates to the Total Sample (N = 129) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)	59
Table 5:	The Means and Standard Deviations for the Level of Fear of the Total Sample (N = 129) regarding Vision based on the South African Fear Survey Schedule for Children (FSSC-SA)	60
Table 6:	Summary of the One-Way Factorial ANOVA as it relates to the Total Sample (N = 129) and Level of Fear on the South African Fear Survey Schedule for Children (FSSC-SA)	60
Table 7:	The Means and Standard Deviations Regarding the Primary (n = 67) and Control (n = 62) Groups for the Pattern of Fear on the South African Fear Survey Schedule for Children (FSSC-SA)	61
Table 8:	Summary of the One-Way Factorial ANOVA as it relates to the Total Sample (N = 129) and Pattern of Fear on the South African Fear Survey Schedule for Children (FSSC-SA)	62
Table 9:	Fear Rank Order for the Middle-Childhood South African Girls (n = 32) and Boys (n = 35) with Visual Impairments, based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA).....	63
Table 10:	Fear Rank Order for the Middle-Childhood South African girls (n = 35) and boys (n = 27) without Visual Impairments based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA).....	64
Table 11:	The Means and Standard Deviations for the Number of Fears of the Total Sample (N = 129), Primary (N = 67) and Control (n = 62) Groups with Reference to Gender based on the South African Fear Survey Schedule for Children (FSSC-SA)	66
Table 12:	Summary of the Factorial ANOVA as it relates to the Total Sample (N = 129) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)	67
Table 13:	The Means and Standard Deviations for the Level of Fear of the Total Sample (N = 129), Primary (n = 67) and Control (n = 62) Groups with Reference to Gender Based on the South African Fear Survey Schedule for Children (FSSC-SA)	68
Table 14:	Summary of the Factorial ANOVA as it relates to the Total Sample (N = 129) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)	69

Table 15:	The Means and Standard Deviations for the Pattern of Fear of the Primary (n = 67) and Control (n = 62) Groups with Reference to Gender based on the South African Fear Survey Schedule for Children (FSSC-SA).....	70
Table 16:	Summary of the 5 Individual Factorial ANOVAs as they relate to the Total Sample (N = 129) and Pattern of Fear on the Factors of the South African Fear Survey Schedule for Children (FSSC-SA).....	72
Table 17:	Fear Rank Order for the 8-10-Year-Old (n = 31) and 11-13-Year-Old (n = 36) Middle-Childhood South African Children with Visual Impairments, based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA).....	74
Table 18:	Fear Rank Order for the 8-10-Year-Old (n = 32) and 11-13-Year-Old (n = 30) Middle-Childhood South African Children without Visual Impairments based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA).....	76
Table 19:	The Means and Standard Deviations for the Number of Fears of the Total Sample (N = 129), Primary (N = 67,) and Control (n = 62) Groups with Reference to Age based on the South African Fear Survey Schedule for Children (FSSC-SA)	78
Table 20:	Summary of the Factorial ANOVA as it relates to the Total Sample (N = 129) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)	79
Table 21:	The Means and Standard Deviations for the Level of Fear of the Total Sample (N = 129), Primary (n = 67,) and Control (n = 62) Groups with Reference to Age based on the South African Fear Survey Schedule for Children (FSSC-SA).....	80
Table 22:	Summary of the Factorial ANOVA as it relates to the Total Sample (N = 129) and Level of Fear on the South African Fear Survey Schedule for Children (FSSC-SA)	81
Table 23:	The Means and Standard Deviations for the Pattern of Fear of the Primary (n = 67) and Control (n = 62) Groups with Reference to Age based on the South African Fear Survey Schedule for Children (FSSC-SA).....	82
Table 24:	Summary of the Five Individual Factorial ANOVAs as they relate to the Total Sample (N = 129) and Pattern of Fear on the Factors of the South African Fear Survey Schedule for Children (FSSC-SA).....	84
Table 25:	Fear Rank Order for the White (n = 18), Coloured (n = 29,) and Black (n =13) Middle-Childhood South African Children with Visual Impairments based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA)	86
Table 26:	The Means and Standard Deviations for the Number of Fears of the Primary Group (n = 67) regarding Culture based on the South African Fear Survey Schedule for Children (FSSC-SA).....	88
Table 27:	Summary of the One-Way Factorial ANOVA as it relates to the Primary Group (n = 67) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)	89

Table 28:	The Means and Standard Deviations for the Level of Fear of the Primary Group (n = 67) regarding Culture based on the South African Fear Survey Schedule for Children (FSSC-SA)	89
Table 29:	Summary of the One-Way Factorial ANOVA as it relates to the Primary Group (n = 67) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)	90
Table 30:	The Means and Standard Deviations for the Pattern of Fear of the Primary Group (n = 67) regarding Culture Based on the South African Fear Survey Schedule for Children (FSSC-SA)	91
Table 31:	Summary of the One-Way Factorial ANOVA as it relates to the Primary Group (n = 67) and the Five Factors on the South African Fear Survey Schedule for Children (FSSC-SA)	92
Table 32:	Pair-Wise Comparison of the Pattern of Fear for the Cultural Groups	94
Table 33:	Fear Rank Order for the Middle-Childhood South African Children with Visual Impairments who are Totally Blind (n = 9), Severely Visually Impaired (n = 11), and Partially Sighted (n = 47), based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA).....	96
Table 34:	The Means and Standard Deviations for the Number of Fears of the Primary Group (n = 67) with regards to Level of Vision based on the South African Fear Survey Schedule for Children (FSSC-SA).....	98
Table 35:	Summary of the One-Way Factorial ANOVA as it relates to the Primary Group (n = 67) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)	98
Table 36:	Pair-Wise Comparison of the Number of Fears for the Visual Sub-Groups	99
Table 37:	The Means and Standard Deviations for the Level of Fear of the Primary Group (n = 67) with Regards to Level of Vision based on the South African Fear Survey Schedule for Children (FSSC-SA).....	100
Table 38:	Summary of the One-Way Factorial ANOVA as it relates to the Primary Group (n = 67) and Level of Fear on the South African Fear Survey Schedule for Children (FSSC-SA)	100
Table 39:	Pair-wise Comparison of the Level of Fear for the Visual Sub-Groups	101
Table 40:	The Means and Standard Deviations for the Pattern of Fear of the Primary Group (n = 67) regarding Level of Vision based on the South African Fear Survey Schedule for Children (FSSC-SA).....	102
Table 41:	Summary of the One-Way Factorial ANOVA as it relates to the Primary Group (n = 67) and the Five Factors on the South African Fear Survey Schedule for Children (FSSC-SA)	103
Table 42:	Pair-Wise Comparison of the Pattern of Fear regarding the Visual Sub-Groups	104
Table 43:	Means for those Items that discriminated between Children with Visual Impairments (Primary Group, n = 67), and those without (Control Group, n = 62) on the South African Fear Survey Schedule for Children (FSSC-SA).....	106
Table 44:	FSSC-SA based fear rank orders for all the South African children (N = 646) in a study by Burkhardt (2007).....	108

Table 45: FSSC-R based fear rank orders for children with visual impairments (N = 70) in a study by Ollendick et al. (1985a)	111
Table 46: FSSC-SA based fear rank orders for South African girls (n = 327) and boys (n = 319) in a study by Burkhardt (2007)	116
Table 47: FSSC-SA based fear rank orders for white (n = 205), coloured (n = 288) and black (n = 153) South African children in a study by Burkhardt (2007)	124

LIST OF FIGURES

Figure 1: Demographic characteristics of the total sample (N = 129), primary group (n = 67) and control group (n = 62)	56
Figure 2: The interaction effect between group and gender for factor I	73

CHAPTER 1

INTRODUCTION, MOTIVATION FOR AND AIMS OF THE STUDY

Chapter 1 comprises of a general introduction to the present study; thereafter the motivation for and significance of the study are discussed. The research problem and aims are noted briefly, and the chapter concludes with an outline of the organisation of the thesis chapter by chapter.

1.1 Introduction

Researchers have long been intrigued by the emotion fear. Over 100 studies exploring this topic have been conducted over the past few decades (Gullone, 2000). The experience of fear has been deemed a common phenomenon in the development of children, and this experience constitutes an integral part of a child's normal emotional development (Gullone, 2000; Hartley, 2008; Lane & Gullone, 1999; Last, 2006). Fear provides the impulse to avoid danger (Gullone, 1996), and promotes the development of behaviours that are beneficial in dealing with stressful life events (Lane & Gullone, 1999). Normal fear can be defined as a normal emotional reaction to a real or imagined threat that subsides once the fear-provoking phenomenon is removed (Burkhardt, 2007; Derevensky, 1979; Gullone, 1996; Hartley, 2008; Li & Morris, 2007). Furthermore, fears are transitory in nature (Burkhardt, 2007; Craske, 1997; Gullone, 2000; Ollendick, King, & Muris, 2002; Robinson & Rotter, 1991), and as children pass through the different developmental stages from infancy to adolescence, the fears they experience take on different dimensions and degrees of intensity (Bauer, 1976). Based on this notion, even though fear is regarded as a normal emotion, it should not be underestimated, as some of the specific fears experienced by children, such as animal phobias and night-time fears, could cause personal distress as well as interferences in day-to-day functioning and activities (King, Muris, & Ollendick, 2005).

On the other hand, it has also been noted that fear can take on a positive dimension, for example if the fear of failing or making a mistake prompts children to study for their tests,

or if the fear of getting knocked down by a car reminds a child to look left and right before running across the street. In situations such as these, fears can have a self-preserving and motivational function (Gullone, 2000; Li & Morris, 2007; Robinson & Rotter, 1991).

Noting both the negative and positive dimensions of fear, it becomes evident that the world of a child seems full of dangers, whether these dangers are real or imagined (Burkhardt, 2007; Mash & Wolf, 2005). This statement becomes even more eminent when seen in the light of the world of children with a visual impairment, as their world is likely to be more threatening and complex (King, Josephs, Gullone, Madden, & Ollendick, 1994). Due to their sensory deficit it might be expected that children with visual impairments exhibit greater levels of fear than their sighted peers (King et al., 1994; King, Gullone, & Stafford, 1990). Children with visual impairments may exhibit fears that are somewhat unique, illuminating the functional limitations imposed by their disability (King et al., 1994). Therefore, the motivation for the present study stems from the need to assess and understand the fear profiles of the specific and often marginalised population of children with visual impairments.

1.2 Significance of and Motivation for the Study

Numerous studies have addressed the topic relating to children's normative fears as well as the development, intensity, frequency, and content that these fears involve. Research spans over a century, and over 100 studies on the topic have been published (Gullone, 1996, 2000). However, very few of these studies have been conducted within the South African context (Burkhardt, 2003, 2007; Burkhardt & Loxton, 2008; Burkhardt, Loxton, & Muris, 2003; Burnett, 2008; Du Plessis, 2006; Hartley, 2008; Hartley & Loxton, 2007; Keller, 2001; Loxton, 2004, 2009a, 2009b; Martalas, 1999; Muris et al., 2006; Muris, Du Plessis, & Loxton, 2008; Muris, Schmidt, Engelbrecht, & Perold, 2002; Zwemstra, 2008; Zwemstra & Loxton, 2007). Apart from the lack of South African research, even fewer studies focusing primarily on the fears that are experienced by particularly children with visual impairments have been conducted internationally (Dean, 1957; Hardy, 1968; King, Gullone & Stafford, 1990; Matson, Manikam, Heinze, & Kapperman, 1986; Ollendick, Matson, & Helsel, 1985a; Weimer & Kratochwill, 1991; Wilhelm, 1989). As far as could be ascertained, no research of this nature, assessing the fears of children with visual impairments, has been conducted within the South African context. Due to this sparseness

in literature and the importance attached to the emotional well-being of South African children, further research into this area seemed needed.

The fact that the current literature base is so outdated, further warranted research on this topic. To the researcher's knowledge, the most recent research concerning the topic of fears experienced by children with visual impairments was conducted almost two decades ago in Wisconsin, USA, by Weimer and Kratochwill (1991). In their study they examined the number, content, and intensity of the fears of 42 visually impaired children between the ages of 5 and 18. A year prior to this, a study was conducted by King, Gullone and Stafford (1990) comparing the fears of normally sighted children with those of children with visual impairments. The study was conducted with 129 children with visual impairments and 129 children without visual impairments attending schools in the state of Victoria, Australia. Two significant aspects came to the fore regarding these studies. Firstly, as mentioned before, the research was outdated. As far as the researcher could ascertain, no studies relating to the fears of children with visual impairments had been conducted within the past 18 years, and it was difficult to even try to envision what changes had occurred in our society since 1991. The second aspect was that both these studies were conducted in first-world countries, where the circumstances and environments in which children grow up differed significantly from those in South Africa (Burkhardt, 2007). As a result it could be expected that South African children would likely differ regarding the fear contents they would express. Thus the geographical location and the era in which these studies were conducted warranted further investigation.

Besides the scientific advantages the research suggested, particularly regarding the fields of developmental psychology and disability studies, there were also social gains to be made. It is postulated that children who have a disability are more prone to the development of a psychopathology than are their non-disabled counterparts (Gullone, 1996; Harvey & Greenway, 1984; Li & Morris, 2006; Li & Prevat, 2007; Ollendick et al., 1985a; Rutter, Tizzard, Yule, Graham, & Whitmore, 1976; Weimer & Kratochwill, 1991; Wilhelm, 1989). Wenar (cited in Weimer & Kratochwill, 1991) stated that the reason for this higher prevalence of psychopathology could be traced back to difficulties experienced by children with visual impairments involving the mastering of certain developmental tasks, as well as the tendency to rejection or overprotection by others. Taking this into account, there seemed to be the suggestion that children with visual impairments could be inclined

to a higher prevalence of anxiety and fear than their sighted counterparts (Cruickshank, 1951; Matson et al., 1986). Because of this, the researcher deemed it important to identify these possible fears so that parents, caregivers, as well as school counsellors would become aware of the fear possibilities that could arise and be able to address them adequately. By adequately addressing and dealing with the fears that are experienced by children with visual impairments, one can hope to decrease the prevalence of psychopathology that occurs in this specific population. Thus, research is required to lay down the foundation for the development of specific treatment plans and intervention strategies aimed at addressing the fears of children with visual impairments. At this point it is important to note that an estimated 1.4 million children in the world are blind, and approximately 300 000 of these children live in sub-Saharan Africa (Lewallen & Courtright, 2001; World Health Organisation, 2000).

Due to the fact that almost a quarter of the world's blind children are living in and around South Africa, it became even more evident that the need to address and understand the fears that these children deal with, become a priority in the fullest sense of the word. It is necessary that all attempts to uphold this priority be employed. Thus, the motivation to study and understand the fears of children – specifically children with visual impairments - is something that is of great importance especially in the social context of South Africa.

1.3 Research Problem and Aims of the study

The problem was that, as far as the researcher could ascertain, no studies addressing the fears of children with visual impairments had been conducted within the South African context.

Therefore, the purpose of the present study was to compare various components of fears reported by two samples of South African children with and without visual impairments between the ages of 8 and 13. These components were measured by means of Burkhardt's (2007) contextually appropriate South African Fear Survey Schedule for Children (FSSC-SA).

The primary aims of this study were:

- To investigate and determine whether there are significant differences relating to various fear components expressed by South African children with visual impairments when compared to their sighted counterparts. These components included content, number, level or intensity, and pattern of expressed fear.
- To analyse how these different fear components (content, number, level or intensity, and pattern) manifest when various variables, namely gender, age, culture and vision are taken into account.

1.4 Organisation of the Thesis

In chapter 1 an introduction to the study is provided. The motivation and significance of the research regarding the South African context is outlined, and the research problem and aims are discussed briefly.

Chapter 2 addresses and defines key terms and concepts that are central to the present study. Concepts include: fear and anxiety, The South African Fear Survey Schedule for Children (FSSC-SA), visual impairment, culture, gender, middle-childhood (age), living circumstances, and the South African context. Furthermore, the four dependent variables, namely, content, number, level, and pattern of fear are also explained.

In chapter 3 a review of the relevant literature pertaining to fear and visual impairment is provided.

The study's theoretical framework is outlined in chapter 4. Bronfenbrenner's ecological systems theory is used as a framework to contextualise the fears of South African middle-childhood children with visual impairments. Other relevant developmental theories such as Erikson's (1963) psychosocial developmental theory, Piaget's (1972) cognitive developmental theory and Bandura's (1977) social learning theory are also discussed.

In chapter 5 an overview of the methods used to obtain and analyse the data rendered by the present study are discussed.

The results rendered by the present study are reported in chapter 6. The main findings are presented as they pertain to the content, number, intensity, and pattern of fear on the FSSC-SA in terms of the four independent variables, namely, gender, age, culture, and vision.

These results are then further discussed in chapter 7.

Chapter 8 concludes the study and the general findings are summarised. A critical review and recommendations for future research are also provided.

1.5 Chapter Summary

Chapter 1 started with a general introduction to research regarding children's fears, followed by an explanation of the motivation and significance of the present study. The research problem was then outlined and the chapter concluded with a chapter-by-chapter outline of the organisation of the thesis.

In chapter 2 concepts central to the present study are addressed.

CHAPTER 2

DEFINING KEY TERMS AND CONCEPTS

In this chapter the concepts central to the present study are outlined and discussed. These concepts include: fear and anxiety, The South African Fear Survey Schedule for Children (FSSC-SA), visual impairment, culture, gender, middle-childhood (age), living circumstances, and the South African context. Furthermore, the four dependent variables, namely, content, number, as well as level and pattern of fear are also explained.

2.1 Fear and Anxiety

The concept of fear is one that is used quite loosely in the literature. The terms fear, anxiety, and phobia are often used interchangeably in day-to-day language (Carroll & Ryan-Wenger, 1999; Muris, 2007). This being the case, fear is most commonly described as a normal strong emotional reaction to a real or perceived threat, for example darkness, deep water, monsters, spiders, or lightning. These emotional reactions subside when the fear-provoking phenomenon is no longer present (Burkhardt, 2007; Burnham & Gullone, 1997; Derevensky, 1979; Gullone, 2000; Gullone & King, 1993; Hartley, 2008; Lane & Gullone, 1999; Li & Morris, 2007; Wilhelm, 1989). Following Lang's (1977) tripartite model, childhood fear can be conceptualised in terms of three response systems: cognitive, physiological, and overt behavioural. Thus, fear reactions come to the fore psychologically or cognitively in expressions of discomfort, terror, or thoughts of being scared; physically in bodily experiences, such as rapid breathing, heart palpitations, and profuse sweating; or behaviourally by avoiding the fear-provoking stimulus, or in the form of tentative approach when the feared stimulus is close by (Burkhardt, 2007; Derevensky, 1979; King, Gullone, & Ollendick, 1998). Fear is present in specific forms in children of all ages, and is viewed as a normal emotional experience. However, childhood fears are usually short-lived and not of sufficient magnitude to be deemed problematic (King et al., 1998). For some children, however, this is not the case. They exhibit fear reactions that are maladaptive, persist over a considerable period of time, cause much distress, and interfere with day-to-day functioning. Fears of this nature are referred to as clinical fears or specific phobias (King et al., 1998).

Whereas fears are more intense, brief, and arise in response to an identifiable threat (Du Plessis, 2006; Gullone & King, 1992), anxiety on the other hand seems less easy to define. Anxiety is viewed as an anticipatory response, which may manifest without the presence of a discernable threat (Burkhardt, 2007; Gullone & King, 1992; Muris, 2007; Wilhelm, 1989). Worry can be viewed as the prototypical example of anxiety, in other words when a person starts worrying, he or she engages in thinking about negative things that might happen (Muris, 2007). It is believed that the more anxious an individual, the more fearful that person is likely to be (Du Plessis, 2006; Gullone & King, 1992). Nonetheless, in practice, the distinction between fear and anxiety is not clearly defined, and there is no distinct transition from fear to anxiety (Du Plessis, 2006). Some simply view anxiety as a pattern of the reactions caused by fear. Therefore, these two terms, fear and anxiety, are seemingly interwoven and are used interchangeably.

2.2 South African Fear Survey Schedule for Children (FSSC-SA)

Burkhardt's (2007) South African Fear Survey Schedule for Children (FSSC-SA) is an adapted version of Ollendick's (1983) Revised Fear Survey Schedule for Children (FSSC-R).

Ollendick's FSSC-R is an 80-item self-report survey that provides the respondent with a list of potentially fear-eliciting objects and events (Burkhardt, 2007). Children and adolescents are asked to give answer options on a 3-point Likert scale: none (1), some (2), and a lot (3), indicating the level of fear elicited by the items on the scale. In his revision of the Fear Survey Schedule for Children (FSSFC) of Scherer and Nakamura (1968), Ollendick (1983) decreased the number of response options from five to three, to make the scale more suitable for administration with younger children and children with disabilities (King, Gullone, & Ollendick 1990). Furthermore, the FSSC-R has proven psychometric properties, namely, test-retest reliability, internal consistency, and construct validity (Burkhardt, 2007; Gullone & King, 1992; King et al., 1989; King, Gullone & Ollendick, 1992; Last, Francis, & Strauss, 1989; McCathie & Spence, 1991; Mellon, Koliadis, & Paraskevopoulos, 2004; Ollendick, 1983; Ollendick, King, & Frary, 1989; Ollendick, Matson, & Helsel, 1985b). When looking at the classifications of Ollendick's scale, a meaningful 5-factor structure was derived from factor analysis. These factors

include: the fear of failure and criticism (for example, “looking foolish”); fear of the unknown (for example, “going to bed in the dark”); fear of minor injury and small animals (for example, “snakes”); fear of danger and death (for example, “being hit by a car or truck”), and medical fears (for example, “getting an injection from the nurse or doctor”) (Ollendick, 1983). The instrument has shown to be reliable and valid and correlates highly ($r = .74$) with the Children’s Manifest Anxiety Scale (CMAS) (King, Gullone & Ollendick, 1990).

Noting the above, Burkhardt’s (2007) FSSC-SA was adapted from Ollendick’s (1983) FSSC-R to better suit the South African context. Burkhardt made this adaptation as it was thought that South African children have a different fear experience to children in other first-world countries (Burkhardt, 2002, 2007), and as such Burkhardt (2007) aimed at developing a scientifically relevant and standardised South African instrument, the FSSC-SA. In her adaptation of the FSSC-R, Burkhardt (2007) conducted semi-structured interviews with a culturally diverse sample of 40 South African children in the developmental stage of middle-childhood. From these interviews additional contemporary fears, which were not present in Ollendick’s revised version of the scale, were added and some irrelevant items were deleted. A total of 17 new items were added and 23 of the FSSC-R’s existing items were deleted, thus leading to a total of 74 response items being included in the FSSC-SA. The new added South African fears include:

watching scary movies, to walk alone at night, the possibility of being in an accident, getting HIV, being alone in the dark, crocodiles, to be alone, having bad dreams, chameleons, tigers, lions, shots being fired in the neighbourhood, mommy and daddy fighting, baboons, elephants, gorillas, and sharks (Burkhardt, 2007).

The FSSC-SA yielded the following five factors from factor analysis: Factor I = fear of danger and death (for example, getting HIV), Factor II = fear of the unknown (for example, dark places), Factor III = worries (for example, taking a test), Factor IV = animal fears (for example, sharks), and Factor V = situational fears (for example, high places like mountains). The FSSC-SA showed internal consistency of $\alpha = .97$ which is in line with previous research aimed at adapting the FSSC-R, which makes the FSSC-SA a reliable instrument to use within the South African context (Burkhardt, 2007).

2.3 Visual Impairment (Vision)

In literal terms children with visual impairments can be defined as children from all walks of life who experience an ocular deviation as a result of damage, disease, or abnormal development involving one or both of their eyes. Children with visual impairments experience different levels of sight loss, varying from only slight difficulties with distance viewing and recognising details, to instances where recognition of shapes and light perception is possible, to cases where there is no sight at all (Henderson, 1974). The generally accepted legal definition of blindness states that “blindness is visual acuity of not greater than 20/200 in the better eye with correction or a visual field not subtending an angle greater than 20 degrees” (Jernigan, 2005, p. 1). However this is not a satisfactory definition. It is rather a way of defining in measurable medical terms a condition, which should not be defined medically or physically, but functionally (Jernigan, 2005). A functional definition implies that one rather looks at the functional limitations and adaptations that are made by the person with a visual impairment. As the definition of visual impairment stretches much further than simply just the “seeing” or “not seeing” of the eye (Cole & Taboroff, 1955). Children with visual impairments are faced with many challenges in their day-to-day lives: mobility, literacy, adjustment, making friends, presenting themselves in a socially acceptable manner (Quinn, 1998), and generally just fitting in, in a sighted world. These things, which are often taken for granted by those who can see, are not only challenging, but often incredibly daunting for these individuals (Buell, 1945; Cole & Taboroff, 1955; Quinn, 1998).

In the present study children with visual impairments experienced different levels of sight loss. When talking about these different levels of sight, it should be noted that according to the World Health Organisation (WHO) three levels of visual impairment can be distinguished: total blindness where a child has no visual acuity; severe visual impairment where there is a degree of light perception and movement detection, but the child is not able to function optimally without assistance and cannot read print material, and thirdly partial sight. The latter category is the most difficult category to define, as it is difficult to determine exactly what a partially sighted child is able to see. The degree of sight may fluctuate and differ depending on the environment in which the child finds him- or herself, some of the influencing environmental factors include inappropriate lighting, glare, and fatigue (Keller, 2005; WHO, 2000). For the purpose of the present study, children with

visual impairments were classified by the school nurse into one of the following three categories: totally blind, severely visually impaired, and partially sighted.

In language the following terms: blind child, visually impaired child, and child with a visual impairment, are almost synonymous. However, the correct terminology to use is child with a visual impairment, hereby incorporating the perspective of Lyon, Knickelbaum, and Wolf (cited in Selegman & Darling, 2007), who state that disability is secondary to the person; it does not define who he or she is as a human being. Person-first language, which can occasionally be awkward, acknowledges that a person who happens to have a disability is a person first, therefore first recognising the child and then his or her disability. The child is thus not labelled before acknowledging his or her existence as such (Parekh & Jackson, 1997). The committee on disability issues in psychology of the American Psychological Association (APA), provides the following guidelines for “non handicapping” language: (a) put people first, not their disability (child with a visual impairment as opposed to visually impaired child); (b) do not label people by their disability (because the person is not the disability, the two concepts should be separate); (c) avoid words with superfluous, negative, overtones, or (d) words that are regarded as slurs (for instance “cripple”) (APA, 2009).

The aim throughout this study was to use person-first terminology as far as possible. However, the three terms (child with a visual impairment, visually impaired child, and blind child) were used interchangeably. The intent was not to label or categorise children with visual impairments, but simply to aid in the written flow of the document. It was found that especially the term child with a visual impairment could be very cumbersome and difficult to fit into some sentences, therefore making the conveying of ideas and thoughts difficult.

2.4 Culture

Children’s fears reflect something of their understanding of the world and their place in it (Burkhardt, 2007; Elbedour, Shulman, & Kedem, 1997; Slee & Cross, 1989). The latter statement emphasises the context in which children live and grow, and culture makes up an important element of this context. South Africa is a country marked by a richness of culture and varying contexts and these factors could have had an influence on the results of the present study.

Helman (1994) defined culture as:

A set of guidelines (both explicit and implicit), which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relation to other people, to supernatural forces or gods, and to the natural environment. It also provides them with a way of transmitting these guidelines to the next generation - by the use of symbols, language, art and ritual (pp. 2-3).

The interpretation of these cultural guidelines cannot be viewed as static, as their interpretations change over time and within the contexts of different circumstances (Du Plessis, 2006; Swartz, 1998). Furthermore, culture can be viewed as a social reality, which binds people together by means of shared beliefs, feelings, knowledge, as well as behavioural and environmental contexts. Language can be seen as the key to these contexts, and people communicate with one another by means of patterns of symbols and sounds (Burkhardt, 2007; Macionis, 2003), therefore enabling people to preserve and transmit “culture” from one generation to the next.

Noting from the above, even though culture seems illusive in its definition (Burkhardt, 2007), for the purposes of the present study culture was seen as a social reality where a group of people share patterns of beliefs, feelings, and knowledge, as well as an environment or context in which behaviours develop and are expressed (Burkhardt, 2007; Yamamoto, Silva, Ferrari, & Nukariya, 1997).

Assessment in the present study was done in English or Afrikaans depending on the participant’s language of schooling. Furthermore, culture was defined in terms of the main representative cultural communities of the Western Cape province of South Africa, namely black, white, and coloured South African children. These groupings were, however, not intended to label children according to a discredited system of classification (Hartley, 2008); rather they were employed to acknowledge possible cultural, social, and psychological differences present in various cultures as a result of their differing realities. These terms are thus used descriptively to distinguish between the three culturally diverse groups of children relating to the various fear components they presented. Therefore, reference was made to black, coloured, and white South African children. Additionally, the use of these cultural distinctions also allowed for comparisons to previous South African

studies where the same cultural terminology was utilised (Burkhardt, 2003, 2007; Burkhardt et al., 2003; Burkhardt & Loxton, 2008).

After data collection, it was found that across the two groups (primary and control) culture was not represented equally, therefore making comparisons based on culture impractical. Thus, cultural differences relating to the primary group were noted descriptively simply to provide a basic picture of possible cultural influences on the fear profiles of South African children with visual impairments.

2.5 Gender

In previous research it was found that significant differences exist between the fear profiles of boys and girls. Therefore, the present study assessed possible gender differences relating to the fear profiles of the study sample.

2.6 Middle-childhood (Age)

According to Newman's 11 stages of psychosocial development (Newman & Newman, 2003), children between the ages of 6 and 12 fall within the developmental stage of middle-childhood. During this stage, physical development does not occur that rapidly, and children's rate of growth seems to slow down (Berger, 2006). However, on the other hand middle- childhood children's emotional, cognitive, social, and self-concept development is of great importance (Burkhardt, 2007; Hartley, 2008; Louw, Van Ede, & Ferns, 1998; Wait, 2005). During this developmental stage, children also become familiar with their social and work-ethic values, and develop a more realistic self-image. The developmental tasks faced by middle-childhood children include: developing concrete operational thought, developing friendships, and taking part in team play and self-evaluation (Wait, 2005; Newman & Newman, 2003). In terms of cognitive development in middle-childhood, Piaget places great emphasis on the attainment of concrete operational thought, which is characterised by a collection of concepts affording children the ability to reason (Berger, 2006). Piaget noted that, at some stage between the ages of 5 and 7, children start to grasp certain logical principles, enabling them to apply logic in concrete situations - these being situations that deal with visible, tangible, real things - hereby enabling children to become greater thinkers. When children grasp and acquire concrete operations, they start to think

and reason more like adults (Wait, 2005). It is also at this stage that friendships evolve. Middle-childhood friendships differ in duration and intensity when compared to those in the earlier years. Children no longer simply play alongside one another, but start to recognise friends and develop the needs and capabilities to develop more intimate friendships. The term “best” friend is also often uttered by middle-childhood children. It is this “special” relationship that makes an important contribution to the child’s emotional and social development. Another change that occurs in middle-childhood, relates to the development of “team play”. Children begin to develop an appreciation for togetherness, team cohesion/work, and winning together. Games that are played tend to be defined by rules, and these games have different role players and children learn the different roles and positions to play. Success lies in the adaptability and preparedness of the child to take turns and try out different roles (Wait, 2005). The fourth and final developmental task in middle-childhood relates to self-evaluation. Two concepts come to the fore in relation to self-evaluation, namely, self-efficacy (the view and expectations the child has of him- or herself, be this positive or negative), and social expectations (the views and demands that parents, teachers, friends, and society place on the child, be these positive or negative) (Dowling, 2005; Wait, 2005). Middle-childhood children have to resolve the psychosocial crisis of industry versus inferiority. They develop skills and work ethic, and acquire personal standards for self-evaluation. It is at this stage that they assess whether they will be successful in that which they attempt and be industrious, or if they will not be successful and therefore inferior (industry versus inferiority) (Wait, 2005).

In the present study, middle-childhood refers to children within the age group of 8 to 13 years. Data was collected from children in grades 2 to 7, currently attending three primary schools in the province of the Western Cape, South Africa. As noted by Burkhardt (2007), 2 sub-groups of middle-childhood can be distinguished in the literature, the first from ages 8 to 10 and the second from ages 11 to 13 (Burnham & Gullone, 1997; Dong, Yang, & Ollendick, 1994; King et al., 1989; Ollendick, Yang, King, Dong, & Akande, 1996; Shore & Rapport, 1998). Reference was also made to these two age divisions in the results of the present study.

2.7 Living Circumstances

In the present study a distinction was made relating to where children spend the majority of their time. Differentiation was made between children who live at home (day scholars) and children who live in a hostel (borders). A further subdivision was made relating to the latter group, namely, children who live in a hostel, based on how frequently they went home: every weekend, some weekends, or only holidays. The children in the control group all stayed at home, as there was no hostel facility at their school. Initially these two sub-groups should also have been applicable to the results of the present study, but the researcher decided against this, since it was noted after data-collection that differences relating to living circumstances were not as broad as originally anticipated. Only 21 participants (21.2%) of the total sample lived in the hostel.

2.8 The South African Context

Even though South Africa was declared a democratic republic after the election of the African National Congress (ANC) into government in 1994, the vestiges of apartheid still shape and influence the country's policies and social atmosphere. Severe disparities as a result of apartheid are still visible, and these disparities negatively impact upon some families and prevent parents and caregivers from providing in the most basic needs of their children. Factors such as violence, poor health, deprivation, and poor education have given rise to inequalities between children of different race groups and socio-economic backgrounds (Biersteker & Robinson, 2000; Burkhardt, 2007). The children in the present study grew up in the 1990s and have not directly experienced apartheid. However, their parents and older members of their families and community have. Under the apartheid regime, violence against non-white communities was promoted, and these acts may have aroused feelings of insecurity in the children of these "non-white" communities, in turn leading to subsequent feelings of fear and anxiety (Burkhardt, 2007; Rudenberg, Jansen, & Frijdjohn, 1998; Pillay, Naidoo, & Lockhat, 1999). These feelings may have been perpetuated through the generations by processes of socialisation (Burkhardt, 2007). Furthermore, the rate of violence in South Africa is amongst the highest in the world (Dawes & Donald, 1994). These violent conditions constitute a developmental risk for the children growing up in South Africa today.

These negative aspects notwithstanding, in the post-apartheid era there are better opportunities for all South African children, irrespective of culture, race, gender, and religion. South African children are growing up in one of the most dynamic and rapidly growing societies on earth (Du Plessis, 2006), and they are protected by a progressive first-world constitution, which promotes and upholds their well-being. Section 28, subsection 2 of the South African Constitution states that: "A child's best interests are of paramount importance in every matter concerning the child" (Republic of South Africa, 1996, section 28).

Children in the present study attended school in two towns in the Western Cape, one of the nine provinces of South Africa. The Western Cape is the fourth largest of these provinces, and Afrikaans is spoken by the majority of Western Cape inhabitants (55.3%), with isiXhosa (23.7%) and English (19.3%) being the province's other main languages (Statistics South Africa, 2001).

2.9 Dependent Variables

2.9.1 Content of fear

Content of fear is determined by the 10 fears, which are endorsed with the highest frequency on the FSSC-SA by the participants

2.9.2 Number of fears

Number of fears refers to the number of fears, which are endorsed with the choice "a lot" on the FSSC-SA. All the endorsements were then added together to obtain a score between 0 and 74. The terms "number" and "frequency" were used interchangeably in the present study.

2.9.3 Level or intensity of fear

Participants indicated the intensity of fear on a Likert scale, where 1 = none, 2 = some, and 3 = a lot. Intensity was then calculated by totalling the 74 scores to yield a total fear score between 74 and 222 - the closer the total to 222, the higher the intensity. The terms: level, total fear score, and intensity were used interchangeably in the present study.

2.9.4 Pattern of fear

The pattern of fear was derived from the factor-scale scores that were determined by totalling the responses of the items contained on each of the following five factors: Factor I (fear of danger and death), Factor II (fear of the unknown), Factor III (worries), Factor IV (animal fears), and Factor V (situational fears). The pattern of fear was also often referred to as the factor structure.

2.10 Chapter Summary

The key terms and concepts central to the present study, namely, fear and anxiety, the FSSC-SA, visual impairment, culture, gender, middle-childhood, living circumstances, The South African context, and dependent variables were defined in this chapter. Their significance to and role in the present study were stated.

Chapter 3 provides a review of the relevant literature pertaining to childhood fear and visual impairment.

CHAPTER 3

LITERATURE REVIEW

In this chapter a general review of the relevant literature is provided. The chapter starts with a brief overview of literature concerning fear as a construct, followed by the measurement of fear with special attention to the FSSC-R. Research concerning the independent variables, namely age, gender, and culture are discussed. The chapter concludes with an overview of the literature pertaining to fear and disability, with special attention given to visual impairment.

3.1 Fear as a Construct

The topic of fear has received a fair degree of attention over the past few decades. In literature on the child and adolescent alone, over 100 studies exploring the content, development, and prevalence of normal fear have been conducted (Gullone, 1996, 2000; Gullone & King, 1993). This, however, is not a surprise as normal fear has been identified as one of the most important human emotions, which permeates our lives and prompts us to behave in ways that promote our survival and thus also the survival of our species (Gullone, 1996). Research on fear is also considered to have significant clinical importance, as norms of fearfulness are established against which excessive or phobic fears can be measured (Gullone & King, 1993; Gullone, 1996, 2000; Muris et al., 2008; Muris & Ollendick, 2002). Normal fear that occurs as part of normal development, can be differentiated from clinical fear or phobia by asking: (1) Is the expressed fear age or stage specific? (2) Has the fear been persistent over an extended period of time? (Gullone, 1996; Gullone & King, 1993), (3) Is the fear significantly interfering with everyday activities and functioning? (4) Does the fear lead to avoidance of the feared object or situation? (Du Plessis, 2006; Ollendick, Hagopian, & King, 1997).

Research has pointed out that persistent fears can lead to or be associated with other unpleasant emotions, such as anxiety, depression (Burkhardt, 2007; King, Gullone, & Ollendick, 1992; Muris, Meesters et al., 2003; Ollendick & Yule, 1990), and a lower self-concept (Burkhardt, 2007; Ollendick, 1983). Furthermore, anxiety disorders are found to be amongst the most common psychiatric disorders experienced by children and

adolescents (Mash & Wolf, 2005), and the presence of anxiety symptoms in children may act as a risk factor for the development of psychopathology in adults (Essau, Sakamo, Ishikawa, & Sasagawa, 2004; Mellon et al., 2004; Muris, Merckelbach, Gadet, & Moulart, 2000). This being the case, childhood anxiety disorders often go unnoticed and untreated (Mash & Wolf, 2005). This could be attributed to the frequent occurrence of anxiety and fears during children's normal development; the invisible nature of symptoms of anxiety (for instance heart palpitations or a knot in the stomach), and the non-destructive nature of anxiety in comparison to other disorders of childhood, such as conduct disorder (Mash & Wolf, 2005).

3.2 The Measurement of Fear

Various measurement instruments have been employed to measure and explore childhood fear. Some of these measures include: parental reports (Bouldin & Pratt, 1998; Keller, 2001; Loxton, 2004; Muris & Merckelbach, 2000; Muris, Merckelbach, Ollendick, King, & Bogie, 2001), observational investigations (where children are studied in their natural environment) (Jersild & Holmes, 1935), semi-structured interviews with children (Bauer, 1976; Jersild & Holmes, 1935; Muris, Merckelbach, Gadet et al., 2000), and fear survey checklists (Burnham & Gullone, 1997; Gullone & King, 1993, 1997; Muris, Merckelbach, Mayer, & Prins, 2000; Ollendick, 1983; Scherer & Nakamura, 1968; Spence & McCathie, 1993). Fear survey checklists are probably one of the most frequently administered methods when it comes to the assessment of childhood fears, with Ollendick's (1983) revised version of the FSSC-R being the most widely used (Burnham & Gullone, 1997; Du Plessis, 2006; Gullone, 2000; Muris, 2007; Schaefer, Watkins & Burnham, 2003). This trend is not surprising, as the use of psychometrically evaluated scales, such as the FSSC-R, presents several advantages over alternative modes of measurement. The instrument is for example, easy, convenient, and inexpensive to administer; the researcher can obtain a large amount of data in a relatively short amount of time, and the instrument can be objectively scored, thus decreasing the influence of possible assessor bias (Burkhardt, 2007; Gullone, 2000; Lane & Gullone, 1999).

The FSSC-R is an 80-item survey that requires respondents to indicate on a 3-point Likert scale ("none," "some," and "a lot") how much they fear specific stimuli and situations (King & Gullone, 1992; Last et al., 1989; Muris, 2007). Items on the FSSC-R represent a broad

range of fear stimuli including social, environmental, animal, and medical stimuli (Bokhorst, Westenberg, Oosterlaan, & Heyne, 2008). When scored, four components of fear come to the fore: content, number, intensity (level), and pattern of expressed fear. Content of fear is determined by the 10 fears that are endorsed most by the respondents. Number of fears is determined by adding all the endorsements, which were rated “a lot”, together to obtain a score between 0 and 80. The closer the total to 80 the more fears experienced by the respondent. Respondents indicate the intensity of fear on a Likert scale, where 1 = none, 2 = some, and 3 = a lot. Intensity is then calculated by totalling the 80 score responses to yield a total fear score between 80 and 240. The closer the total to 240, the higher the intensity and greater the number of fears are (Burnett, 2008; King & Gullone, 1992; Muris & Ollendick, 2002; Ollendick & King, 1994). In his original study of the FSSC-R, Ollendick (1983) revealed a 5-factor structure, namely, (1) fear of failure and criticism, (2) fear of the unknown, (3) fear of minor injury and small animals, (4) fear of danger and death, and (5) medical fears (Ollendick, 1983). Even though this factor-structure was derived from research with a small sample ($N = 217$) having a restricted age-range (8 – 11 years) this factor-structure has been replicated numerous times in several further studies with larger and older samples (Bokhorst et al., 2008; Ollendick et al., 1989).

Studies employing the FSSC-R have found that non-clinical children and adolescents report surprisingly high frequencies of fear (Muris, 2007; Muris, Bodden et al., 2003). For example in a study undertaken by Ollendick et al. (1989), Australian and American children aged between 7 and 17 reported an average of 14 fears. In a subsequent cross-cultural study, Ollendick et al. (1996) demonstrated that this high frequency of fears is quite similar across both Western and non-Western countries (Muris, 2007). It has further consistently been noted that the most prevalent fears that children express by means of the FSSC-R, almost always relate to dangerous situations and physical harm. Fears include: bombing attacks, earthquakes, fires, getting burned, falling from a high place, getting hit by a car or truck, a burglar breaking into the child’s house, death or dead people, illness, or not being able to breathe (Lane & Gullone, 1999; Gullone & King, 1997; Muris, 2007; Muris, Bodden et al., 2003; Ollendick & King, 1991; Ollendick et al., 1989; Spence & McCathie, 1993). This finding is, however, not surprising, given the proposal that humans are most likely to experience fear in response to stimuli that threaten their survival (Lane & Gullone, 1999; Marks, 1987). Muris (2007) stated that since the inception of the FSSC-R in the early 1980s, society has changed, and children of the “new

millennium” are being confronted with “new” situations and stimuli such as sexual assault, rape, school and domestic violence, divorce, as well as parental abuse and neglect. These are real-life threats for an increasing number of today’s children (Muris & Ollendick, 2002). Muris (2007) further emphasised that the media - especially television - is creating a greater awareness around certain issues concerning children, for example, illness (HIV/AIDS and cancer), natural disasters (floods and earthquakes), and other threatening events and situations (drugs, kidnappings, and terrorist attacks). Therefore, it should be noted that contemporary issues make up an important part of children’s every-day lives and they cannot be ignored when assessing their fears. More recent research (Burnham & Gullone, 1997; Shore & Rapport, 1998; Muris & Ollendick, 2002), employing updated versions of the FSSC-R (which include more contemporary fear stimuli and situations), have indicated that, although most children still display fears relating to danger and physical harm, a number of the contemporary items list high in the top 10 of most children’s common fears (Muris, 2007). Therefore an up-to-date instrument such as Burkhardt’s (2007) FSSC-SA, is ideal for assessing the contemporary fears of children living in South Africa today.

3.3 Fear and Age

When looking at the body of normative fear literature, the general trend is that younger children tend to show higher levels of anxiety and fear than older children and adolescents. This finding is attributed to the fact that older children are thought to have developed better coping mechanisms and are more cognitively advanced, thus enabling them to identify and deal with their fears more adequately (Bauer, 1976; Craske, 1997; Gullone & King, 1993; Robinson & Rotter, 1991).

Furthermore, childhood fear is for the most part short-lived, age-specific, and transitory (Burkhardt, 2007; Craske, 1997; Gullone, 2000; Ollendick et al., 2002; Robinson & Rotter, 1991), with normative fears following a predictable course, appearing and disappearing spontaneously (Du Plessis, 2006; Field & Lawson, 2003). Fear patterns change as children perceptually develop and mature, with the overall frequency and intensity of fears declining as children develop from late childhood into adolescence (Campbell & Rapee, 1994; Dong, Xia, Lin, Yang, & Ollendick, 1995; Field, Argyris, & Knowles, 2001; Gullone & King, 1992; Gullone, King, & Ollendick, 2001; King et al., 1992; Spence & McCathie, 1993;

Westenberg, Drewes, Goedhart, Siebelink, & Treffers, 2004). In infancy, fears originate from events and changes in the child's immediate environment (Field et al., 2001; Gullone, 1996; Robinson & Rotter, 1991), and infants are often fearful of things such as loud noises, falling, strange people or objects, pain, and loss of parental support (Derevensky, 1979; Gullone & King, 1993). As the first birthday approaches and infants emerge into toddlerhood, there is an increase in fear of the unknown, of strange people, strange objects, and fear of heights emerge. At this time separation anxiety may also occur. Therefore, it can be noted that these fears require cognitive maturation, including the ability to remember and to be able to distinguish between the novel and the familiar (Gullone, 1996; Gullone & King, 1993). In early childhood fears are more global and undifferentiated, and relate to darkness, small animals, and fantasy or imaginary creatures, such as monsters and ghosts. Development into middle-childhood coincides with the contents of fears becoming more varied, more realistic, better articulated, and relating more to personal experiences such as social anxiety, failure and criticism, natural events, and the fear of injury (Angelino, Dollins, & Mech, 1956; Bauer, 1976; Bowd, 1984; Craske, 1997; Davidson, White, Smith, & Poppen, 1988; Gullone, 1996; Gullone & King, 1993; Muris, Merckelbach, Gadet et al., 2000; Ollendick et al., 1985b; Westenberg et al., 2004). At about age 7 or 8, children's fears are more likely to be influenced by events in the media, particularly events that are reported in the news. The following fears often evolve in this way: fear of flying (following reports of an aeroplane crash); fear of natural disasters (such as earthquakes and floods); fear of manmade disasters (such as war and terrorist attacks); fear of diseases (such as HIV/AIDS and cancer), and the fear of being kidnapped (Last, 2006). A year or so later, at about age 9 or 10, fears turn to performance and social concerns. Fears of taking tests, giving oral reports, and of school performance in general arise. Children might also express concern relating to non-academic activities, such as their performance on the sport's field, competence in dance or music class, or any out-of-school activity. At this age children also become aware of their physical appearance and of how others – especially their peers - perceive them. Fourth and fifth graders may show concerns about their popularity and become fearful of not having enough friends (Last, 2006). The fourth or fifth grade is also the time when children may become concerned regarding their own as well as other's mortality as well as fearful of death. All these fears, linking to performance, social status, and mortality or death can continue up to age 11 or 12, with some fears even persisting into adolescence (Last, 2006). More global fears, linking to economic and political concerns, are characteristic of late adolescence

(Gullone, 1996). Thus, in infancy the immediate environment influences a child's fears, and with an increase in age and maturation, fears in middle-childhood change to include global events and fears which are of an imagined or more abstract nature.

Night-time fears, of a mild and transient nature, are recognised as part of the normal development of a child, with most children outgrowing or overcoming these fears. Studies have reported prevalence of night-time fears in normal children up to 73.3% (Gordon & King, 2002). However, if night-time fears become excessive and phobic, they can cause the child much personal distress as well as considerable disruption in the child's household and family, especially around bedtime. Researchers have noted that severe night-time fears account for approximately 15% of the referrals for treatment of childhood phobias (Gordon & King, 2002; Graziano & De Giovanni, 1979). Night-time fears have often been described as a heterogeneous class of fears, however these fears encompass much more than simply a fear of the dark (Gordon & King, 2002). Mooney (cited in Gordon & King, 2002) outlined five categories relating to nocturnal fears experienced in childhood. These categories are: (1) fear related to personal safety, for example, fear of a burglar or kidnapper; (2) fear associated with separation or loss of others, for example, worrying about parents dying; (3) fear of imaginary creatures, for example, fear of ghosts or monsters; (4) fear of scary dreams, and (5) fear of the dark.

3.4 Fear and Gender

Another consistent finding in normative fear research relates to gender differences. Girls tend to report or are reported to express higher numbers and greater levels of fear and anxiety than boys (Craske, 1997; Davidson et al., 1988; Gullone, 1996, 2000; Gullone & King, 1993; Li & Morris, 2007; Mellon et al., 2004; Morris & Kratochwill, 1983; Muris, 2007; Muris, Bodden et al., 2003; Ollendick et al. 2002; Scherer & Nakamura, 1968; Shore & Rapport, 1998; Spence & McCathie, 1993; Staley & O'Donnell, 1984). Ollendick et al. (1996) reported an exception from this trend, where the mean intensity and mean number of fears reported by Nigerian boys and girls did not differ significantly between the two genders. Overall, when gender comparisons have been made, boys and girls have reported most of the same objects and events as most frightening, but in some cases boys have rated stimuli associated with failure and disapproval (for example, poor grades and

punishment) higher than girls (Dong et al., 1994; Ollendick et al., 1989; Ollendick et al., 1991).

Not surprisingly, numerous explanations have been put forth to clarify these gender differences. However, the most widely accepted explanation for the gender differences in fearfulness relate to different modes of socialisation and gender-role expectations experienced by boys and girls. Where keeping in line with their male character, boys are expected to be tough and brave and thus not scared. Girls on the other hand are socialised to be feminine and gentle and they are allowed to be scared and comforted. Therefore, it is more acceptable for girls to say they are scared, and girls might report a higher number of fears than boys. As such, expression is more acceptable in their daily socialisation (Gullone, 1996; King, Gullone & Stafford, 1990). Therefore, the differences in reported levels of fearfulness when related to gender do not necessarily indicate that girls have greater fear reactivity. Rather, it might reflect a difference in attitude between boys and girls towards willingness to fear admittance as opposed to actual fears experienced (Gullone & King, 1993).

3.5 Fear and Culture

As our Western heritage emphasises “fearlessness”, there is a possibility that an ethnocentric bias regarding the study of childhood fears exists. High-fear frequencies are regarded as indicative of psychopathology, we want fearless leaders, and our cultural image of the ideal person may depict someone “who fears nothing” (Tikalsky & Wallace, 1988). Keeping this presumption in mind, it has been noted that a growing body of evidence suggests that psychopathological symptoms in children are affected by cultural factors (Burkhardt et al, 2003). Some of these cultural factors include patterns of socialization, rearing practices, and behavioural norms. This being the case, studies making cross-cultural comparisons of childhood fears, are few and far between. Thus, further studies on this topic are needed to explore the universality of childhood fear, as children’s fear and anxiety may reflect their social values and a cognitive and social awareness within their family context. Knowledge of fears experienced by children from different cultural backgrounds may enhance our understanding, promote theory building, and provide necessary cues for clinical practice (Essau et al., 2004).

A cross-cultural study undertaken by Ollendick et al. (1996) assessed the fears of 1 200 Australian, American, Chinese, and Nigerian youths by means of Ollendick's (1983) FSSC-R. Findings noted that Nigerian youths reported higher levels of fear than Chinese youths, who in turn reported higher fear scores than American and Australian youths. The latter two groups did not differ significantly from each other (Essau et al., 2004). There were also cultural differences with respect to the content of fear. While some fears were highly prevalent in all the countries, some fears appeared to be unique and highly specific in relation to that country's children, for example, looking foolish in America, snakes in Nigeria, and ghosts in China. Cultural and learning differences, as well as exposure to specific fear-provoking situations and stimuli, have been put forth as possible explanations for these cultural differences in fear content (Muris et al., 2008; Ollendick et al., 1996; Ingman, Ollendick, & Akande, 1999). These differences have also been attributed to the Chinese and Nigerian countries that place greater emphasis on obedience, self-control, emotional constraint, and compliance to social rules. These factors may account for the elevated levels of social-evaluative and safety fears that occurred in these two populations (Essau et al., 2004; Ollendick et al., 1996).

A further study by Elbedour et al. (1997) compared self-reported fears of Israeli Jewish and Bedouin children. Quantitative and qualitative differences were noted between the two groups. Bedouin children reported higher levels of fear and were frightened by a broader range of stimuli and conditions. The fears reported by the Jewish children related mainly to life-threatening situations, such as not being able to breathe or being hit by a truck. They also reported school-related fears, such as a fear of being sent to the principle. Bedouin children not only reported higher levels of fear relating to the latter situations, but in addition reported fears of unrealistic threats such as ghosts or darkness. Bedouin children also reported fears relating to the family arena, fears included: having my parents argue, and being punished by my father (Elbedour et al., 1997).

A recent South African study undertaken by Burkhardt et al. (2003) examined the fears of 404 black, white and coloured South African children aged between 9 and 13. The Fear List Method (FLM), as well as Ollendick's (1983) revised version of the FSSC-R, were used to gather the data in this study. A previous South African study conducted by Muris, Schmidt, et al. (2002) found that the coloured and black South African children in their study showed significantly higher levels of anxiety disorder symptoms as classified by the

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 1994) than did the white children. Keeping in line with the latter findings Burkhardt et al. (2003) hypothesised that coloured and black South African children in their study would also report higher levels of fear than the white South African children. This was the case, and clear differences in fear levels were noted amongst the three cultural groups, with coloured and black South African children clearly displaying higher levels of fear than their white peers. Cultural differences relating to fear content were also noted, with the fears of the coloured and black children relating more to violence (for example, guns, gangs, and crime) (Burkhardt et al., 2003).

Taken everything into account, the results of the above-mentioned studies suggest that childhood fears are at least to some extent culturally determined (Burkhardt et al., 2003), and emphasis is placed on the power different cultures have on moulding the individuals who are born and raised in them (Elbedour et al., 1997).

3.6 Fear and Disability

In contrast to the vast amount of fear research undertaken with children without a disability, only limited research has been carried out with children who have hearing, physical, visual, and intellectual disabilities (Gullone, 1996; Li & Morris, 2006). It is estimated that approximately 20 studies across all disabilities have been carried out, and of these disabilities, intellectual disability has received the greatest attention within the scope of disability and fear research. As previously noted, it is proposed that children with disabilities are more likely than their non-disabled counterparts to find the mastering of certain developmental tasks challenging. The stigmatisation, which is likely to accompany their disability, also increases difficulties for developmental experiences and processes (for example, making friends and socialising), which would otherwise have been quite manageable. Leading from this, studies involving children with disabilities have suggested that they are at increased risk to develop psychological difficulties when compared to their non-disabled peers (Gullone, 1996; Harvey & Greenway, 1984; Li & Morris, 2006; Li & Preat, 2007; Ollendick et al., 1985a; Rutter et al., 1976; Weimer & Kratochwill, 1991; Wilhelm, 1989). These studies suggested increased incidences of depression, withdrawal, anxiety, social isolation, deficits in interpersonal skills, and poor self-concept. Ollendick et al. (1985a) proposed that these higher incidences of psychopathology might be directly

related to the presence of the disability itself. While other contributing factors could include: poor physical health, a lack of social acceptance, and a paucity of social contacts outside of the home environment (Gullone, 1996; Ollendick et al., 1985a; Weimer & Kratochwill, 1991). Keeping in vein with these propositions, it is expected that children with physical disabilities will be more fearful and anxious than their non-disabled peers (King et al., 1994), and that children with visual impairments will also exhibit unique emotional-behavioural patterns. Children with visual impairments may also be more fearful of personal harm and injury, as they are not able to detect danger at a distance. Due to this, these children are less likely to develop a repertoire of appropriate avoidance behaviours and to benefit from the observation of other people's behaviour in dangerous and fear-provoking situations (Wilhelm, 1989).

3.6.1 Hearing impairment and fear

Only one study – to the researcher's knowledge - has assessed the fears of children with a hearing impairment. In this study, King, Mulhall, and Gullone (1989) administered Ollendick's (1983) FSSC-R to a total of 272 children between the ages of 8 and 16, the primary group consisting of 138 children with a hearing impairment and the control group of 134 matched-age controls with no hearing impairment. Unexpectedly, no differences in total fear score existed between the two groups. However, differences relating to the five factors of the FSSC-R were noted. These being that children with a hearing impairment reported significantly more fears loading onto the factors relating to the unknown, injury, and small animals. While children with no hearing impairments reported more fears relating to failure and criticism. In normative fear literature, it has been noted that for children without a disability, fears of the unknown and of animals are characteristic of children in their pre-school years and fears relating to failure and criticism are more prominent in middle-childhood and adolescence. Therefore, findings suggest that fears of children with hearing impairments compare more favourably with those of younger children without a disability, than with their same-aged non-disabled peers (King et al., 1989). One explanation for this discrepancy (as mentioned above) relates to difficulties experienced by some children with disabilities in the mastering of certain developmental tasks, this then putting them at a developmental back-lag in comparison to their non-disabled peers (Gullone, 1996).

3.6.2 Intellectual disability and fear

Intellectual disability on the other hand has attracted a greater degree of interest within the scope of disability fear research, with approximately eight studies been undertaken: five studies including children and adolescents (Derevensky, 1979; Guarnaccia & Weiss, 1974; Gullone, Cummins, & King, 1996; Gullone, King, & Cummins, 1996; Maurer, 1965; Muris, Merckelbach, & Luijten, 2002; Vandenberg, 1993), and two further studies including adult participants (Duff et al., 1981; Stemlicht, 1979). In collecting data with the specific population of children with an intellectual disability, some of the problems are pragmatic in nature, where understanding plays a big role and thus doubt is cast on the reliability and validity of the data. This is the greatest reason given for lack of research in this specific area (Gullone, 1996).

Findings relating to fears expressed by children with intellectual disabilities show that the strongest fears tend to be death and danger related, this being consistent with findings in normative fear literature. A second finding is that girls once again tend to show a greater range of fears with a higher intensity when compared to boys. This finding remained constant across normative and disability fear literature. Nonetheless, despite these similarities, there are important differences inherent to the fears of children with intellectual disabilities. It has particularly been noted that age has a far less significant impact on the content and intensity of fears of children with intellectual disabilities than on their non-disabled peers (Gullone, 1996; King et al., 1996; Vandenberg, 1993). Changes in normative fear that coincide with chronological age patterns are less clear for children with intellectual disabilities. This is due to the fact that changes in normal fear patterns are proposed to be linked to cognitive levels of development. These age differences between children with intellectual disabilities are most prominent in their increased fear of darkness, animals, and supernatural phenomena (Gullone, 1996), and their decreased fear of people and natural hazards. Thus, as seems the case with children with hearing impairments, the fears experienced by children with intellectual disabilities compare most favourably to fears experienced by non-disabled children in early-childhood. These early childhood fears subside for non-disabled youth as they pass through development, but this is not the case for those with an intellectual disability. They continue to experience these fears at an intense level (Derevensky, 1979; Gullone, 1996; King et al., 1994; Vandenberg, 1993).

3.6.3 Visual impairment and fear

The first attempt to investigate fear and anxiety in children with visual impairments, was undertaken approximately half a century ago by Dean (1957). In his study he administered Taylor's Manifest Anxiety Scale (TMAS) (Taylor, 1953) and found that blind children differ from sighted children relating to their fear responses (Dean, 1957). These differences were, however, not clearly spelled out. Hardy's (1968) study aimed at assessing the manifestation of 122 visually impaired children's anxiety relating to differences in age, gender, amount of vision, and verbal intelligence. The purpose of his study was to evaluate and construct an experimental instrument, The Anxiety Scale for the Blind. In his study the factor which displayed a significant impact, was the factor relating to verbal intelligence. An inverse correlation was found relating to the level of verbal intelligence and the level of manifest anxiety. He also noted a contradictory finding: the older children tended to show higher levels of anxiety than the younger children. Gender differences, on the other hand, were not pronounced. Jan, Freeman, and Scott (cited in Weimer & Kratochwill, 1991) examined the fears of 92 children with visual impairments as part of a larger study that assessed the overall problems of children and adolescents with visual impairments. They noted that 9% of the visually impaired children had a major problem with fears, and experienced fears which interfered with their daily functioning. While a further 29.2% of participants experienced mild problems (Weimer & Kratochwill, 1991).

A study undertaken by Matson et al. (1986) in Illinois, USA, set out to assess potential age differences in anxiety experienced by children and youth with visual impairments by employing various measurement instruments. Participants in the study included 75 youths with ages ranging between 9 and 22, the mean age being 14. Children from both genders took part in the study. Three measurements of childhood anxiety were employed, namely, Scherer and Nakamura's (1968) FSSFC; The Children's Manifest Anxiety Scale (CMA) and the State-Trait Anxiety Inventory for Children (STAIC). During data analysis, participants were divided into three age groups ranging from 9 to 14 years, 15 to 16 years, and 17 to 22 years ($M = 14$ years). No gender differences were found on any of the scales. However, with regards to the state-trait anxiety inventory, the youngest group evinced the highest level of anxiety and the eldest group the lowest (Matson et al., 1986). This finding is comparable to other findings in normative fear literature.

In an American study, Ollendick, Matson, and Helsel (1985a) administered Ollendick's (1983) FSSC-R individually to each of 106 sighted and 70 youths with visual impairments, ranging in age from 10 to 18 years.

Keeping in line with the proposition that children with disabilities are more prone to the development of a psychopathology than are their non-disabled peers (Gullone, 1996; Harvey & Greenway, 1984; Li & Morris, 2006; Weimer & Kratochwill, 1991; Wilhelm, 1989), Ollendick et al. (1985a) hypothesised the following:

... that visually-impaired youths would show greater fear than normally-sighted youths on overall level of fear and on specific factor scores; further, it was hypothesized that responses to specific fear items, particularly those resulting in physical harm, would discriminate between the visually-impaired and normally-sighted youths. (p. 376)

As expected, it was found that there were significant differences between the fear contents displayed by children with visual impairments compared to those of children that do not have visual difficulties. The visually impaired youths did display higher levels of fears relating to situations where the potential for physical harm was present (for example, a burglar breaking into the child's house, getting a shock from electricity, bombing attacks, being invaded, or being hit by a car or truck). Their sighted peers, on the other hand, evinced fears that related more to psychological harm (for example, being teased, getting a report card, or taking a test).

Another study employing Ollendick's FSSC-R was conducted in Victoria, Australia. The FSSC-R was administered to 129 visually impaired and 129 gender- and age-matched sighted controls. Participants' ages ranged between 8 and 16. Children with visual impairments were reported as being totally blind, legally blind, or partially blind. Keeping in mind the similarities between Australian and American cultures and school systems, it was expected that this study would yield similar results to those found by Ollendick et al. (1985a). This was, however, not the case. Contradictory to Ollendick et al.'s (1985a) findings, the results between the primary and control groups did not significantly differ relating to the overall level of fearfulness expressed by the children. However, the sighted children did report a greater level of fearfulness relating to two factors, including firstly the fear of failure and criticism. These fears, for example, included getting bad marks for a test, or failing at a certain task. The second factor that the sighted children reported higher

scores on, related to the fear of death or danger. Here an example could be the fear of getting hit by a truck or car, or falling from a high place (King, Gullone, & Stafford, 1990).

The latter finding is contradictory to findings cited in other studies where children with visual impairments were more afraid of physical harm or danger than their sighted peers (Ollendick et al., 1985a; Weimer & Kratochwill, 1991). Taking this into account, it is important to note that out of the 129 visually impaired participants who took part in this study, only 6 were totally blind, and although the totally blind children only constituted a small portion of the sample, the level of fear they reported was much greater than that of the sighted children (King, Gullone, & Stafford, 1990). It is, however, important to note that some of the findings in this study are comparable to findings that relate to sighted children. Girls, for example, reported significantly greater levels of fear than boys on all five factors. However, none of the factors yielded any significant results relating to age (King, Gullone, & Stafford, 1990).

Wilhelm (1989), found that the fears and anxieties of the 139 children with visual impairments between the ages of 6 and 16 included in his study, compared favourably to those of the general population, with girls and younger children reporting greater numbers and higher levels of fear than boys and older children. In this study the aim was to investigate the relationship between the degree of visual impairment and the intensity of self-reported fears and anxiety. There was no significant difference relating to the degree of visual impairment and the children's total fear scores.

Most recently, Weimer and Kratochwill (1991), in concurrence with Wilhelm's (1989) research, assessed the content, number, and intensity of the fears expressed by children with visual impairments for a subset of the sample of children who were involved in Wilhelm's (1989) study. From a total of 101 children, a final sample of 42 children (24 boys and 18 girls) with visual impairments, took part in the study, with ages ranging between 5 and 18. Children in the sample were also said to differ in cognitive abilities, with some children described as having a high average intellectual ability and others having an intellectual disability. However, most of the children were said to fall within an average intellectual range. All children were administered the Fear Survey for Children with and without Mental Retardation (FSCMR, Ramirez & Kratochwill, 1990), as it was argued that this instrument was more comprehensive than others, which had been employed

previously (Gullone, 1996). Weimer and Kratochwill (1991) also made some modifications to the FSCMR to make it more suitable for use with children with visual impairments. Modifications included the substitution of items considered inappropriate for children with visual impairments (for example, “the dark” and “shadows”) on the scale with the 10 most common fears reported by children with visual impairments in Ollendick et al.’s (1985a) study. It included two open-ended questions, affording children the opportunity to bring unique fear experiences to the fore. Surveys were administered individually and orally. Childcare counsellors at the children’s school were also used as informants. Comparable to the findings of Ollendick et al. (1985a), the children in this study also showed higher levels of fears relating to situations that were perceived to be physically harmful. Children were asked to respond to supposed fear eliciting items on a list. The researcher read out the items and asked the children if they were afraid of the particular item, “yes” or “no”? If the answer was “yes”, then the interviewer would further proceed to assess the intensity of the fear by asking, for example, does the (mentioned item) make you a little or very afraid?

From this study it again came to light that children with visual impairments do show certain similarities relating to the fears that they display if these fears are compared to those of sighted children in the same developmental stages. Girls reported more fears than boys - girls reported a mean average of 35 fears and boys a mean of 21 (Weimer & Kratochwill, 1991). Relating to the content of fears, the younger children, ages 5 to 11, showed higher numbers of animal-related fears and the older children, ages, 12 to 18, more fear relating to social acceptance and psychological situations. This is also a finding that came to the fore in the sighted population (Weimer & Kratochwill, 1991). What is of interest, is that in both age groups the children generally reported more fears that relate to interpersonal relationships and relationships with other people (Weimer & Kratochwill, 1991). This could be attributed to the fact that they have a fear of rejection and that others might not accept them because of the fact that they are different and have a physical disability (Quinn, 1998; Li & Morris, 2006; Van Hasselt, Hersen, & Kazdin, 1985; Zarlock, 1961). Furthermore, from the open-ended questions it was noted that 21% of children were afraid of death and dying, 7% of nuclear war, 7% of thunder and lightning, and 5% of heights. Information provided by the childcare counsellors relating to the most difficult fear for each child, indicated that 5- to 8-year-olds were most afraid of animals or natural events and the older children (12- to 18-year-olds) reported to be most afraid of animals, humans, water, and the unknown. After two weeks, the most fearful children ($n = 8$) were readministered

the FSCMR using the standard testing procedures. Over the two-week period 30% of the 10 most common fears reported during the first sitting were also reported at the second sitting. Fears included: someone you love getting hurt, strangers, falling from high places, getting lost, sharks, someone hurting you, war, being hit by a car or truck, tornadoes, and getting or losing a boyfriend or girlfriend. Considerable similarity was found between the 10 most common fears of the 5- to 10-year-olds and the 12- to 18- year-olds (Weimer & Kratochwill, 1991).

Thus, to conclude, prior to Ollendick et al.'s (1985) study, research findings pertaining to the fears of children with visual impairments, were not clearly spelled out. Subsequently it has been noted that there are significant differences in the fear contents expressed by children with visual impairments when compared to their sighted counterparts (Ollendick et al., 1985a; Weimer & Kratochwill, 1991). Children with visual impairments have shown greater fears of animals and situations relating to danger and physical harm, whilst their sighted counterparts have reported greater fears relating to situations where the possibility of psychological harm is present. These differences have been attributed to the physical limitations experienced by the visually impaired youths, as they have an inability to perceive danger at a distance (Ollendick et al., 1985a; Weimer & Kratochwill, 1991; Wilhelm, 1989). Therefore, these physical fears are warranted and adaptive for their protection, as the fears reported by children with visual impairments relate directly to situations for which vision might be most useful (Gullone, 1996; Li & Morris, 2006; Ollendick et al., 1985a). Findings relating to number and intensity of fears have yielded inconsistent findings (Gullone, 1996). Nevertheless, strong consistencies have still been noted between girls and boys. Girls with visual impairments have proven to be more fearful than boys, and their most common fears are related to death and danger. These are two findings that have consistently been noted in normative fear literature as well.

3.7 Chapter Summary

In this chapter the relevant literature pertaining to childhood fear was reviewed. The review started with a brief overview of fear as a construct; thereafter attention was given to the measurement of fear, with special attention given to Ollendick's (1983) FSSC-R. Research concerning the independent variables of age, gender, and culture was reviewed next, and the normative findings with regards to these three variables were noted. The chapter

concluded with a review of the literature around disability and fear, with special attention given to the body of literature concerning fear and visual impairment.

In the next chapter the theoretical framework applicable to the present study is outlined and discussed.

CHAPTER 4

THEORETICAL FRAMEWORK

In this chapter a number of relevant theories that offer explanations pertaining to middle-childhood fear are discussed. The discussion starts with systems theory, more specifically Bronfenbrenner's ecological systems theory, which views childhood development in relation to various interrelated systems. Further, relevant developmental theories are examined. Berger (2006) defines developmental theory as "a systematic statement of principles and generalizations that provides a coherent framework for studying and explaining development" (Berger, 2006, p. 37).

4.1 Systems Theories

All behaviour takes place in settings, and in order to determine why a certain behaviour is manifest, it is of great importance to study both the person as well as his or her environment (Scileppi, Teed, & Torres, 2000), therefore, a person should be viewed from within his or her own context. This is the view held by systems theorists, who acknowledge that childhood development is not a uni-dimensional occurrence; development takes place across a vast array of settings. These settings are biological, physical, and socio-cultural in nature, and systems theories concern themselves with the effects of these varying settings on the development of the child. Systems theorists acknowledge that children grow up in vastly different circumstances and experience a number of overlapping contexts (Du Plessis, 2006). These contexts that influence the way in which the child is brought up, include the child's own innate characteristics and abilities; the immediate family environment, including economic resources, emotional atmosphere, number of siblings, space and privacy; the child's physical surroundings, including the neighbourhood, access to education, job opportunities, political systems, as well as the culture of the community the child is a part of (Du Plessis, 2006). Therefore, as mentioned above, systems theory emphasises the need to study childhood development in the context of the everyday environment in which the child finds him- or herself (Du Plessis, 2006; Meyer, Loxton, & Boulter, 1997).

4.1.1 Bronfenbrenner's ecological systems theory

Bronfenbrenner, a developmental psychologist, was one of the major advocates of the systems theoretical approach. He developed an ecological systems theory of child development, of which the cornerstone is strongly pointed out to be the need to understand the development of the self within the context of the everyday environment in which children grow up. As children develop and grow, they are influencing and being influenced by the context in which they find themselves. Burkhardt (2007), notes that this process can be viewed as a dynamic two-way interaction, where the developing child influences and restructures his or her environment, but at the same time is also being influenced by the surrounding environment (Loxton, 2005).

This interactive ecological environment in terms of Bronfenbrenner's theory views the child's social context as an arrangement of four concentric systems or levels, namely, the microsystem (child's immediate environment); mesosystem (interrelationship of various components of the microsystem); exosystem (outside of the immediate environment of the child, but still significant in development), and macrosystem (society and cultural components). These four systems are interconnected, and change on one level creates a ripple effect causing changes on all levels of the system (Nelson & Prilleltensky, 2005).

To augment this explanation, the ecological system can be conceptualised as a series of concentric circles with the child's biological and psychological make-up, as determined by genetics and history, found in the very centre of these circles (Meyer et al., 1997). The next circle, the microsystem level, constitutes the child's immediate physical and social environment, and includes people with whom the child interacts on a regular and frequent basis, such as family members, classmates and friends. The mesosystem level goes a step further and is a product of the interrelations amongst the links between two (or more) parts of the microsystem, for example the links between home, school, and friends, or when a parent attends a school meeting. The third level, the exosystem, looks at the interconnection between the microsystem and other systems, which the child rarely has direct contact with, but nevertheless still has an impact on those who interact with the child, and therefore still play a role. For example, the parent's place of employment, the school board, and perhaps the most significant, the media, especially television that exerts a definite influence on children's fears, are all part of the microsystem (Du Plessis, 2006). Then the final and broadest level of Bronfenbrenner's ecological system, the

macrosystem, includes large-scale societal components, such as cultural, economical, and political conditions (Scileppi et al., 2000). This level incorporates the general beliefs, attitudes, and ideologies that members of a certain culture or society promote (Du Plessis, 2006; Meyer et al., 1997). Examples of these promotions include the following: cultural beliefs regarding child rearing; the role played by family and the school in education; the impact of natural disasters and war, and ethical and moral guidelines of the specific society that determine and dictate which behaviours and actions are deemed acceptable. As stated by Du Plessis (2006), an appropriate South African example of what society deems important, relates to the mental health of children. In our country this sector is not afforded as much attention as it deserves. Thus, it is important to note that children are not single entities floating around on their own. They are linked to others and their everyday well-being and development is embedded within various levels and systems as depicted by this ecological model of systems theory.

The ecological model, therefore, provides a metaframework within which the fears of the middle-childhood South African child with a visual impairment can be contextualised and understood. Children's fears could be influenced by or originate from any of the four systems in isolation, by the interaction between the various systems, or their interaction with one or more of the systems. When looking at the development of the child with a visual impairment, the microsystem (immediate environment) has the most significant influence, as children with visual impairments receive information about the world predominantly through the modalities of hearing and touch (Hodapp, 1998). One of the issues that affect the child in the microsystem, relates to whether the child is regarded positively and accepted (Burkhardt, 2007). It is very important for the school-aged child to be accepted by his or her peers (Quinn, 1998). Linking directly to this issue is the fact that anything that differentiates a child, makes him or her a potential target for teasing or shunning (Quinn, 1998), and the fear of rejection by others because of being disabled, is therefore a legitimate and noteworthy fear for the child with a visual impairment.

Furthermore, the family environment is often a safe haven for a child and when he or she has to leave this haven and enter into broader society and interact on the mesosystem level (for instance, having to go to school), these fears can become even more prominent (Quinn, 1998). Another legitimate fear that could manifest in the life of the visually impaired child, relates to the fear of looking stupid in front of his or her friends. Because children

with visual impairments often cannot see clearly, they might, for example, have a fear of being called upon by others or their teacher in particular, to read something off the board, or to read aloud in front of the class. These activities that seem normal and quite achievable to the average school-aged child, could be rather daunting and scary for the school-aged child with a visual impairment, not because of a lack in mental and cognitive capacity, but simply because of the fear that his or her sensory deficits will cause him or her to fail and make a fool of him- or herself.

Further tasks in middle-childhood relate to the development of certain sporting skills and activities, such as cycling, skate boarding, and swimming, and children with visual impairments might show fear towards these activities because they are afraid they might get hurt (Quinn, 1998). This lack in activity might lead to the child feeling isolated and inadequate when his peers are active. Sometimes it is also the parent's fear of harm that prevents the child from developing these skills; parents might be too overprotective of their visually impaired child (Henderson, 1974; Hodapp, 1998; King, Gullone & Stafford, 1990; Thomas, 1978) and in this way instil fear in their child through projection of their own fears.

In terms of the exosystem level, children are not influenced too directly. However, this level could have a significant impact on the disabled child especially in terms of media portrayals of disability and disabled stereotypes, this further increasing the anxieties around differentiation, derision, and rejection that children could experience.

When looking at government policy and legislation around disability, the macrosystem level comes into play. There is a fair amount of legislation around disability and the rights of disabled people especially in terms of inclusion in mainstream schools. Children with disabilities could be affected negatively if the legislative policy of the country is not up to date and in adherence to general laws of education.

4.2 Developmental Theories

4.2.1 Erikson's psychosocial developmental theory

Erikson (1963), to a great extent, emphasised the cultural and social determinants of personality. He believed that children contribute actively to their development through their efforts to adapt to their environment (Wait, 2005). Erikson postulated that fundamental

developmental changes span the entire human life cycle, from infancy to old age, and he divided the life cycle into eight distinct stages of development. Each stage pertains to one of eight critical periods during which a psychosocial crisis has to be resolved. There are two resolutions to this crisis, one positive and one negative at opposite poles of the spectrum. For resolution of the crisis, the individual needs to achieve a synthesis between these two opposing poles (Erikson, 1963; Wait, 2005). Successful resolution of each stage's crisis enables movement to the next stage, and in this way promotes maturity (Maier, 1969). Erikson's fourth stage of development (industry versus inferiority), stretching from around age 6 to puberty, is the most applicable to the present study. During this fourth stage children are preparing for entry into adulthood, and school comprises a large part of their day. According to Erikson (1963) the child's fundamental attitude towards work is established during this stage (Burkhardt, 2007; Maier, 1969; Wait, 2005), and he or she is exposed to many new experiences and constantly learning. It is at this stage that the child needs to develop a sense of industry versus a sense of inferiority. Industry refers to an eagerness to acquire new skills and the ability to perform meaningful work (Wait, 2005). This allows the child to feel productive and make a meaningful contribution to the broader society. If the child is unable to master certain skills, a sense of inferiority may develop. The child's drive to succeed includes an awareness of the threat of failure. This underlying fear inspires the child to work hard to make a success, and in this way move closer to the achievement of a sense of industry (Maier, 1969). It is important for children at this stage to discover that they will not be able to master every skill they attempt to learn, and that each person has his or her own strengths and weaknesses. When a child realises this, and successfully achieves a synthesis between industry and inferiority, competence is developed (Burnett, 2008; Erikson, 1963; Hergenhahn & Olson, 2003). In conjunction with this, it should be kept in mind that the achievements of middle-childhood children are constantly being evaluated, and that different achievements are acknowledged differently by different schools (for instance, different sports and learning areas) and in different social contexts (Wait, 2005). This can lead to children being criticised openly and unfairly. Therefore, it is important that children learn to recognise and deal with feelings of failure and inadequacy, which will lead to the development of a good locus of internal control. If negative feelings are not dealt with, the constant experience of failure can lead to so-called "learned helplessness", meaning that children generate a self-definition that leads them to adopt a pessimistic view regarding future success. This can lead to these children developing anxieties about having to "achieve", as well as deeper feelings of

disappointment and anxiety if these expectations are not met. These imbedded feelings could in turn give rise to depression (Olivier, 2008; Wait, 2005). The aforementioned makes it clear that the psychosocial crisis and its synthesis play an important role in the development and maturation of the middle-childhood child.

4.2.2 Piaget's cognitive developmental theory

Cognition can be understood as the process of organising and attaching meaning to experience. Cognitive activities include tasks such as the interpretation of statements, synthesising data, solving problems, and the analysis of complex tasks (Loxton, 2005). The Swiss psychologist, Piaget (1972), is acknowledged for his cognitive developmental theory, which has been described as one of the single most comprehensive and compelling theories of intellectual development. Piaget views development as “a product of an unfolding genetically driven plan for growth and change” (Loxton, 2005, p. 34). Therefore, Piaget (1972) stresses that as a child's cognitive system develops and matures, his or her knowledge of the world evolves as well (Du Plessis, 2006). Cognitive developmental theory further depicts children as active explorers who actively construct their cognitive worlds, meaning that children adapt successfully to their environment by making sense of and interpreting the information they come across (Burkhardt, 2007; Du Plessis, 2006). This adaptation is done in two ways: assimilation (children interpret new experiences by incorporating them into that which is already known), and accommodation (children modify existing knowledge in order to accommodate new experiences) (Burkhardt, 2007; Loxton, 2005). The way in which these processes of adaptation take place, are dependent on the child's level of cognitive development. Piaget (1972) believed that a child's cognitive development proceeds through an invariant developmental sequence, with each cognitive stage building on the preceding one (Bukatko & Daehler, 1998; Piaget, 1971). The third stage of cognitive development, the concrete operational stage, coincides with the developmental stage of middle-childhood and stretches from roughly age 7 to 11, making it an applicable stage for the present study. During this stage great emphasis is placed on the attainment of concrete operational thought that is characterised by a collection of concepts affording children the ability to reason (Berger, 2006). Piaget (1972) noted that, at some stage between the ages of 5 and 7, children become less egocentric and start to grasp certain logical principles, enabling them to apply logic in concrete situations – these being situations that deal with visible, tangible, real things - hereby enabling children to become greater thinkers. When children grasp and

acquire concrete operations, they start to think and reason more like adults (Wait, 2005), explaining the more realistic nature of fears in middle-childhood, with fears of harm and physical danger (for example, fires, car accidents, and burglars) increasing, and fears of imaginary stimuli (for example, ghosts, and monsters) decreasing. (Bauer, 1976; Berger, 2006; Derevensky, 1979; Du Plessis, 2006; Wenar, 1994).

Piaget's fourth and final stage is that of formal operational thought that occurs from age 11 onwards, thus also falling within the stage of middle-childhood and rendering it applicable to the present study. During this stage children learn to explore logical solutions to concrete and abstract concepts. They can also understand and reason by means of analogy, metaphors, and hypothetical thinking (Loxton, 2005; Piaget, 1972). Typical achievements during this stage include the ability to imagine and reason about hypothetical outcomes ("what if"), and children also start to show an interest in abstract issues, such as politics, religion, ethics, and other social issues. They are also able to develop an opinion relating to these issues (Berger, 2006; Du Plessis, 2006; Meyer, 2005). This greater awareness of the social environment coincides with an increase in socio-evaluative fears between the ages of 11 and 13 (Dong, Yang, & Ollendick, 1994), with fears relating to social, personal, and family relationships, fear of failure and related punishments, and more recently war – specifically nuclear war - and AIDS (Robinson & Rotter, 1991). Thus, according to Piaget's (1972) cognitive developmental theory, fears during middle-childhood occur as a result of the child's increasing ability to understand and interpret his or her social and physical environment (Du Plessis, 2006).

Previous research exploring the fears of children with disabilities, has suggested that fears of children with physical disabilities compare more favourably with those of younger children without a disability than with their same-aged non-disabled peers (Derevensky, 1979; Gullone, 1996; King et al., 1994; King et al., 1989; Vandenberg, 1993). Thus, the role of cognition – especially relating to the fears of children with disabilities - seems to play an important role in the development and pattern of fear.

4.2.3 Bandura's social learning theory

Social learning theory is focused on learning that occurs within social contexts. Bandura, one of the leading proponents of this theory, posits that people learn from one another by means of observational learning. Bandura (1977) coined the term "reciprocal determinism"

to describe his view of learning. He states that the developing individual is interacting with his physical and social environment, and there is a reciprocal reaction. Thus, behaviour is not only influenced by the environment, but the environment is influenced by behaviour as well (Burkhardt, 2007).

Observational learning takes place through the modalities of imitation and modelling. Imitation entails direct reinforcement when the child copies the behaviour of others (Burkhardt, 2007), while modelling requires the child to learn the behaviours or personality traits of a parent or other role model through indirect reinforcement. The child's level of cognitive development plays a role in his or her ability to observe, remember, and later imitate the behaviour observed in his or her models (Burkhardt, 2007). Modelling also plays a role in the acquisition of fear, where children may observe others' fears, and model these fears as well (Burnett, 2008; Fields & Prinz, 1997).

Furthermore, in context of the social learning theory, fear can be seen as a learned response, due to the fact that, as children interact with their surroundings and environments, they are exposed to negative situations and stimuli that could perhaps provoke fear. Examples of these negative stimuli could include scary images in the media (scary movies or negative images in the news).

Fear may also develop as a result of direct experience of a frightening situation (for instance, being involved in a car accident or being the victim of a crime). Thus, fear acquisition in terms of social learning can occur in three ways: firstly, by modelling the behaviour of others; secondly, through exposure to negative situations or stimuli, and thirdly, by directly experiencing a fear-provoking situation (Bandura, 1977; Burnett, 2008). In terms of these three possibilities, it can be noted that the latter two (exposure to negative situations and stimuli, and direct experience) are more likely to play the greatest role in the acquisition of fears by children with visual impairments. Due to their visual impairment, it is not likely that these children will be able to observe and model the behaviour of others.

4.3 Chapter Summary

This chapter presented the theoretical framework underlying the present study, and a number of relevant theories offering explanations relevant to middle-childhood fear were outlined. Bronfenbrenner's ecological systems theory was discussed as a framework for contextualising the fears of South African middle-childhood children with visual impairments. The chapter concluded with an overview of relevant developmental theories, including Erikson's (1963) psychosocial developmental theory, Piaget's (1972) cognitive developmental theory and Bandura's (1977) social learning theory.

Chapter 5 looks at the research methods used to obtain and analyse the data rendered by the present study.

CHAPTER 5

RESEARCH METHODOLOGY

In this chapter an overview of the methods used to obtain and analyse the data rendered by the present study is given.

5.1 Introduction

This study was exploratory in nature, based on the fact that there is still a relative amount of knowledge lacking regarding the notion of visually impaired children's fears. A few studies addressing this topic have been conducted (Hardy, 1968; King, Gullone, & Stafford, 1990; Matson et al., 1986; Ollendick et al., 1985a; Weimer & Kratochwill, 1991; Wilhelm, 1989). However, none of these studies focused specifically on visually impaired children within the multi-cultural South African context.

To reiterate and for purposes of clarity, the purpose of the present study was to compare various components of fear reported by two samples of South African children with and without visual impairments between the ages of 8 and 13.

Primarily, the present study sought to investigate and determine whether there were significant differences relating to various fear components expressed by South African children with visual impairments when compared to their sighted counterparts. These components included number, content, level or intensity, and pattern of expressed fear.

The secondary aim of the present study was to analyse how these different fear components (number, content, level or intensity, and pattern) manifest when various variables, namely, gender, age, culture, and vision were taken into account.

5.2 Research Design

This study was explorative and descriptive in nature, and a differential research design including multiple non-manipulated independent variables across two groups was used. Differential or non-equivalent group designs can be described as research studies that

compare pre-existing, naturally occurring groups differentiated on the basis of a particular participant variable. Differential research is most suitable for use in situations where the manipulation of an independent variable is impractical, impossible, or inappropriate (Graziano & Raulin, 2007), and as manipulation of the present study's main classification variable (amount of vision) was impossible, a differential research design was deemed most appropriate. In differential research the researcher does not assign participants to groups. Participants are automatically assigned to groups based on the presence of pre-existing characteristics (Gravetter & Forzano, 2006; Graziano & Raulin, 2007). These characteristics can take on a qualitative dimension (for instance, gender), or a quantitative dimension (for instance, age). In the present study the pre-existing characteristic was qualitative in nature and amount of vision was used to distinguish the two groups. Children with visual impairments were assigned to the primary group and children with no visual impairments to the control group.

The present study's independent variables or characteristics were defined as: A (vision) being the main classification variable determined on four levels: total blindness, severe visual impairment, partial sight, and sighted; B (gender) presenting at two levels, namely, male or female; the third characteristic is C (culture) that comes to the fore in three groups, namely, black, coloured and white, and the fourth variable is D (age) that was also determined on two levels, namely, 8-10 years (younger children), and 11-13 years (older children). No matter how the variables were defined, it is important to note that the group differences existed before conduction of the study and these variables could not be manipulated.

5.3 Exclusion Criteria

Children who took part in the present study had to be able to read and write (Braille or print), as the FSSC-SA is a self-report survey and the children had to read the questions and complete them themselves. Furthermore, with the exception of visual impairment, there had to be no other physical disability present in the children of the primary group, as a possibility existed that this could confound results.

5.4 Participants

The final sample consisted of 129 middle-childhood children, including 67 (51.9%) children with varying degrees of visual impairment making up the primary group, and the remaining 62 (48.1%) children the control group. The original sample consisted of 144 participants, but surveys that were less than 95% complete, meaning more than three items of the FSSC-SA were left blank ($n = 11$), as well as surveys completed by children falling outside of the prerequisite age-range ($n = 4$), were excluded from the study. Table 1 depicts the demographic characteristics of the total sample, as well as the primary and control groups.

Table 1

Demographic Characteristics of the Total Sample as well as the Primary and Control Groups

	Total Sample	Primary Group	Control Group
	%	%	%
N (%)	129 (100)	67 (51.9)	62 (48.1)
Gender:			
Girls	67 (51.9)	32 (47.8)	35 (56.5)
Boys	62 (48.1)	35 (52.2)	27 (43.5)
Grades:			
0	1 (0.8)	1 (1.5)	0 (0.0)
2	7 (5.4)	7 (10.4)	0 (0.0)
3	29 (22.5)	15 (22.4)	14 (22.6)
4	24 (18.6)	11 (16.4)	13 (21.0)
5	24 (18.6)	14 (20.4)	10 (16.1)
6	40 (31.0)	15 (22.4)	25 (40.3)
7	4 (3.1)	4 (6.0)	0 (0.0)

Table 1 (Continued)

Demographic Characteristics of the Total Sample as well as the Primary and Control Groups

	Total Sample	Primary Group	Control Group
	%	%	%
Ages:			
8	15 (11.6)	8 (11.9)	7 (11.3)
9	29 (22.5)	14 (20.9)	15 (24.2)
10	19 (14.7)	9 (13.4)	10 (16.1)
11	36 (27.9)	16 (23.9)	20 (32.3)
12	21 (16.3)	12 (17.9)	9 (14.5)
13	9 (7.0)	8 (11.9)	1 (1.6)
Age Groups:			
8 – 10 Years	63 (48.8)	31 (46.3)	32 (51.6)
11 – 13 Years	66 (51.2)	36 (53.7)	30 (48.4)
Race/Culture:			
Black	13 (10.1)	13 (19.4)	0 (0.0)
Coloured	30 (23.3)	29 (43.3)	1 (1.6)
White	79 (61.2)	18 (26.9)	61 (98.4)
Missing	7 (5.4)	7 (10.4)	0 (0.0)
Visual Impairment (Vision):			
Totally Blind	9 (7.0)	9 (13.4)	0 (0.0)
Severely Visually Impaired	11 (8.5)	11 (16.4)	0 (0.0)
Partially Sighted	47 (36.4)	47 (70.1)	0 (0.0)
No visual Impairment	62 (48.1)	0 (0.0)	62 (100)
Language of Instruction:			
Afrikaans	112 (86.8)	50 (74.6)	62 (100)
English	17 (13.1)	17 (25.4)	0 (0.0)
Living Circumstance:			
Home	102 (79.7)	40 (59.7)	62 (100)
Hostel	26 (20.3)	26 (38.8)	0 (0.0)
Missing	1 (0.8)	1 (1.5)	0 (0.0)

Children with visual impairments constituting the primary group attended two special schools in the Boland and Cape Town areas of the Western Cape respectively. Girls ($n = 32$, 47.8%) and boys ($n = 35$, 52.2 %) attended grades 0 ($n = 1$, 1.5%), 2 ($n = 7$, 10.4%), 3 ($n = 15$, 22.4%), 4 ($n = 11$, 16.4%), 5 ($n = 14$, 20.4%), 6 ($n = 15$, 22.4%), and 7 ($n = 4$, 6.0%), and fell between the ages of 8 and 13 ($M = 10.51$, $SD = 1.58$). The degree of sight loss experienced by the children in the primary group differed from one child to the next,

with totally blind ($n = 9$, 13.4%), severely visually impaired ($n = 11$, 16.4%), and partially sighted ($n = 47$, 70.1%) children taking part. Furthermore, children within the primary group presented a variety of eye conditions, including ocular albinism, cataracts, optic atrophy, retinoblastoma, glaucoma, high myopia, retinopathy of prematurity, and other less frequently occurring conditions. Table 1 also depicts the demographic characteristics of the primary group.

Children constituting the control group were enrolled at a mainstream school in the Boland area of the Western Cape and attended grades 3 ($n = 15$, 22.4%), 4 ($n = 13$, 21.0%), 5 ($n = 10$, 16.1%), and 6 ($n = 25$, 40.3%), and fell between the ages of 8 and 13 years ($M = 10.19$, $SD = 1.32$). Boys ($n = 27$, 43.5%), and girls ($n = 35$, 56.5%) in the control group had no visual impairments. Table 1 also depicts the demographic characteristics of the control group.

5.5 Measuring Instruments

The measuring instruments are described in order of application, as they were administered in the present study. Surveys were administered to participants in either English or Afrikaans, as these are the languages in which the children receive their formal schooling.

5.5.1 Biographical questionnaire

Participants were asked to complete a short biographical questionnaire. The questionnaire was attached to make up the first page of the FSSC-SA. Information on the biographical questionnaire pertained to the participants name, surname, age, date of birth, gender, school and grade, living circumstances, and culture (see Addendum G). Therefore, the independent variables involved in the present study were obtained through the administration of the biographical questionnaire. The questionnaire was child-friendly and easily administered, and the researcher as well as the research assistants were present at all times to provide clarity if needed. Information pertaining to the eye conditions and level of vision of children in the primary group was obtained from the school nurses at the respective schools.

5.5.2 South African Fear Survey Schedule for Children (FSSC-SA)

The FSSC-SA (Burkhardt, 2007) is an adapted version of Ollendick's (1983) FSSC-R. Burkhardt (2007) adapted Ollendick's (1983) FSSC-R to better suit the South African context, as it was thought that the fear profiles of South African children were somewhat unique, and differed from those of children in first-world countries (Burkhardt, 2002, 2007). Ollendick's FSSC-R has been employed with great success in previous studies involving visually impaired children (King, Gullone & Stafford, 1990; Matson et al, 1986; Ollendick et al., 1985a; Wilhelm, 1989). Based on these studies it was thought that the FSSC-R was a suitable instrument to use when assessing the fears of children with visual impairments. As Burkhardt's instrument is based on and adapted from the FSSC-R for specific use within the South African context, the FSSC-SA was the ideal instrument to be administered in the present study. Burkhardt's (2007) FSSC-SA consists of 74 items, when administered, children and adolescents are asked to give answer options on a 3-point Likert scale: none (1), some (2), and a lot (3), indicating the level of fear elicited by the items on the scale. When scored, the FSSC-SA presents four components of expressed fear, namely, content, number, level (intensity), and pattern of fear. Content of fear, more specifically the 10 most common fears, is determined by taking into account the fears that are rated "a lot" with the highest frequency. Number of fears refers to the amount of fears that are endorsed with the choice "a lot" on the FSSC-SA. All the endorsements are added together to obtain a score between 0 and 74. When referring to level/intensity of fear, a total fear score is calculated. This score is obtained by summing the scores across the 74 items (none = 1, some = 2, and a lot = 3) to yield a total fear score between 74 and 222. Furthermore, the FSSC-SA yielded the following five factors from factor analysis: Factor I = fear of danger and death (for example, getting HIV), Factor II = fear of the unknown (for example, dark places), Factor III = worries (for example, taking a test), Factor IV = animal fears (for example, sharks), and Factor V = situational fears (for example, high places like mountains). Pattern of fear refers to the level of fear (namely, 1 = none, 2 = some, and 3 = a lot) on each of these five factors respectively. The FSSC-SA showed internal consistency of $\alpha = .97$ which is in line with previous research aimed at adapting the FSSC-R, making the FSSC-SA a reliable instrument to use within the South African context (Burkhardt, 2007).

All children were administered the FSSC-SA in their school setting. The researcher using the original survey, answer sheet, and directions, assessed the children in the control group. Each child was given a survey and asked to place an X in the box that best described his or her level of fear: none (1), some (2), and a lot (3). The researcher was present at all times to clarify and answer any questions relating to the stimulus items or possible responses. In the case of the primary group (children with visual impairments), it was clear that certain procedural modifications were necessary. The original schedule was completed by many children as is or with the assistance of a magnifying aid. For others the schedule was reproduced in large print. For the remaining children who use Braille as their medium, the survey was administered orally, and the children responded by writing their answers next to the corresponding item number on Braille answer sheets.

5.6 Research Procedure

5.6.1 Stage 1 – permission

During the first stage of research, permission was sought from the Western Cape Education Department (WCED) to conduct the research (see Addendum A). Once permission was granted by the WCED (see Addendum B), contact was made with the three identified schools. Two of the schools were special-needs schools specifically providing for children with visual impairments (providing the children for the primary group) and one mainstream primary school (providing the children for the control group) in a similar geographical area. The headmasters as well as educational psychologists (in the case of the special-needs schools) were supplied with the relevant information pertaining to the research (see Addendum C). All the schools approached, provided their full support and commitment to the study. The participants were recruited by means of a convenience sample, and all assenting children were included in the present study. At the two special-needs schools (schools 1 and 2), it was not necessary to seek consent from the children's parents as the schools have parents complete a permission form when enrolling their children, and permission to take part in research that the school regards as non-invasive and relevant is given (see Addendum D). This, however, was not the case with the control school (school 3). Consent was sought from the identified children's parents and they were provided with an information letter and booklet explaining the study (see Addendums E and F).

For convenience and logistical purposes, information in this regard was combined with a similar master's study being undertaken at Stellenbosch University and joint consent for control-group participation in both studies was sought from the parents. All children, whose parents had given their consent, were included as participants in the control group of the present study. Individual consent from all participating children was also obtained.

5.6.2 Stage 2 – data collection

In the second stage of the study, data was collected from the participants. The data was mainly of a quantitative nature, and no manipulation occurred. Children were asked to complete two surveys, the first being a biographical questionnaire (see Addendum G) and the second Burkhardt's (2007) FSSC-SA.

Testing took place from February to April 2009, and surveys were administered in an environment that was familiar to the children and one where they felt safe and comfortable. At schools 1 and 2 (special schools), different input and response modes relating to the children's degree of visual impairment were provided. At both schools 1 and 2, all children who were still in the foundation phase of learning (grades 2 and 3) were administered the surveys individually and orally, where the researcher read each item to the participant and noted his or her response. At school 1, partially sighted children had access to magnification equipment (Merlin) and they used this to aid them in answering the biographical questionnaire as well as the FSSC-SA. Children at school 2 received enlarged versions (A3 size) of the instruments. In both cases the researcher read the biographical questionnaire as well as the FSSC-SA aloud and the children followed and answered on the answer spaces provided. Some of the children were provided with paper rulers to help them keep straight lines, as it was noted that the children sometimes found it difficult to keep their place on the FSSC-SA. All children who used Braille as their medium of instruction answered the surveys on a Braille answer sheet where the item numbers were written next to each response. The instruments were once again administered orally, since it was felt that this would be the most convenient and easy way for the children to answer the questions, as most of their tests were administered in the same way (M. Meiring, personal communication, 10 February 2009). In all cases of administration, concerted efforts were made to ensure that the children with visual impairments understood the instructions, that they understood the stimulus items, and were fully aware of the response alternatives available to them.

At both schools, for children in grades 4 to 7, assessment took place per grade, with the large print/magnified and Braille assessments done separately. Assessments took approximately 45 minutes per group and all the children were assured that there were no right or wrong answers.

As already mentioned above, assessment at school 3 was conducted in conjunction with a similar master's study being undertaken at Stellenbosch University. For this group a separate room was made available by the school and groups of 20 children were sent per grade to complete the instruments. Children were divided into groups of 10 and alternately completed the biographical questionnaire and FSSC-SA for the present study and the similar Koala Fear Questionnaire (KFQ) for the other master's study. Both researchers were present during data collection to clarify any misunderstanding. Before commencement of data collection, the researchers explained both instruments and explained how the switching would work - after completion of the first questionnaire, the children were to put up their hands and one of the researcher's would bring them the next questionnaire. It was also emphasised that there were no right or wrong answers, and that they should not be concerned with other students' responses when answering their own survey. Testing at school 3 took approximately 40 minutes per group.

At all three schools, data collection commenced with a motivational talk, where the children were motivated to take part in the study. It was explained how important their input relating to the fears they experience was and how they would be able to help other children, by means of implementation and their assistance, in designing effective treatment strategies. This talk followed a similar pattern to the one used by Burkhardt (Burkhardt, 2007). Confidentiality was also explained in a child-friendly manner.

5.6.3 Stage 3 – data analysis

Data in the present study was collected quantitatively by means of the FSSC-SA. This data was used to determine the four components of expressed fear, namely, content, number, level (intensity), and pattern of fear. Content of fear, more specifically the 10 most common fears, were determined by taking into account the fears that were rated "a lot" with the highest frequency across the different groups. The number of fears (that is, each participant's number of items indicated as "a lot"), as well as the level of fear (that is, the sum of the responses across the 74 items), were explored by conducting a factorial

ANOVA. To determine if significant differences with respect to the pattern of fear (sum of responses to each of the items contained on each of the five factors) existed across the five factors, further factorial ANOVAs were conducted across the 5-factor-scale scores.

Furthermore, the data rendered by the administration of the biographical questionnaire was used to gather the independent variables, which were used to determine differences between the two groups (primary and control) relating to gender, age, culture, and vision.

The computer analysis program, namely, Statistical Package for the Social Sciences (SPSS) (George & Mallery, 2006), was used to carry out all the processes of data analysis in the present study.

5.7 Ethics

Keeping the aim of the present study in mind, namely, to assess the number, content, level, and pattern of fear in a group of South African children with visual impairments in comparison with their sighted counterparts, this research was conducted with the well-being and best interests of both populations kept in the highest regard. The present research was non-therapeutic in nature; participants were only required to complete two assessment instruments (namely, the FSSC-SA and a biographical questionnaire). Due to the fact that both these instruments were administered during normal school hours and in a place that was familiar to the children taking part, participants were not inconvenienced or disorientated. Furthermore, all children were briefed on the nature and objectives of the study before its commencement, and only consenting children took part.

The American Psychiatric Association (1992) stresses that one of the first principles of research involving children, is that the research should not involve any harmful procedures, either of a physical or psychological nature. The children in the present study were not placed under any physical danger, although the concept of fear could have been psychologically disturbing to some children. Thus, great care was taken during the process of data collection to ensure that this study inflicted no psychological harm on the participants, and this meant that only students with at least an honours degree in psychology were employed as assistants in the research.

These research assistants made an important contribution to the present study, due to the fact that they served as independent observers and in this way could report objectively on the research process as well as act as non-subjective participants during data collection. Furthermore, the researcher, a master's student in psychology, was present at all times to facilitate and monitor the process of data collection. This and the aforementioned sensitivity of the research assistants, ensured that the participants were closely monitored for any signs of distress or discomfort. The study was supervised by a registered counselling psychologist who was available for consultation during all stages of data collection, which meant that if any signs of psychological distress or discomfort were noted in the participants, they could be referred for counselling to the Centre for Community Psychological Services at Stellenbosch University. With all these measures in place, there were no complications relating to psychological distress.

5.8 Chapter Summary

In this chapter the methodology regarding data collection and analysis was outlined and discussed. The chapter started with a brief introduction, which reiterated and clarified the primary aims and purpose of the present study. Thereafter the research design was defined. The participants' demographic characteristics were also provided, and an overview of these characteristics was depicted in Table 1. This was followed by a short description of the measuring instruments in the order of their application, starting with the biographical questionnaire and then Burkhardt's (2007) FSSC-SA. The three stages of the research were then discussed (stage 1: permission, stage 2: data collection, and stage 3: data analysis). The chapter concluded with the discussion of ethical considerations relevant to the present study.

Chapter 6 presents the quantitative results rendered by the administration of the FSSC-SA.

CHAPTER 6

RESULTS

In this chapter the main findings of the present study are presented as they pertain to the content, number, intensity, and pattern of fear on the FSSC-SA. These four fear components were examined in terms of the four independent variables, namely, gender, age, culture, and vision. Therefore, each independent variable is discussed in terms of its effects on the dependent variables. The order of discussion of the dependent variables in each section will be as follows: content, number, level (intensity of fears), and pattern of fear.

Content of fear refers to the 10 most common fears of a particular group. The ten most common fears were obtained by taking the top 10 fears which participants endorsed with the choice 'a lot' on the FSSC-SA. Number of fears refers to the amount of fears that were endorsed with the choice "a lot" on the FSSC-SA. All the endorsements were then added together to obtain a score between 0 and 74. When referring to level/intensity of fear, a total fear score is calculated. This score is obtained by summing the scores across the 74 items (none = 1, some = 2, and a lot = 3) to yield a total fear score between 74 and 222. The total fear score is of interest as it provides a global index of fear (King, Gullone & Stafford, 1990), enabling comparisons to be made to previous studies such as that of Burkhardt (2007). As mentioned previously, the FSSC-SA has a five-factor solution, which includes the following: Factor I (fear of danger and death), Factor II (fear of the unknown), Factor III (worries), Factor IV (animal fears), and Factor V (situational fears). The pattern of fear refers to the level of fear (namely, 1 = none, 2 = some, and 3 = a lot) on each of the five factors respectively.

6.1 Demographic Characteristics of the Present Sample

To reiterate, and for purposes of clarity, demographic data pertaining to the final sample is provided below. This data is provided as a means of contextualising the present sample and to provide a basis from within which the present study's results could be interpreted.

A total of 129 participants, namely, 67 (51.9%) children with visual impairments and 62 (48.1%) children without visual impairments, took part in the present study. Boys ($n = 62$, 48.1%) and girls ($n = 67$, 51.9%), with a mean age of 10.36 ($SD = 1.46$, range = 8-13 years) constituted the total sample. The majority of the participants were white ($n = 79$, 61.2%), followed by coloured ($n = 30$, 23.3%), and black participants ($n = 13$, 10.1%). Seven participants (5.4%) did not indicate to which cultural group they belonged. Therefore, two groups of children, children with visual impairments (primary group) and children without visual impairments (control group), took part in the present study. The results are reported as they relate to these two respective groups. Figure 1 depicts the demographic characteristics of the participants who took part in the present study.

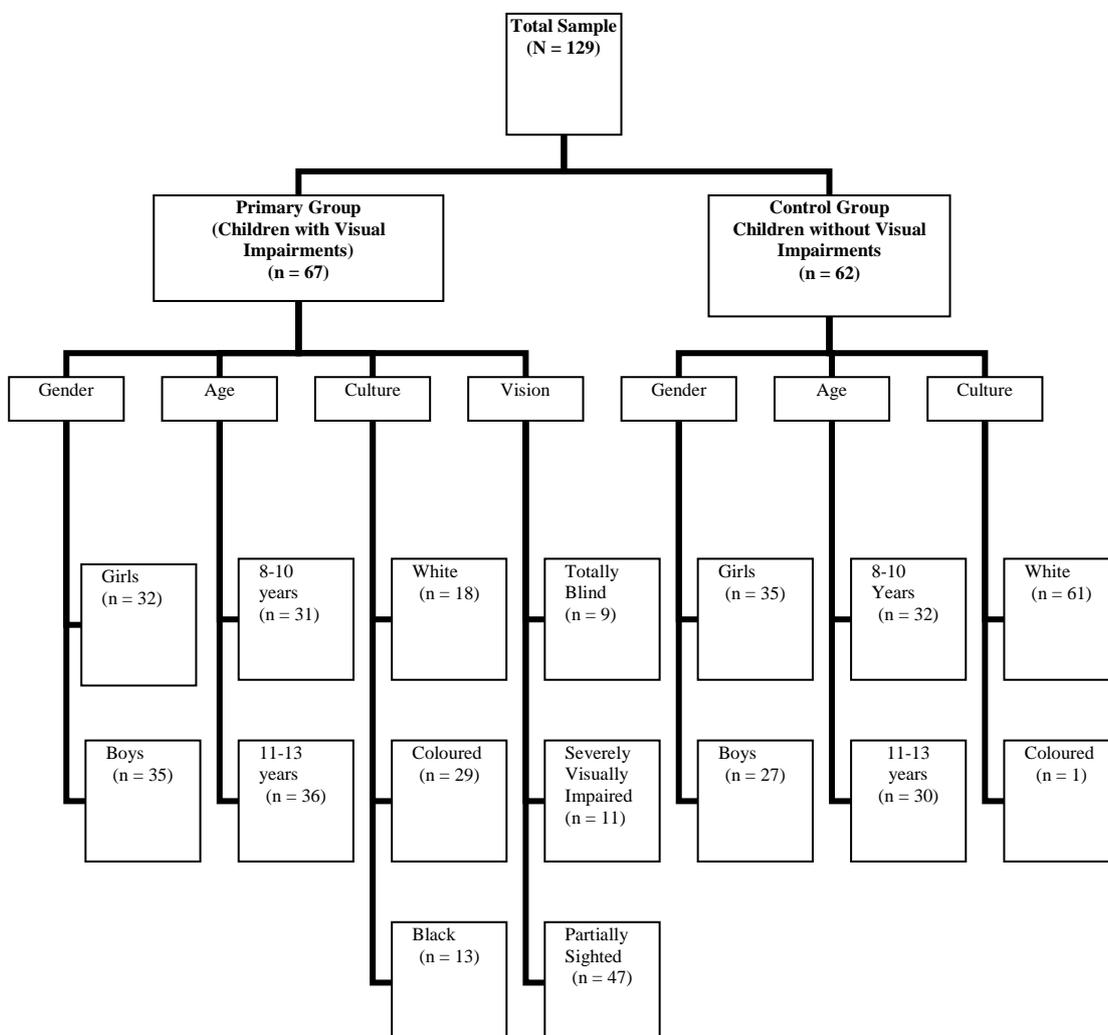


Figure 1. Demographic characteristics of the total sample (N = 129), primary group (n = 67) and control group (n = 62)

6.2 Fear Profile with regards to the Two Overall Groups

6.2.1 Overall group differences relating to content of fear

Table 2 depicts the 10 most common fears as expressed by the middle-childhood South African children with and without visual impairments in the primary and control groups. The 10 most common fears were derived from the number of participants who rated a particular fear “a lot”.

Table 2

Fear Rank Order for the Primary (n = 67) and Control (n = 62) Groups of Middle-Childhood South African Children based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA)

Rank	Children with Visual Impairments			Children without Visual Impairments		
	Item	f	%	Item	f	%
1	Fire – getting burned	47	70.1	Getting HIV	51	82.3
2	Being hit by a car or truck	46	68.7	Not being able to breathe	50	80.6
3	Not being able to breathe	45	67.2	Being hit by a car or truck	48	77.4
4	Getting HIV	44	66.5	Falling from high places	47	75.8
5	Getting a shock from electricity	43	64.2	Getting a shock from electricity	45	72.6
6	Getting lost in a strange place	42	62.7	Fire - getting burned	41	66.1
7	Bombing attacks - being invaded	42	62.7	The possibility of being in an accident	40	64.5
8	Death or dead people	42	62.7	Sharks	40	64.5
9	The possibility of being in an accident	41	61.2	Shots being fired in the neighbourhood	39	62.9
10	Falling from high places	39	58.2	Getting lost in a strange place	38	61.0

In order to examine qualitative differences and similarities with regards to content of fears for the children with visual impairments and their sighted counterparts, a comparison of the 10 most common fears of these two groups was done (Table 2). Upon comparison, eight

matches were apparent. These were: “Fire - getting burned”, “Being hit by a car or truck”, “Not being able to breathe”, “Getting HIV”, “Getting lost in a strange place”, “Getting a shock from electricity”, “Falling from high places”, and “The possibility of being in an accident”. However, the relative ranking of these shared fears differed. For instance, while both groups reported a fear of “Getting HIV”, for the control group this was the highest rated item, while for the primary group it was the fourth highest. The unmatched items for the primary group were: “Bombing attacks -being invaded” ranked seventh and “Death or dead people” ranked eighth. For the control group the two unmatched items included: “Sharks” ranking eighth and “Shots being fired in the neighbourhood” ranking ninth.

In terms of the primary group, the percentage of endorsements on the first item, “Fire - getting burned”, was 70.1% and 58.2% for the 10th item, “Falling from high places”. For the children without visual impairments (control group) 82.3% of the sample endorsed the first item “Getting HIV” and 60.1% of endorsements went to the tenth item, “Getting lost in a strange place”.

From the above-mentioned, it is clear that the endorsement was the highest for the children with visual impairments (82.3%), and the range of endorsements was also the longest for this group (82.3% - 61.0%).

6.2.2 Overall group differences relating to number of fears

Table 3 depicts the means and standard deviations relating to number of fears as reported by the two respective groups: children with visual impairments (primary group) and children without visual impairments (control group). The mean is a representation of the average score out of a total of 74 items.

Table 3

The Means and Standard Deviations for the Number of Fears of the Total Sample (N = 129) regarding Group Based on the South African Fear Survey Schedule for Children (FSSC-SA)

Group	N (%)	Mean	SD
Primary Group (Children with Visual Impairments)	67 (51.9)	27.58	17.63
Control Group (Children without Visual Impairments)	62 (48.1)	24.66	13.12

As anticipated, the children with visual impairments reported a higher number of fears ($M = 27.58$) when compared to their sighted counterparts in the control group ($M = 24.66$) (Table 3). To determine whether these differences in reported number of fears across the two groups in the present study were significant, a one-way ANOVA was calculated, the results of which are summarised in Table 4.

Table 4

Summary of the One-Way Factorial ANOVA as it relates to the Total Sample (N = 129) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)

Source	SS	df	MS	F	p
Between Groups	274.71	1	274.71	1.13	.291
Within Groups	31 016.19	127	244.22		

The F-value for the two groups was not found to be significant, with $F(1, 127) = 1.13$, $p > .05$. Thus, the differences in number of fears as reported by the children with visual impairments (primary group) ($M = 27.58$) and children without visual impairments (control group) ($M = 24.66$) in the present study were not significant (Tables 3 & 4).

6.2.3 Overall group differences relating to level of fear

Table 5 depicts the means and standard deviations relating to level of fear as reported by the two respective groups: children with visual impairments (primary group) and children without visual impairments (control group). The mean is a representation of the participants' average score out of a possible total score of 222.

Table 5

The Means and Standard Deviations for the Level of Fear of the Total Sample (N = 129) regarding Vision based on the South African Fear Survey Schedule for Children (FSSC-SA)

Group	N (%)	Mean	SD
Primary Group (Children with Visual Impairments)	67 (51.9)	144.97	33.92
Control Group (Children without Visual Impairments)	62 (48.1)	146.15	25.33

Contrary to what was expected, the children without visual impairments reported a higher level of fear ($M = 146.15$) than did the children with visual impairments ($M = 144.97$) (Table 5).

To determine whether this difference in reported level of fear was significant, a one-way ANOVA was calculated, the results of which are summarised in Table 6.

Table 6

Summary of the One-Way Factorial ANOVA as it relates to the Total Sample (N = 129) and Level of Fear on the South African Fear Survey Schedule for Children (FSSC-SA)

Source	SS	df	MS	F	P
Between Groups	45.07	1	45.07	0.05	.824
Within Groups	115 070.07	127	906.06		

There was no significant main effect for group, with $F(1, 127) = 0.05$, $p > .05$. Thus, the differences in level of fear as reported by the children with visual impairments (primary group) ($M = 144.97$) and children without visual impairments (control group) ($M = 146.15$) in the present study were not significant (Tables 5 & 6).

6.2.4 Overall group differences relating to pattern of fear

The means and standard deviations for the pattern of fear with reference to the primary and control groups are depicted in Table 7.

Table 7

The Means and Standard Deviations Regarding the Primary (n = 67) and Control (n = 62) Groups for the Pattern of Fear on the South African Fear Survey Schedule for Children (FSSC-SA)

Dependent Variable	Group	N (%)	Mean	SD
Factor I	Primary Group	67 (51.9)	47.95	11.42
	Control Group	62 (48.1)	50.35	9.41
Factor II	Primary Group	67 (51.9)	36.23	10.84
	Control Group	62 (48.1)	36.52	9.40
Factor III	Primary Group	67 (51.9)	25.87	7.33
	Control Group	62 (48.1)	23.73	4.66
Factor IV	Primary Group	67 (51.9)	17.16	5.15
	Control Group	62 (48.1)	17.60	4.30
Factor V	Primary Group	67 (51.9)	17.60	4.64
	Control Group	62 (48.1)	17.65	3.88

When ranked from highest to lowest, the level of fear rank order for the fear subscales (different factors) regarding the children with visual impairments (primary group), was: Factor I ($M = 47.95$), Factor II ($M = 36.52$), Factor III ($M = 25.87$), Factor V ($M = 17.60$), and Factor IV ($M = 17.16$) (Table 7).

Once again, when the level of fear rank order for the fear subscales for the children without visual impairments (control group) was ranked from highest to lowest, the same pattern can be noted. Factor I ($M = 50.35$) was ranked highest, followed by Factor II ($M = 36.15$), Factor III ($M = 23.73$), Factor V ($M = 17.65$), and Factor IV ($M = 17.60$)

When looking at different levels of fear reported by the two groups on the individual factors, in terms of Factor I (fear of danger and death), the children without visual impairments (control group) displayed the highest level of fear on this factor ($M = 50.53$). In terms of Factor II (fear of the unknown), once again the children in the control group displayed the highest level of fear ($M = 36.52$). When looking at Factor III (worries), the children with visual impairments (primary group) displayed the highest level of fear ($M = 25.87$). The children in the control group displayed the highest level of fear on Factor IV (animal fears) ($M = 17.60$). Then in terms of the last factor, Factor V (situational fears), once again, the children without visual impairments displayed the highest level of fear ($M = 17.65$). Thus, on all but one of the factors (Factor III), children without visual impairments reported a higher level of fear.

To determine whether these differences in reported level of fear between the two groups on the five factors were significant, a one-way ANOVA was calculated, the results of which are summarised in Table 8.

Table 8

Summary of the One-Way Factorial ANOVA as it relates to the Total Sample (N = 129) and Pattern of Fear on the South African Fear Survey Schedule for Children (FSSC-SA)

Dependent Variable		Source and Variable				
Variable	Variable	SS	df	MS	F	p
Factor I	Between Groups	186.58	1	186.58	1.69	.196
	Within Groups	14008.98	127	110.31		
	Total	14195.56	128			
Factor II	Between Groups	2.76	1	2.76	.03	.870
	Within Groups	13136.88	127	103.44		
	Total	13139.64	128			
Factor III	Between Groups	148.48	1	148.48	3.88	.051
	Within Groups	4866.01	127	38.32		
	Total	5014.49	128			
Factor IV	Between Groups	6.25	1	6.25	.28	.601
	Within Groups	2882.26	127	22.70		
	Total	2888.52	128			
Factor V	Between Groups	.10	1	.10	.01	.941
	Within Groups	2336.66	127	18.40		
	Total	2336.76	128			

There were no significant main effects for group on any of the five factors with Factor I: $F(1, 127) = 1.69, p > .05$; Factor II: $F(1, 127) = 0.03, p > .05$; Factor III: $F(1, 127) = 3.88, p > .05$; Factor IV: $F(1, 127) = 0.28, p > .05$, and Factor V: $F(1, 127) = 0.01, p > .05$.

Thus, the differences in level of fear as reported by the children with and without visual impairments (primary and control groups) on the five factors, were not significant (Tables 7 and 8).

6.3 Fear Profile with regards to Gender

6.3.1 Gender differences relating to content of fear

6.3.1.1 Gender differences within the primary group

The 10 most common fears as expressed by the girls and boys with visual impairments are depicted in Table 9.

Table 9

Fear Rank Order for the Middle-Childhood South African Girls (n = 32) and Boys (n = 35) with Visual Impairments, based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA)

Girls with Visual Impairments (n = 32)				Boys with Visual Impairments (n = 35)		
Rank	Item	f	%	Item	f	%
1	Fire - getting burned	27	84.4	Getting HIV	24	68.6
2	Snakes	25	78.1	Being hit by a car or truck	22	62.9
3	Being hit by a car or truck	24	75.0	Not being able to breathe	21	60.0
4	Getting a shock from electricity	24	75.0	Bombing attacks - being invaded	21	60.0
5	Not being able to breathe	24	75.0	Fire - getting burned	20	57.1
6	Death or dead people	23	71.9	Getting a shock from electricity	19	54.3
7	Getting lost in a strange place	23	71.9	Death or dead people	19	54.3
8	Guns	23	71.8	Getting lost in a strange place	19	54.3
9	The possibility of being in an accident	22	68.8	The possibility of being in an accident	19	54.3
10	Lions	22	68.8	Sharks	19	54.3

Table 9 indicates that overall the girls with visual impairments feared “Fire - getting burned” the most, with 84.4% of them endorsing this fear. As opposed to the girls with visual impairments, the boys with visual impairments feared “Getting HIV” the most, with 68.6% of them endorsing this fear. The range of endorsement for the boys with visual impairments, was slightly smaller (14.3%) than for the girls (15.6%) However, the girls’ overall percentage of endorsement was much higher with the 10th item being endorsed

with 68.8%, and this percentage, even though the lowest for the girls with visual impairments, was higher than the boys' highest percentage of endorsement, which was 68.6% on their top fear.

The results rendered by the FSSC-SA for the 10 most common fears for the girls and boys with visual impairments, yielded seven matches. The unmatched items for the girls with visual impairments were: "Snakes", "Guns", and "Lions". The visually impaired boys' unmatched items were: "Getting HIV", "Bombing attacks - being invaded", and "Sharks".

6.3.1.2 Gender differences within the control group

The 10 most common fears as expressed by the girls and boys without visual impairments are depicted in table 10.

Table 10

Fear Rank Order for the Middle-Childhood South African girls (n = 35) and boys (n = 27) without Visual Impairments based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA)

Rank	Girls without Visual Impairments (n = 35)			Boys without Visual Impairments (n = 27)		
	Item	f	%	Item	f	%
1	Falling from high places	31	88.6	Getting HIV	22	81.5
2	Getting a shock from electricity	31	88.6	Not being able to breathe	20	74.1
3	Not being able to breathe	30	85.7	Being hit by a car or truck	19	70.4
4	Getting lost in a strange place	29	82.9	Sharks	17	63.0
5	A thief breaking into our house	29	82.9	Falling from high places	16	59.3
6	Being hit by a car or truck	29	82.9	Getting a shock from electricity	14	51.9
7	Getting HIV	29	82.9	Fire-Getting burned	14	51.9
8	Shots being fired in the neighbourhood	29	82.9	The possibility of being in an accident	13	48.1
9	Fire - getting burned	27	77.1	Lions	13	48.1
10	Earthquakes	27	77.1	Bombing attacks - being invaded	12	44.4

Table 10 indicates that overall the girls without visual impairments feared “Falling from high places” the most, and 88.7% of the girls endorsed this fear. The 10th ranked item, “Earthquakes”, was endorsed by 77.1% of the girls without visual impairments. Keeping in line with their disabled counterparts, the boys without visual impairments also feared “Getting HIV” the most, and 81.5% of the boys endorsed this fear. The 10th item, “Bombing attacks – being invaded”, was endorsed by 44.4% of the boys without visual impairments. A comparison of the 10 most common fears of the girls and boys without visual impairments rendered six matches. The unmatched items for the girls without visual impairments included: “Getting lost in a strange place”, “A thief breaking into our house”, “Shots being fired in the neighbourhood”, and “Earthquakes”. The four unmatched items for the boys without visual impairments were: “Sharks”, “The possibility of being in an accident”, “Lions: and “Bombing attacks - being invaded”.

To gain an overall qualitative understanding of how girls and boys in the present study expressed fear, the fears of the girls and boys with visual impairments (Table 9) were compared to those of the girls and boys without visual impairments (Table 10). Upon comparison of the girls’ fears, five matches between the primary and control groups were noted, being: “Fire - getting burned”, “Getting hit by a car or truck”, “Getting a shock from electricity”, “Not being able to breathe”, and “Getting lost in a strange place”. The unmatched items for the girls with visual impairments, were: “Snakes”, “Death or dead people”, “Guns”, “The possibility of being in an accident”, and “Lions”. For the girls without visual impairments, the unmatched items were: “Falling from high places”, “A thief breaking into our house”, “Getting HIV”, “Shots being fired in the neighbourhood”, and “Earthquakes”. When comparing the boys’ fears, it was noted that both boys with and without visual impairments, feared: “Getting HIV” the most, and that a further seven fears also matched. These matches included: “Being hit by a car or truck”, “Not being able to breathe”, “Fire - getting burned”, “Getting a shock from electricity”, “The possibility of being in an accident”, and “Sharks”. The unmatched items for the boys with visual impairments were: “Getting lost in a strange place” and “Death or dead people”. For the boys without visual impairments, the two unmatched items were: “Falling from high places” and “Lions”.

6.3.2 Gender differences relating to number of fears

Table 11 depicts the means and standard deviations with regards to number of fears as reported by the girls and boys in the present study.

Table 11

The Means and Standard Deviations for the Number of Fears of the Total Sample (N = 129), Primary (N = 67) and Control (n = 62) Groups with Reference to Gender based on the South African Fear Survey Schedule for Children (FSSC-SA)

Independent Variable	N (%)	Mean	SD
Total Sample			
(Children With and Without Visual Impairments)			
Girls	67 (51.9)	31.96	13.81
Boys	62 (48.1)	19.94	15.17
(Primary Group)			
(Children With Visual Impairments)			
Girls	32 (47.8)	32.94	16.17
Boys	35 (52.2)	22.69	17.70
Children Without Visual Impairments			
(Control Group)			
Girls	35 (56.5)	31.06	11.42
Boys	27 (43.5)	16.37	10.33

When looking at gender differences in number of fears as reported by the total sample, as anticipated, the number of fears reported by the girls ($M = 31.96$), was higher than the number reported by the boys ($M = 19.94$). This was also the case for the primary group, where girls with visual impairments reported a higher number of fears ($M = 32.94$) than did the boys with visual impairments ($M = 22.69$). In terms of the control group, the number of fears reported by the girls without visual impairments ($M = 31.06$) was almost double that reported by the boys ($M = 16.37$) (Table 11).

When looking at same-gender differences within the two groups (primary and control), number of fears was the highest for the girls with visual impairments ($M = 32.94$). The boys with visual impairments also reported a higher number of fears ($M = 22.69$) when compared to the boys without visual impairments ($M = 16.37$).

Number of fears with regards to gender was explored by means of a 2 x 2-analysis of variance (ANOVA), namely, Group: primary and control, and Gender: girls and boys. The results of the factorial ANOVA are summarised in Table 12.

Table 12

Summary of the Factorial ANOVA as it relates to the Total Sample (N = 129) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)

Source and Variable	SS	df	MS	F	p
Between Groups					
Group	535.51	1	535.51	2.58	.111
Gender	4958.40	1	4958.40	23.87	.000
Group * Gender	156.81	1	156.81	0.76	.387
Within Groups	25971.60	125	207.77		

There was a significant main effect for gender, with $F(1, 125) = 23.87, p < .01$. Thus, overall, girls ($M = 31.96$) reported a significantly higher number of fears than boys ($M = 19.94$). However, the main effect for group was not significant, with $F(1, 125) = 2.58, p > .05$. There were also no interaction effects between gender and group, with $F(1, 125) = 0.76, p > .05$ (Tables 11 & 12).

As there was a significant main effect for gender, two further one-way ANOVAs comparing the number of fears between the two groups of girls and two groups of boys were conducted. This was done to determine if there were any significant same-gender differences relating to number of fears between the two groups (primary and control). It was, however, noted that the F-values for neither of these same-gender groups were significant with the girls reporting $F(1, 65) = 0.31, p > .05$, and the boys $F(1, 60) = 2.72, p > .05$. Thus, the differences in number of fears reported by the two respective groups of girls and boys in the present study were not significant.

6.3.3 Gender differences relating to level of fear

Table 13 depicts the means and standard deviations regarding level of fear as reported by the girls and boys in the present study.

Table 13

The Means and Standard Deviations for the Level of Fear of the Total Sample (N = 129), Primary (n = 67) and Control (n = 62) Groups with Reference to Gender Based on the South African Fear Survey Schedule for Children (FSSC-SA)

Independent Variable	N (%)	Mean	SD
Total Sample			
(Children With and Without Visual Impairments)			
Girls	67 (51.9)	156.25	24.12
Boys	62 (48.1)	133.97	31.55
Primary Group			
(Children With Visual Impairments)			
Girls	32 (47.8)	154.41	30.02
Boys	35 (52.2)	136.34	35.37
Control Group			
(Children Without Visual Impairments)			
Girls	35 (56.5)	157.93	17.37
Boys	27 (43.5)	130.89	26.13

As expected, the level of fear experienced by the girls ($M = 156.25$) in the total sample was higher than that experienced by the boys ($M = 133.97$). The same trend was evident in the two respective groups (primary and control), with the girls with visual impairments reporting a higher level of fear ($M = 154.41$) than the boys with visual impairments ($M = 136.54$). The girls without visual impairments also reported a higher level of fear ($M = 157.93$) than did the boys without visual impairments ($M = 130.89$). In terms of gender differences amongst these groups, the highest level of fear was reported by the girls without visual impairments ($M = 157.93$) (Table 13).

When looking at same-gender differences relating to level of fear between the two groups (primary and control), the girls without visual impairments reported a higher level of fear ($M = 157.93$) than did the girls with visual impairments ($M = 154.41$). With regards to the boys in the primary and control groups, the boys with visual impairments reported a higher level of fear ($M = 136.34$) than did the boys without visual impairments ($M = 130.89$).

The significance of these differences in level of fear with regards to gender were explored by means of a 2 x 2-analysis of variance (ANOVA) (group: primary and control and gender, boys and girls). The results of the factorial ANOVA are summarised in Table 14.

Table 14

Summary of the Factorial ANOVA as it relates to the Total Sample (N = 129) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)

Source and Variable	SS	df	MS	F	p
Between Groups					
Group	29.75	1	29.75	0.04	.846
Gender	16218.52	1	16218.52	20.59	.000
Group * Gender	642.38	1	642.38	0.82	.368
Within Groups	98471.68	125	787.77		

There was a significant main effect for gender, with $F(1, 125) = 20.59, p < .01$. Thus, overall girls ($M = 156.25$) reported a significantly higher level of fear than boys ($M = 133.97$). However, the main effects for group were not significant, with $F(1, 125) = 0.04, p > .05$. There were also no interaction effects between gender and group, with $F(1, 125) = 0.82, p > .05$ (Table 14).

As there was a significant main effect for gender, two further one-way ANOVAs comparing the level of fear for the two groups of girls and two groups of boys were conducted. This was done to determine whether there were any same-gender differences relating to level of fear between these two groups (primary and control). It was, however, noted that the F -values for neither of these same-gender groups were significant with the girls reporting $F(1, 65) = 0.35, p > .05$, and the boys $F(1, 60) = 0.45, p > .05$. Thus, the differences in level of fear reported by the two respective groups of girls and boys were not significant.

6.3.4 Gender differences relating to pattern of fear

The means and standard deviations regarding pattern of fear as reported by the girls and boys in the present study, are depicted in Table 15.

Table 15

The Means and Standard Deviations for the Pattern of Fear of the Primary (n = 67) and Control (n = 62) Groups with Reference to Gender based on the South African Fear Survey Schedule for Children (FSSC-SA)

Dependent Variable	Gender	N (%)	Mean	SD
Primary Group				
(Children With Visual Impairments)				
Factor I	Girls	32 (47.8)	49.91	10.19
	Boys	35 (52.2)	46.16	12.31
Factor II	Girls	32 (47.8)	39.47	10.80
	Boys	35 (52.2)	33.27	10.13
Factor III	Girls	32 (47.8)	28.42	6.54
	Boys	35 (52.2)	23.54	7.30
Factor IV	Girls	32 (47.8)	18.75	3.99
	Boys	35 (52.2)	15.71	5.70
Factor V	Girls	32 (47.8)	19.50	4.27
	Boys	35 (52.2)	15.84	4.31
Control Group				
(Children Without Visual Impairments)				
Factor I	Girls	35 (56.5)	55.27	5.39
	Boys	27 (43.5)	43.98	9.75
Factor II	Girls	35 (56.5)	40.73	7.62
	Boys	27 (43.5)	31.07	8.75
Factor III	Girls	35 (56.5)	25.54	3.60
	Boys	27 (43.5)	21.37	4.88
Factor IV	Girls	35 (56.5)	18.99	3.87
	Boys	27 (43.5)	15.81	4.24
Factor V	Girls	35 (56.5)	19.33	3.05
	Boys	27 (43.5)	15.46	3.80

The level of fear rank order for the fear subscales from highest to lowest for the girls in the primary group, was: Factor I ($M = 49.91$), Factor II ($M = 39.47$), Factor III ($M = 28.42$), Factor V ($M = 19.50$), and Factor IV ($M = 18.75$). For the boys in the primary group, when ranked from highest to lowest, the level of fear rank order for the five fear subscales, was: Factor I ($M = 46.16$), Factor II ($M = 33.27$), Factor III ($M = 23.54$), Factor V ($M = 15.84$), closely followed by Factor IV ($M = 15.71$) (Table 15).

Regarding the control group, when ranked from highest to lowest, the level of fear rank order for the fear subscales in terms of the girls without visual impairments, was: Factor I ($M = 55.27$), Factor II ($M = 40.73$), Factor III ($M = 25.54$), Factor V ($M = 19.33$), and Factor IV ($M = 18.99$). The boys in the control group showed a slightly different pattern with Factor I ($M = 43.98$) ranked first, followed by Factor II ($M = 31.07$), Factor III ($M = 21.37$), Factor IV ($M = 15.81$), and lastly Factor V ($M = 15.46$).

When looking at gender differences regarding level of fear on the individual factors, the girls in both groups, as expected, reported higher levels of fear across all five factors, with the girls in the primary group reporting: Factor I ($M = 49.91$), Factor II ($M = 39.47$), Factor III ($M = 28.42$), Factor IV ($M = 18.75$), and Factor V ($M = 19.50$). The girls in the control group reported: Factor I ($M = 55.27$), Factor II ($M = 40.73$), Factor III ($M = 25.54$), Factor IV ($M = 18.99$), and Factor V ($M = 19.33$).

In terms of same-gender differences regarding level of fear on the individual factors as reported by the two groups of girls (primary and control), the girls without visual impairments reported a higher level of fear on Factor I ($M = 55.27$), Factor II ($M = 40.73$), and Factor IV ($M = 18.99$). For the remaining two factors, the girls with visual impairments reported a higher level of fear when compared to their same-gender non-disabled counterparts, with Factor III ($M = 28.42$) and Factor V ($M = 19.50$).

Furthermore, relating to same-gender differences reported by the two groups of boys (primary and control) regarding level of fear on the individual factors, the boys with visual impairments reported a higher level of fear on all but one of the factors, these were: Factor I ($M = 46.16$), Factor II ($M = 33.27$), Factor III ($M = 23.54$), and Factor V ($M = 15.84$). For the remaining factor, Factor IV, the boys without visual impairments, reported a higher level of fear ($M = 15.81$) when compared to their same-gendered counterparts with visual impairments.

To determine whether these gender differences in level of fear across the five factors were significant, 2 x 2-factorial ANOVAs (Group: primary and control, and Gender: girls and boys) were calculated for each individual factor. The results of these factorial ANOVAs are summarised in Table 16.

Table 16

Summary of the five Individual Factorial ANOVAs as they relate to the Total Sample (N = 129) and Pattern of Fear on the Factors of the South African Fear Survey Schedule for Children (FSSC-SA)

Dependent Variable	Source and Variable	SS	df	MS	F	p
Factor I	Between Groups					
	Group	81.11	1	81.11	0.86	.356
	Gender	1803.18	1	1803.18	19.05	.000
	Group * Gender	453.36	1	453.36	4.79	.030
	Within Groups	11831.239	125	94.650		
Factor II	Between Groups					
	Group	7.01	1	7.01	0.08	.779
	Gender	2003.35	1	2003.35	22.61	.000
	Group * Gender	95.29	1	95.29	1.08	.302
	Within Groups	11074.16	125	88.59		
Factor III	Between Groups					
	Group	203.44	1	203.44	6.05	.015
	Gender	653.19	1	653.19	19.42	.000
	Group * Gender	3.98	1	3.98	0.12	.731
	Within Groups	4202.72	125	33.62		
Factor IV	Between Groups					
	Group	0.91	1	0.91	0.4	.835
	Gender	307.12	1	307.12	14.91	.000
	Group * Gender	0.15	1	0.15	0.01	.933
	Within Groups	2574.96	125	20.60		
Factor V	Between Groups					
	Group	2.42	1	2.42	0.16	.689
	Gender	451.18	1	451.18	29.91	.000
	Group * Gender	.35	1	0.35	0.02	.880
	Within Groups	1885.32	125	15.08		

There were significant main effects for gender on all five factors, with Factor I, $F(1, 125) = 19.05, p < .01$, Factor II, $F(1, 125) = 22.61, p < .01$, Factor III, $F(1, 125) = 19.42, p < .01$, Factor IV, $F(1, 125) = 14.91, p < .01$, and Factor V, $F(1, 125) = 29.91, p < .01$. Thus, the differences in level of fear as expressed by the boys and girls (regardless of group) across the five factors of the FSSC-SA, were indeed significant (Table 16). Furthermore, there was a significant interaction effect for gender and group on Factor I, with $F(1, 125) = 4.79, p < .05$. This interaction effect is illustrated in Figure 2.

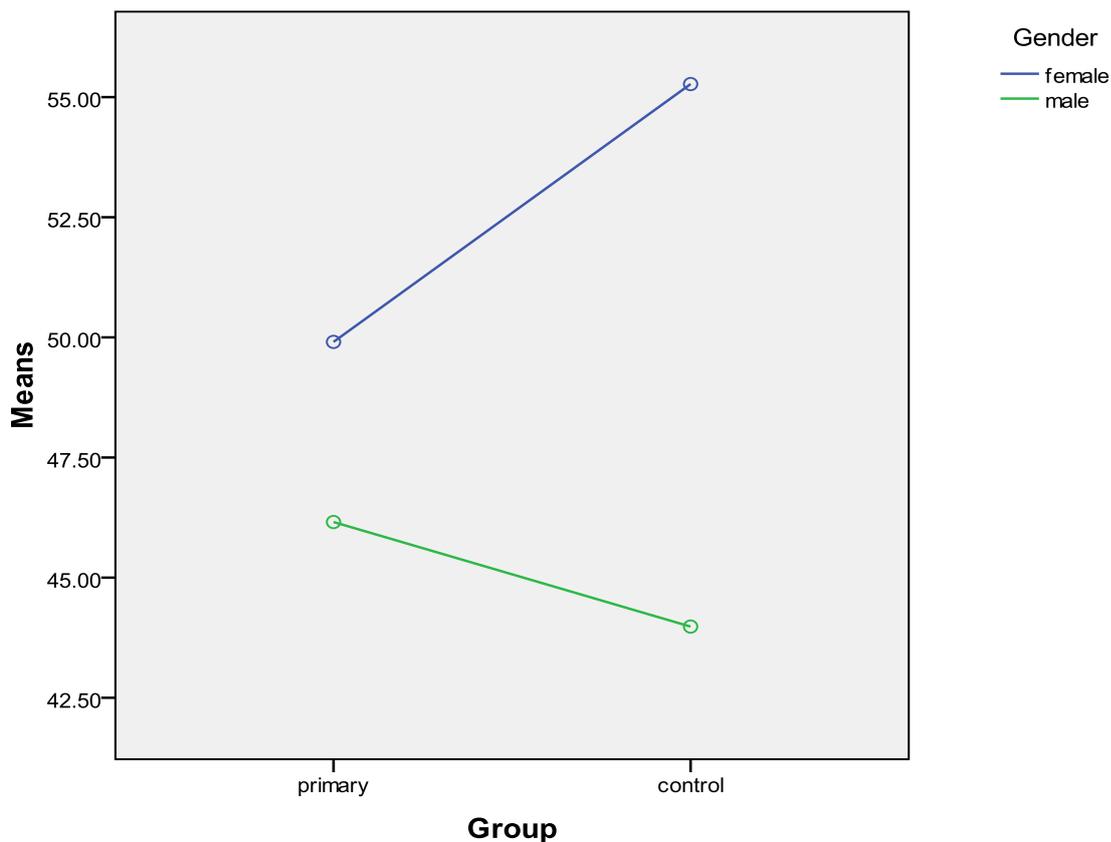


Figure 2. The interaction effect between group and gender for factor I

The difference between the means of boys and girls in the control group was much larger than the difference between boys and girls in the primary group (Figure 2).

For Factor III, there was also a main effect for group, with $F(1, 125) = 6.05, p < .05$. The mean of the primary group ($M = 25.87$) was significantly higher than the mean of the control group ($M = 23.73$), regardless of gender.

6.4 Fear Profile with regards to Age

6.4.1 Age differences relating to content of fear

6.4.1.1 Age differences within the primary group

The 10 most common fears as expressed by the 8-10- and 11-13-year-old children with visual impairments are depicted in Table 17.

Table 17

Fear Rank Order for the 8-10-Year-Old (n = 31) and 11-13-Year-Old (n = 36) Middle-Childhood South African Children with Visual Impairments, based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA)

Children with Visual Impairments: 8 - 10 years old (n = 31)				Children with Visual Impairments: 11 - 13 years old (n = 36)		
Rank	Item	f	%	Item	f	%
1	Fire - getting burned	24	77.4	Not being able to breathe	28	77.8
2	Getting HIV	20	64.5	Being hit by a car or truck	27	75.0
3	Getting a shock from electricity	20	64.5	Getting HIV	24	66.7
4	Snakes	20	64.5	Bombing attacks - being invaded	24	66.7
5	Being hit by a car or truck	19	61.3	Getting lost in a strange place	24	66.7
6	Bombing attacks - being invaded	18	58.1	The possibility of being in an accident	24	66.7
7	Getting lost in a strange place	18	58.1	Lions	24	66.7
8	Mommy and Daddy fighting	18	58.1	Fire - getting burned	23	63.9
9	Germs or getting a serious illness	18	58.1	Getting a shock from electricity	23	63.9
10	Ghosts or spooky things	18	58.1	Death or dead people	22	61.1

Table 17 indicates that overall the younger children with visual impairments (8-10-year-olds) feared "Fire - getting burned" the most, with 77.4% of the sample endorsing this fear.

The tenth ranked item for this group was: “Ghosts or spooky things”. This item was endorsed by 58.1% of the 8-10-year-olds with visual impairments. The 11-13-year-olds with visual impairments feared “Not being able to breathe” the most and 77.8% of the sample endorsed this fear. The 11-13-year-olds tenth ranked fear, “Death or dead people”, was endorsed with 61.1%. Therefore, this indicates that the range of endorsements for these two sub-groups did not differ greatly, although the older groups’ (11-13-year-olds) range of endorsement was slightly smaller.

When comparing the 10 most common fears of the 8-10-year-old and 11-13-year-old children with visual impairments, six matches were apparent. These included: “Fire - getting burned”, “Getting HIV”, “Getting a shock from electricity”, “Being hit by a car or truck”, “Bombing attacks - being invaded”, and “Getting lost in a strange place”. The unmatched items for the younger children (8-10-year-olds), were: “Snakes”, “Mommy and Daddy fighting”, “Germs or a serious illness”, and “Ghosts or spooky things”. While for the older children (11-13-year-olds) the four unmatched items included: “Not being able to breathe”, “The possibility of being in an accident”, “Lions”, and “Death or dead people” (Table 17).

6.4.1.2 Age differences within the control group

The 10 most common fears as expressed by the 8-10- and 11-13-year-old children without visual impairments are depicted in Table 18.

Table 18

Fear Rank Order for the 8-10-Year-Old (n = 32) and 11-13-Year-Old (n = 30) Middle-Childhood South African Children without Visual Impairments based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA)

Children Without Visual Impairments: 8 - 10 Years Old (n = 32)				Children Without Visual Impairments: 11 - 13 Years Old (n = 30)		
Rank	Item	f	%	Item	f	%
1	Being hit by a car or truck	27	84.4	Getting HIV	27	90.0
2	Not being able to breathe	25	78.1	Not being able to breathe	25	83.3
3	Getting HIV	25	75.0	Falling from high places	23	76.7
4	Falling from high places	24	75.0	Sharks	23	76.7
5	Getting a shock from electricity	23	71.9	Getting a shock from electricity	22	73.3
6	Lions	23	71.9	Being hit by a car or truck	21	70.0
7	Getting lost in a strange place	22	68.8	Fire - getting burned	21	70.0
8	Guns	21	65.6	The possibility of being in an accident	21	70.0
9	Fire - getting burned	20	62.5	Shots being fired in the neighbourhood	20	66.7
10	Tigers	20	62.5	A thief breaking into our house	19	63.3

According to Table 18, the most feared item regarding younger children without visual impairments (8-10-year-olds), “Being hit by a car or truck”, was endorsed by 84.4% of the sample, whilst the tenth ranked item for this group, “Tigers” was endorsed by 62.5% of the 8-10 year-olds without visual impairments. The 11-13-year-old children without visual impairments feared “Getting HIV” the most and 90.0% of the sample endorsed this fear, whilst the tenth ranked item, “A thief breaking into our house”, was endorsed by 63.3% of the older children in the control group.

Upon comparison of the 10 most common fears of the younger (8-10-year-old) and older (11-13-year-old) children without visual impairments, six matches were apparent. These were: “Being hit by a car or truck”, “Getting HIV”, “Falling from high places”, “Getting a shock from electricity” and “Fire - getting burned”. The four unmatched items for the 8-10-year-old children without visual impairments, were: “Lions”, “Guns”, “Getting lost in a

strange place”, and “Tigers”. The four unmatched items for the 11-13-year-old children without visual impairments were: “Sharks”, “The possibility of being in an accident”, “Shots being fired in the neighbourhood”, and “A thief breaking into our house”.

A further comparison of the 10 most common fears ranked by the 8-10-year-old children with and without visual impairments rendered the following five matches: “Getting HIV”, “Being hit by a car or truck”, “Fire - getting burned”, “Getting a shock from electricity”, and “Getting lost in a strange place”. The five unmatched items for the 8-10-year-old children without visual impairments, were: “Not being able to breathe”, “Falling from high places”, “Lions”, “Guns”, and “Tigers”. The five unmatched items for the 8-10-year-old children with visual impairments, included: “Snakes”, “Mommy and Daddy fighting”, “Germs or a serious illness”, and “Ghosts or spooky things” (Tables 17 and 18).

When comparing the 10 most common fears of the 11-13-year-old children with and without visual impairments, the following six matches became apparent: “Getting HIV”, “Not being able to breathe”, “Being hit by a car or truck”, “Fire - getting burned”, “Getting a shock from electricity”, and “The possibility of being in an accident”. The unmatched items for the 11-13-year-olds without visual impairments, included: “Falling from high places”, “Sharks”, “Shots being fired in the neighbourhood”, and “A thief breaking into our house”. The unmatched items for the 11-13-year-old children with visual impairments, included: “Bombing attacks - being invaded”, “Lions”, “Death or dead people”, and “Getting lost in a strange place” (Tables 17 and 18).

As previous studies have suggested that the fears of children with disabilities compare more favourably to those of younger children without disabilities concerning same-aged non-disabled peers (Gullone, 1996; King et al, 1989), a comparison was made between the 10 most common fears of the 11-13-year-old children with visual impairments and those of the younger 8-10-year-old children without visual impairments regarding the present study. Upon comparison of these two sub-groups, the following seven matches became apparent: “Being hit by a car or truck”, “Not being able to breathe”, “Getting HIV”, “Getting a shock from electricity”, “Lions”, “Getting lost in a strange place”, and “Fire - getting burned”. Thus, even though only one extra fear was matched, it might seem that the 10 most common fears of the older children with visual impairments compared slightly more favourably with those of their younger sighted counterparts (Tables 17 and 18).

6.4.2 Age differences relating to number of fears

The means and standard deviations regarding number of fears as reported by the younger (8-10-year-old) and older (11-13-year-old) children in the present study are depicted in Table 19.

Table 19

The Means and Standard Deviations for the Number of Fears of the Total Sample (N = 129), Primary (N = 67,) and Control (n = 62) Groups with Reference to Age based on the South African Fear Survey Schedule for Children (FSSC-SA)

Independent Variable	N (%)	Mean	SD
Total Sample			
(Children With and Without Visual Impairments)			
8-10	63 (48.8)	26.52	15.85
11-13	66 (51.2)	25.85	15.54
Primary Group			
(Children With Visual Impairments)			
8-10	31 (46.3)	27.66	17.85
11-13	36 (53.7)	27.53	17.69
Control Group			
(Children Without Visual Impairments)			
8-10	32 (51.6)	25.44	13.85
11-13	30 (48.4)	23.83	12.48

Keeping in line with the literature on childhood fears, Table 19 indicates that the younger children (8-10-year-olds) in the total sample reported a slightly higher number of fears ($M = 26.52$) than did the older children (11-13-year-olds) ($M = 25.85$). The younger and older children with visual impairments reported almost identical numbers of fears, with the 8-10-year-olds reporting a mean of 27.66 and the 11-13-year-olds a mean of 27.53 fears respectively. In terms of the children without visual impairments, the younger children reported a slightly higher number of fears ($M = 25.44$) than did the older children without visual impairments ($M = 23.83$).

When looking at same-age differences relating to number of fears between the two groups (primary and control), the 8-10-year-olds with visual impairments reported a higher number of fears ($M = 27.66$) than did the 8-10-year-olds without visual impairments ($M = 25.44$). In

terms of the older children, the 11-13-year-olds in the primary group reported a higher number of fears ($M = 27.53$) than the 11-13-year-olds in the control group ($M = 23.83$).

The significance of these differences in number of fears with regards to age was explored by means of a 2 x 2-analysis of variance (ANOVA) (Group: primary and control and Age: 8-10-year-olds and 11-13-year-olds). The results of the factorial ANOVA are summarised in Table 20.

Table 20

Summary of the Factorial ANOVA as it relates to the Total Sample ($N = 129$) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)

Source and Variable	SS	df	MS	F	p
Between Groups					
Group	279.53	1	279.53	1.13	.290
Age	23.78	1	23.78	0.10	.757
Group * Age	17.74	1	17.74	0.07	.789
Within Groups	30976.11	125	247.81		

There were no significant main effects for age with $F(1, 125) = 0.10$, $p > .05$, or group, with $F(1, 125) = 1.13$, $p > .05$. There were also no interaction effects between age and group, with $F(1, 125) = 0.07$, $p > .05$. Thus, the differences in number of fears reported by the 8-10-year-old ($M = 26.52$) and 11-13-year-old ($M = 25.85$) children in the present study were not significant (Tables 19 and 20).

6.4.3 Age differences relating to level of fear

The means and standard deviations with regards to level of fear as reported by the younger (8-10-year-old) and older (11-13-year-old) children in the present study, are depicted in Table 21.

Table 21

The Means and Standard Deviations for the Level of Fear of the Total Sample (N = 129), Primary (n = 67,) and Control (n = 62) Groups with Reference to Age based on the South African Fear Survey Schedule for Children (FSSC-SA)

Independent Variable	N (%)	Mean	SD
Total Sample			
(Children With and Without Visual Impairments)			
8-10	63 (48.8)	146.62	31.30
11-13	66 (51.2)	144.51	28.89
Primary Group			
(Children With Visual Impairments)			
8-10	31 (46.3)	142.00	36.71
11-13	36 (53.7)	147.53	31.62
Control Group			
(Children Without Visual Impairments)			
8-10	32 (51.6)	151.09	24.76
11-13	30 (48.4)	140.89	25.28

Once again, keeping in line with the literature on childhood fears, the younger (8-10-year-old) children in the total sample reported a higher level of fear ($M = 146.62$) than did the older children ($M = 144.51$). However, contradictory to what was expected, the level of fear reported by the younger children with visual impairments ($M = 144.02$), was lower than the level reported by the older children with visual impairments ($M = 147.53$). The younger children in the control group reported a higher level of fear ($M = 151.09$) than did the older children ($M = 140.89$). The level of fear reported by the 8-10-year-olds without visual impairments ($M = 151.09$) was also the highest across all groups (Table 21).

When looking at same-age differences between the two groups (primary and control), the younger children (8-10-year-olds) in the control group reported a higher level of fear ($M = 151.09$) than did the younger children in the primary group ($M = 142.00$). In terms of the older children, the 11-13-year-olds with visual impairments displayed a higher level of fear ($M = 147.53$) than did their same-aged sighted counterparts ($M = 140.89$).

The significance of these differences in level of fear regarding age was explored by means of a 2 x 2-analysis of variance (ANOVA) (Group: primary and control, and Age: 8-10- and 11-13-year-olds). The results of the factorial ANOVA are summarised in Table 22.

Table 22

Summary of the Factorial ANOVA as it relates to the Total Sample (N = 129) and Level of Fear on the South African Fear Survey Schedule for Children (FSSC-SA)

Source and Variable	SS	df	MS	F	p
Between Groups					
Group	48.14	1	48.14	0.05	.818
Age	175.95	1	175.95	0.20	.660
Group * Age	1987.58	1	1987.58	2.20	.141
Within Groups	112946.87	125	903.58		

There were no significant main effects for age with $F(1, 125) = 0.20, p > .05$, or group, with $F(1, 125) = 0.05, p > .05$. There were also no interaction effects between age and group, with $F(1, 125) = 2.20, p > .05$. Thus, the differences in level of fear reported by the 8-10- ($M = 146.62$) and 11-13-year-old ($M = 144.51$) children in the present study, were not significant (Tables 21 and 22).

6.4.4 Age differences relating to pattern of fear

The means and standard deviations regarding pattern of fear as reported by the younger (8-10-year -old) and older (11-13-year-old) children in the present study, are depicted in Table 23.

Table 23

The Means and Standard Deviations for the Pattern of Fear of the Primary (n = 67) and Control (n = 62) Groups with Reference to Age based on the South African Fear Survey Schedule for Children (FSSC-SA)

Dependent Variable	Age Group	N (%)	Mean	SD
Primary Group				
(Children With Visual Impairments)				
Factor I	8-10	31 (46.3)	46.71	12.31
	11-13	36 (53.7)	49.01	10.65
Factor II	8-10	31 (46.3)	36.98	11.28
	11-13	36 (53.7)	35.58	10.56
Factor III	8-10	31 (46.3)	25.13	7.10
	11-13	36 (53.7)	26.51	7.55
Factor IV	8-10	31 (46.3)	16.26	4.94
	11-13	36 (53.7)	17.94	5.27
Factor V	8-10	31 (46.3)	17.31	4.79
	11-13	36 (53.7)	17.83	4.55
Control Group				
(Children Without Visual Impairments)				
Factor I	8-10	32 (51.6)	51.02	10.56
	11-13	30 (48.4)	49.65	8.13
Factor II	8-10	32 (51.6)	37.22	9.50
	11-13	30 (48.4)	35.78	9.40
Factor III	8-10	32 (51.6)	23.98	4.58
	11-13	30 (48.4)	23.45	4.81
Factor IV	8-10	32 (51.6)	18.03	4.07
	11-13	30 (48.4)	17.15	4.56
Factor V	8-10	32 (51.6)	17.48	3.94
	11-13	30 (48.4)	17.82	3.89

Table 23 indicates that, when ranked from highest to lowest, the level of fear rank order for the five fear subscales for the 8-10-year-olds in the primary group was: Factor I ($M = 46.71$), Factor II ($M = 36.98$), Factor III ($M = 25.13$), Factor V ($M = 17.31$), and Factor IV ($M = 16.26$). For the 11-13-year-olds in the primary group, the pattern of fear was almost the same with factors ranked from highest to lowest: Factor I ($M = 49.01$), Factor II ($M = 35.58$), Factor III ($M = 26.51$), Factor IV ($M = 17.94$), and lastly Factor V ($M = 17.83$).

When looking at the control group, the 8-10-year-olds displayed the following pattern of fear when the five factors are ranked from highest to lowest: Factor I ($M = 51.02$), Factor II ($M = 37.22$), Factor III ($M = 23.98$), Factor IV ($M = 18.03$), and lastly Factor V ($M = 17.48$). The 11-13-year-olds without visual impairments evinced the following pattern when the five fear sub-scales are ranked from highest to lowest: Factor I ($M = 49.65$), Factor II ($M = 35.78$), Factor III ($M = 23.45$), Factor V ($M = 17.82$), and Factor IV ($M = 17.15$).

In terms of age differences regarding level of fear on the individual factors, contrary to what was expected, the older children (11-13-year-olds) in the primary group, reported a higher level of fear on four factors: Factor I ($M = 49.01$), Factor III ($M = 26.51$), Factor IV ($M = 17.94$), and Factor V ($M = 17.83$). However, on Factor II the younger children with visual impairments reported a higher level of fear with ($M = 36.98$). In the control group, the 8-10-year-olds reported a higher level of fear on Factors I through IV, with Factor I ($M = 51.02$), Factor II ($M = 37.22$), Factor III ($M = 23.98$), and Factor IV ($M = 18.03$). On Factor V the 11-13-year-olds reported a higher level of fear, with Factor V ($M = 17.83$).

Furthermore, when looking at same-age differences regarding level of fear on the individual factors as reported by the 2 younger groups of 8-10-year-olds (primary and control groups), the children without visual impairments reported a higher level of fear on Factor I ($M = 51.02$), Factor II ($M = 37.22$), Factor IV ($M = 18.03$), and Factor V ($M = 17.48$). For the remaining factor, the 8-10-year-olds with visual impairments, reported a higher level of fear when compared to their same-age non-disabled counterparts, with Factor III ($M = 25.13$).

In terms of same-age differences reported by the two groups of 11-13-year-olds (primary and control groups) regarding level of fear on the individual factors, the 11-13-year-olds with visual impairments reported a higher level of fear on the first two factors, with Factor I ($M = 49.65$) and Factor II ($M = 35.78$). For the remaining three factors, the 11-13-year-olds with visual impairments, reported a higher level of fear, namely, Factor III ($M = 26.51$), Factor IV ($M = 17.94$), and Factor V ($M = 17.83$).

To determine whether these age differences in level of fear across the five factors were significant, 2 x 2-factorial ANOVAs (Group: primary and control, and Age: 8-10- and 11-13

–year-olds), were calculated for each individual factor. The results of these factorial ANOVAs are summarised in Table 24.

Table 24

Summary of the Five Individual Factorial ANOVAs as they relate to the Total Sample (N = 129) and Pattern of Fear on the Factors of the South African Fear Survey Schedule for Children (FSSC-SA)

Dependent Variable	Source and Variable	SS	df	MS	F	p
Factor I	Between Groups					
	Group	195.99	1	195.99	1.76	.187
	Age	7.07	1	7.07	0.06	.801
	Group * Age	108.07	1	108.07	0.97	.326
	Within Groups	13891.67	125	111.13		
Factor II	Between Groups					
	Group	1.52	1	1.52	0.02	.904
	Age	64.54	1	64.54	0.62	.434
	Group * Age	0.01	1	0.01	0.00	.992
	Within Groups	13072.30	125	104.58		
Factor III	Between Groups					
	Group	142.13	1	142.13	3.68	.057
	Age	5.80	1	5.80	0.15	.699
	Group * Age	29.56	1	29.56	0.77	.383
	Within Groups	4829.64	125	38.64		
Factor IV	Between Groups					
	Group	7.69	1	7.69	0.34	.561
	Age	5.20	1	5.20	0.23	.632
	Group * Age	52.90	1	52.90	2.34	.128
	Within Groups	2822.87	125	22.58		

Table 24 (continued)

Summary of the Five Individual Factorial ANOVAs as they relate to the Total Sample (N = 129) and Pattern of Fear on the Factors of the South African Fear Survey Schedule for Children (FSSC-SA)

Factor V	Between Groups					
	Group	0.21	1	0.21	0.01	.916
	Age	5.92	1	5.92	0.32	.574
	Group * Age	0.30	1	0.30	0.02	.899
	Within Groups	2330.32	125	18.64		

There were no significant main effects for age or group on any of the five factors, nor were there any interaction effects between age and group. Thus, the differences in level of fear as reported by the 8-10- and 11-13-year-olds on the five factors of the FSSC-SA in the present study were not significant (Table 24).

6.5 Fear Profile with regards to Culture

Culture in the control group was not representative of the multi-cultural South African context. All but one of the participants was white. This participant was coloured (no.62). Due to this uneven distribution of culture, analysis pertaining to cultural differences in fearfulness will only be done with regards to the primary group.

6.5.1 Cultural differences relating to content of fear

Seven participants (10.4%) in the primary group did not indicate to which cultural group they belong.

Table 25 depicts the 10 most common fears as expressed by the white, coloured, and black middle-childhood children with visual impairments.

Table 25

Fear Rank Order for the White (n = 18), Coloured (n = 29,) and Black (n =13) Middle-Childhood South African Children with Visual Impairments based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA)

Rank	White children with visual impairments (n = 18)			Coloured children with visual impairments (n = 29)			Black children with visual impairments (n = 13)		
	Item	f	%	Item	f	%	Item	f	%
1	Being hit by a car or truck	15	83.3	Getting a shock from electricity	22	75.9	Fire-Getting burned	9	69.2
2	Getting HIV	14	77.8	Being hit by a car or truck	21	72.4	Getting lost in a strange place	8	61.5
3	Not being able to breathe	14	77.8	Getting lost in a strange place	20	69.0	Not being able to breathe	8	61.5
4	Fire-Getting Burned	14	77.8	The possibility of being in an accident	20	69.0	Bombing attacks-being invaded	8	61.5
5	Bombing attacks-Being invaded	14	77.8	Getting HIV	19	65.5	Death or dead people	8	61.5
6	Falling from high places	13	72.2	Not being able to breathe	19	65.5	A thief breaking into our house	8	61.5
7	Getting lost in a strange place	12	66.7	Fire-Getting burned	19	65.5	Getting a cut or injury	8	61.5
8	Mommy and Daddy fighting	12	66.7	Falling from high places	19	65.5	Being hit by a car or truck	7	53.8
9	Snake	12	66.7	Germs or getting a serious illness	19	65.5	Getting HIV	7	53.8
10	Gorillas	12	66.7	Death or dead people	18	62.1	Snake	7	53.8

Note: Seven participants (10.4%) did not indicate to which cultural group they belong

As can be seen in Table 25, the white children with visual impairments endorsed specific fears with a higher percentage than the groups of coloured and black children with visual impairments. Their top fear, "Being hit by a car or truck", was endorsed by 83.3 percent of the participants in the subgroup. The range of endorsement for the white children with visual impairments was between 83.3% and 66.1%.

In order to explore cultural similarities relating to the content of fears, a comparison of the 10 most common fears of the three cultural groups was done.

Upon comparison of the 10 most common fears of the three cultural groups, five matches were apparent. The matched items included: "Not being able to breathe", "Getting HIV", "Fire -getting burned", "Getting hit by a car or truck", and "Getting lost in a strange place".

Further comparisons between the individual cultural groups, yielded the following matches: The white and coloured children with visual impairments had six matches. These were: "Getting HIV", "Fire - getting burned", "Not being able to breathe", "Getting lost in a strange place", "Falling from high places", and "Being hit by a car or truck". The white and black children with visual impairments displayed seven matches, which included: "Getting HIV", "Snakes", "Bombing attacks - being invaded", "Fire - getting burned", "Not being able to breathe", "Getting lost in a strange place", and "Being hit by a car or truck". Six matches were also apparent when comparing the fears of the coloured and black children with visual impairments. These included: "Getting HIV", "Fire - getting burned", "Not being able to breathe", "Getting lost in a strange place", "Being hit by a car or truck", and "Death or dead people".

From the above, it is apparent that certain unique fears were displayed by each of the three groups. For the white children with visual impairments, the two unmatched items were: "Mommy and Daddy fighting" and "Gorillas". The three unmatched items for the coloured children with visual impairments were: "Getting a shock from electricity", "The possibility of being in an accident", and "Germs or a serious illness". The black children with visual impairments displayed two unmatched items, namely: "A thief breaking into our house" and "Getting a cut or injury".

With regards to level of endorsement, the white children with visual impairments endorsed their most feared item, "Being hit by a car or truck", with 83.3% and the tenth item, "Gorillas", with 66.7%. For the coloured children with visual impairments, the endorsement on the first item, "Getting a shock from electricity", was 75.9%, and 62.1% for the tenth item, "Death or dead people". Regarding the black children with visual impairments, the endorsement for their most feared item, "Fire - getting burned", was 69.2%, and for the tenth item, "Snakes", the endorsement was 53.8%. The range of endorsement was the longest regarding the white children with visual impairments (83.3 - 66.7%), followed by the black children with visual impairments (69.2 - 53.8%), and lastly the coloured children with visual impairments (75.9 -62.1%).

6.5.2 Cultural differences relating to number of fears

As culture in the control group was not representative of the multi-cultural South African context, results pertaining to number of fears and culture are only presented with regards to the primary group. Comparisons between the primary and control groups with regards to culture and number of fears will not be made.

Table 26 depicts the means and standard deviations with regards to number of fears as reported by the white, coloured, and black South African children with visual impairments in the primary group. Seven (10.4%) of the participants in the primary group did not indicate to which cultural group they belong.

Table 26

The Means and Standard Deviations for the Number of Fears of the Primary Group (n = 67) regarding Culture based on the South African Fear Survey Schedule for Children (FSSC-SA)

Culture	N (%)	Mean	SD
White	18 (26.9)	30.06	18.43
Coloured	29 (43.3)	29.93	19.04
Black	13 (19.4)	20.62	13.93

Note: Seven participants (10.4%) did not indicate to which cultural group they belonged

When looking at cultural differences in number of fears reported by the children in the primary group, the highest number of fears was reported by the white children with visual impairments ($M = 30.06$), followed by the coloured children with visual impairments ($M = 29.93$), and lastly the black children with visual impairments who reported the lowest number of fears ($M = 20.62$) (Table 26).

To determine whether these differences in reported number of fears across the different cultures in the primary group were significant, a one-way ANOVA was calculated, the results of which are summarised in Table 27.

Table 27

Summary of the One-Way Factorial ANOVA as it relates to the Primary Group (n = 67) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)

Source	SS	df	MS	F	p
Between Groups	892.967	2	446.483	1.39	.256
Within Groups	18253.883	57	320.244		

The main effect for culture was not found to be significant, with $F(2, 57) = 1.39, p > .05$. Thus, the differences in number of fears reported by the white ($M = 30.06$), coloured ($M = 29.93$), and black ($M = 20.62$) children with visual impairments in the primary group were not significant (Tables 26 and 27).

6.5.3 Cultural differences relating to level of fear

Once again, as culture in the control group was not representative of the multi-cultural South African context, results pertaining to level of fear and culture, are only presented with regards to the primary group. Comparisons between the primary and control groups with regards to culture and level of fear, was not made.

Table 28 depicts the means and standard deviations with regards to level of fear as reported by the white, coloured, and black South African children with visual impairments in the primary group. Seven of the participants in the primary group did not indicate to which cultural group they belong.

Table 28

The Means and Standard Deviations for the Level of Fear of the Primary Group (n = 67) regarding Culture based on the South African Fear Survey Schedule for Children (FSSC-SA)

Culture	N (%)	Mean	SD
White	18 (26.9)	148.28	35.62
Coloured	29 (43.3)	151.90	34.34
Black	13 (19.4)	124.23	31.50

Note: Seven participants (10.4%) did not indicate to which cultural group they belong

With regards to culture and the primary group, the level of fear experienced was the highest for the coloured South African children with visual impairments ($M = 151.90$),

followed by the white South African children with visual impairments ($M = 148.28$) and the black South African children with visual impairments, who reported the lowest level of fear ($M = 124.23$) (Table 28).

To determine whether these differences in reported level of fear across the different cultures in the primary group were significant, a one-way ANOVA was calculated, the results of which are summarised in Table 29.

Table 29

Summary of the One-Way Factorial ANOVA as it relates to the Primary Group ($n = 67$) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)

Source	SS	df	MS	F	p
Between Groups	7178.38	2	3589.19	3.08	.054
Within Groups	66498.83	57	1166.65		

There was no significant main effect for culture, with $F(2, 57) = 3.08$, $p > .05$. Thus, the differences in level of fear reported by the white ($M = 148.28$), coloured ($M = 151.90$), and black ($M = 124.23$) children with visual impairments in the primary group, were not significant (Tables 28 and 29).

6.5.4 Cultural differences relating to pattern of fear

Once again, as previously mentioned, culture in the control group was not representative of the multi-cultural South African context. Therefore, results pertaining to pattern of fear and culture are only presented with regards to the primary group. Comparisons between the primary and control groups with regards to culture and pattern of fear were not made.

Table 30 depicts the means and standard deviations as expressed on each of the five factors of the FSSC-SA as reported by the white, coloured, and black South African children with visual impairments in the primary group. Seven of the participants in the primary group did not indicate to which cultural group they belong.

Table 30

The Means and Standard Deviations for the Pattern of Fear of the Primary Group (n = 67) regarding Culture Based on the South African Fear Survey Schedule for Children (FSSC-SA)

Dependent Variable	Culture	N (%)	Mean	SD
Factor I	White	18 (26.9)	49.11	12.19
	Coloured	29 (43.3)	50.19	10.87
	Black	13 (19.4)	42.23	12.08
Factor II	White	18 (26.9)	36.39	11.01
	Coloured	29 (43.3)	38.91	11.22
	Black	13 (19.4)	29.23	8.55
Factor III	White	18 (26.9)	26.89	6.53
	Coloured	29 (43.3)	27.05	8.06
	Black	13 (19.4)	23.00	7.53
Factor IV	White	18 (26.9)	18.67	5.37
	Coloured	29 (43.3)	17.24	4.95
	Black	13 (19.4)	14.85	5.41
Factor V	White	18 (26.9)	17.89	4.59
	Coloured	29 (43.3)	18.22	5.26
	Black	13 (19.4)	16.15	3.67

Note: Seven (10.4%) participants did not indicate to which cultural group they belong

In Table 30, the level of fear rank order for the five fear subscales when ranked from highest to lowest for the white children in the primary group, was: Factor I ($M = 49.11$), Factor II ($M = 36.39$), Factor III ($M = 26.89$), Factor IV ($M = 18.67$), and lastly Factor V ($M = 17.89$). For the coloured children with visual impairments, when ranked from highest to lowest, the level of fear rank order for the five fear subscales was: Factor I ($M = 50.19$), Factor II ($M = 38.91$), Factor III ($M = 27.05$), Factor V ($M = 18.22$) and Factor IV ($M = 17.24$). The black children in the primary group, showed the same pattern of fear as the coloured children, with Factor I ($M = 42.23$), Factor II ($M = 29.23$), Factor III ($M = 23.00$), Factor V ($M = 16.15$), and lastly Factor IV ($M = 14.85$) (Table 30).

When looking at different levels of fear reported by the three cultural groups on the individual factors, the coloured children with visual impairments displayed the highest level of fear on all but one factor, with: Factor I ($M = 50.19$), Factor II ($M = 38.91$), Factor III ($M = 27.05$), and Factor V ($M = 18.22$). For the remaining factor, Factor IV, the white children with visual impairments reported the highest level of fear ($M = 18.67$).

To determine whether these differences in reported level of fear between the three cultural groups across the five factors were significant, a one-way ANOVA was calculated, the results of which are summarised in Table 31.

Table 31

Summary of the One-Way Factorial ANOVA as it relates to the Primary Group (n = 67) and the Five Factors on the South African Fear Survey Schedule for Children (FSSC-SA)

Dependent Variable	Source	SS	df	MS	F	p
Factor I	Between Groups	592.75	2	296.38	2.23	.117
	Within Groups	7589.29	57	133.15		
	Total	8182.05	59			
Factor II	Between Groups	844.43	2	422.21	3.72	.030
	Within Groups	6465.12	57	113.42		
	Total	7309.55	59			
Factor III	Between Groups	162.36	2	81.18	1.44	.246
	Within Groups	3222.95	57	56.54		
	Total	3385.31	59			
Factor IV	Between Groups	110.65	2	55.32	2.07	.136
	Within Groups	1527.00	57	26.79		
	Total	1637.65	59			
Factor V	Between Groups	39.65	2	19.83	0.87	.423
	Within Groups	1295.26	57	22.72		
	Total	1334.91	59			

A significant main effect was noted for Factor II, with $F(2, 57) = 3.72$, $p < .05$. Thus, the differences in levels of fear expressed by the white ($M = 36.39$), coloured ($M = 38.91$), and black ($M = 29.23$) children with visual impairments on this factor, are indeed significant. However, no main effects were present on any of the remaining four factors, with Factor I,

$F(2, 57) = 2.23, p > .05$, Factor III, $F(2, 57) = 1.44, p > .05$, Factor IV $F(2, 57) = 2.07, p > .05$, and Factor V, $F(2, 57) = 0.87, p > .05$ (Tables 30 and 31).

Further Bonferroni Confidence Intervals were calculated in order to determine exactly where the differences between the three cultural groups on Factor II lay. The results are presented in Table 32.

Table 32

Pair-Wise Comparison of the Pattern of Fear for the Cultural Groups

Dependent Variable	(I) Culture	(J) Culture	Mean Difference (I-J)	Std. Error	p	95% Confidence Interval	
						Lower Bound	Upper Bound
Factor I	White	Coloured	-1.08	3.46	1.000	-9.62	7.46
		Black	6.88	4.20	.321	-3.48	17.24
	Coloured	White	1.08	3.46	1.000	-7.46	9.62
		Black	7.96	3.85	.130	-1.54	17.46
	Black	White	-6.88	4.20	.321	-17.24	3.48
		Coloured	-7.96	3.85	.130	-17.46	1.54
Factor II	White	Coloured	-2.52	3.20	1.000	-10.41	5.36
		Black	7.16	3.88	.210	-2.40	16.72
	Coloured	White	2.53	3.20	1.000	-5.4	10.41
		Black	9.68	3.55	.026	.91	18.45
	Black	White	-7.16	3.88	.210	-16.72	2.40
		Coloured	-9.68	3.55	.026	-18.45	-.91
Factor III	White	Coloured	-0.16	2.26	1.000	-5.73	5.40
		Black	3.89	2.74	.482	-2.86	10.64
	Coloured	White	0.16	2.26	1.000	-5.40	5.73
		Black	4.05	2.51	.336	-2.14	10.24
	Black	White	-3.89	2.74	.482	-10.64	2.86
		Coloured	-4.05	2.51	.336	-10.24	2.14
Factor IV	White	Coloured	-0.34	1.43	1.000	-3.86	3.19
		Black	1.74	1.74	.965	-2.55	6.02
	Coloured	White	0.34	1.43	1.000	-3.19	3.86
		Black	2.07	1.59	.595	-1.85	6.00
	Black	White	-1.74	1.74	.965	-6.02	2.55
		Coloured	-2.07	1.59	.595	-6.00	1.85

Table 32 (Continued)

Pair-Wise Comparison of the Pattern of Fear for the Cultural Groups

Dependent Variable	(I) Culture	(J) Culture	Mean Difference (I-J)	Std. Error	p	95% Confidence Interval	
						Lower Bound	Upper Bound
Factor V	White	Coloured	-0.34	1.43	1.000	-3.86	3.19
		Black	1.74	1.74	.965	-2.55	6.02
	Coloured	White	0.34	1.43	1.000	-3.19	3.86
		Black	2.07	1.59	.595	-1.85	6.00
	Black	White	-1.74	1.74	.965	-6.01	2.55
		Coloured	-2.07	1.59	.595	-6.00	1.85

Note: * The mean difference is significant at the 0.05-level

A significant difference was apparent between the coloured ($M = 38.91$) and black ($M = 29.23$) South African children with visual impairments on Factor II (Table 32).

6.6 Fear Profile with regards to Level of Vision

In the present study the World Health Organisation's (2000) definitions of visual impairment were employed. Three levels of visual impairment, namely, totally blind, severely visually impaired, and partially sighted, could be distinguished amongst the participants in the primary group. In terms of total blindness, the child has no visual acuity and nine of the participants in the primary group fell into this category. Children with severe visual impairment have a degree of light perception and movement detection, but they are not able to function optimally without assistance and cannot read printed material. Eleven of the participants in the primary group fell into this category. Then the last level, namely partial sight, is the category that is most difficult to define. It is difficult to determine exactly what a partially sighted child is able to see. The degree of sight may fluctuate and differ depending on the environment in which the child finds him- or herself. Some of the influencing environmental factors include inappropriate lighting, glare, and fatigue (Keller, 2005; WHO, 2000). In the present study 47 of the participants in the primary group were partially sighted.

6.6.1 Visual differences relating to content of fear

Table 33 depicts the 10 most common fears as expressed by the children with total sight loss, severe visual impairment, and partial sight in the primary group.

Table 33

Fear Rank Order for the Middle-Childhood South African Children with Visual Impairments who are Totally Blind (n = 9), Severely Visually Impaired (n = 11), and Partially Sighted (n = 47), based on the Results of the South African Fear Survey Schedule for Children (FSSC-SA)

Rank	Children with Total Sight Loss (n = 9)			Children with Severe Visual Impairment (n = 11)			Children with Partial Sight (n = 47)		
	Item	f	%	Item	f	%	Item	f	%
1	Guns	9	100.0	Fire-getting burned	11	100.0	Getting HIV	31	66.0
2	Fire -getting burned	9	100.0	Being hit by a car or truck	11	100.0	Death or dead people	30	63.8
3	Getting lost in a strange place	8	88.9	Bombing attacks-Being invaded	11	100.0	Not being able to breathe	28	59.4
4	A thief breaking into our house	8	88.9	Mommy and Daddy fighting	11	100.0	Getting a shock from electricity	28	59.6
5	Being hit by a car or truck	8	88.9	Not being able to breathe	10	90.9	Fire -getting burned	27	57.4
6	Getting in a fight	7	77.8	Falling from high places	10	90.9	Being hit by a car or truck	27	57.4
7	Not being able to breathe	7	77.8	Lions	10	90.9	The possibility of being in an accident	27	57.4
8	Bombing attacks -being invaded	6	66.7	Guns	9	81.8	Bombing attacks -being invaded	25	53.2
9	High places like mountains	6	66.7	Getting lost in a strange place	9	81.8	Getting lost in a strange place	25	53.2
10	Cemeteries	6	66.7	Snakes	9	81.8	Sharks	25	53.2

Table 33 indicates that the children with total sight loss as well as the children with severe visual impairment, endorsed their most feared item with 100%. The totally blind children feared “Guns” the most, whilst the most feared item of the children with severe visual impairment, was “Fire - getting burned”. The children with partial sight, feared “Getting

HIV" the most, and 66.0% of them endorsed this item. Endorsements for the children with partial sight were much lower than for the totally blind and severely visually impaired children. As mentioned, both these groups endorsed their most feared item with 100%. Once again comparisons of the 10 most common fears of these three sub-groups were done to gain a better qualitative understanding of the fears expressed by children with visual impairments.

Upon comparison of these three visual groups, five matches were apparent. The matched items included: "Fire - getting burned", "Getting lost in a strange place", "Getting hit by a car or truck", "Not being able to breathe", and "Bombing attacks - being invaded".

Further comparisons between the individual visual sub-groups rendered only one further match. This was between the children with total sight loss and severe visual impairment, who shared a fear of "Guns". The unmatched items for the children with total sight loss, included the following four items: "A thief breaking into our house", "Being in a fight", "High places like mountains", and "Cemeteries". The four unmatched items for the children with severe visual impairment included: "Mommy and Daddy fighting", "Falling from high places", "Lions", and "Snakes". The partially sighted children displayed five unique fears that included: "Getting HIV", "Death or dead people", "Getting a shock from electricity", "The possibility of being in an accident", and "Sharks".

To gain a better understanding of how the fears of children with visual impairments compare to those of their sighted counterparts, a further comparison of the 10 most common fears reported by children with total sight loss, children with severe visual impairment, and children with partial sight (Table 33) was done with those reported by the children without visual impairments in the control group (Table 2). Upon comparison of these four groups, only four matches were apparent. The children in the control group did not report a fear of "Bombing attacks - being invaded" as was evident in the three visually impaired groups. Upon comparison of the children without visual impairments (Table 2) and the children with total sight loss (Table 33) no further matches were apparent. Whilst comparison of the children with severe visual impairment (Table 33) and the control group (Table 2) yielded one further match "Falling from high places". Comparison between the children with partial sight (Table 33) and the control group (Table 2) showed a further four matches including: "Getting HIV", "Getting a shock from electricity", "The possibility of

being in accident”, and “Sharks”. This means that these two groups (children with partial sight and children without visual impairments) shared eight of their 10 most common fears. The two unmatched items for the children with partial sight were: “Death or dead people” and “Bombing attacks - being invaded”. Regarding the control group they were: “Falling from high places” and “Shots being fired in the neighbourhood”.

6.6.2 Visual differences relating to number of fears

Table 34 depicts the means and standard deviations with regards to number of fears as reported by the children with total sight loss, severe visual impairment, and partial sight in the primary group.

Table 34

The Means and Standard Deviations for the Number of Fears of the Primary Group (n = 67) with regards to Level of Vision based on the South African Fear Survey Schedule for Children (FSSC-SA)

Level of Vision	N (%)	Mean	SD
Totally Blind	9 (13.4)	35.00	15.77
Severely Impaired	11 (16.4)	42.09	17.84
Partially Sighted	47(70.1)	22.77	15.77

When looking at number of fears in terms of the respective levels of vision within the primary group, the highest number of fears was reported by the children with severe visual impairment ($M = 42.09$), followed by the children with total sight loss ($M = 35.00$), and then the partially sighted children who reported the lowest number of fears ($M = 22.77$) (Table 34).

To determine whether these differences in reported number of fears across the different levels of vision in the primary group were significant, a one-way ANOVA was calculated, the results of which are summarised in Table 35.

Table 35

Summary of the One-Way Factorial ANOVA as it relates to the Primary Group (n = 67) and Number of Fears on the South African Fear Survey Schedule for Children (FSSC-SA)

Source	SS	df	MS	F	p
Between Groups	3 900.96	2	1950.48	7.51	.001
Within Groups	16 615.34	64	259.62		

There was a significant main effect for level of vision, with $F(2, 64) = 7.51$ $p < .01$, thus showing that the differences in number of fears reported by the totally blind ($M = 35.00$), severely visually impaired ($M = 42.09$), and partially sighted ($M = 22.77$) children in the primary group are indeed significant (Tables 34 and 35).

In order to determine where the differences between the three visual groups lay, Bonferroni Confidence Intervals, controlling for family-wise error rate, were computed. The results are presented in Table 36.

Table 36

Pair-Wise Comparison of the Number of Fears for the Visual Groups

(I) Vision	(J) Vision	Mean Difference (I- J)	p	95% Confidence Interval	
				Lower Bound	Upper Bound
Totally Blind	Severely Impaired	-7.09	.994	-24.90	10.71
	Partially Sighted	12.23	.123	-2.18	26.65
Severely Impaired	Totally Blind	7.09	.994	-10.71	24.90
	Partially Sighted	19.33 [*]	.002	6.06	32.59
Partially Sighted	Totally Blind	-12.23	.123	-26.65	2.18
	Severely Impaired	-19.33 [*]	.002	-32.59	-6.06

The Bonferroni Confidence Intervals indicate that the number of fears reported by the children with severe visual impairment ($M = 42.09$) were significantly higher than the number of fears reported by the children with partial sight loss ($M = 22.77$) (Table 36).

6.6.3 Visual differences relating to level of fear

Table 37 depicts the means and standard deviations regarding level of fear as reported by the children with total sight loss, severe visual impairment, and partial sight in the primary group.

Table 37

The Means and Standard Deviations for the Level of Fear of the Primary Group (n = 67) with Regards to Level of Vision based on the South African Fear Survey Schedule for Children (FSSC-SA)

Level of Vision	N (%)	Mean	SD
Totally Blind	9 (13.4)	160.67	31.13
Severely Visually Impaired	11 (16.4)	171.63	28.60
Partially Sighted	47 (70.1)	135.72	31.607

With regards to the primary group and level of vision, the level of fear experienced was the highest for the children with severe visual impairment ($M = 171.63$), followed by the children with total sight loss ($M = 160.67$), and then the children with partial sight who evinced the lowest level of fear ($M = 135.72$) (Table 37).

To determine whether these differences in reported level of fear across the three levels of vision in the primary group were significant, a one-way ANOVA was calculated, the results of which are summarised in Table 38.

Table 38

Summary of the One-Way Factorial ANOVA as it relates to the Primary Group (n = 67) and Level of Fear on the South African Fear Survey Schedule for Children (FSSC-SA)

Source	SS	df	MS	F	p
Between Groups	14 057.99	2	7028.99	7.27	.001
Within Groups	61 860.39	64	966.57		

There was a significant main effect for level of vision, with $F(2, 64) = 7.27$, $p < .01$. This shows that the differences in level of fear reported by the totally blind ($M = 160.67$), severely visually impaired ($M = 171.63$), and partially sighted ($M = 135.72$) children in the primary group, are indeed significant (Tables 37 & 38).

In order to determine where the differences between the three visual groups lay, Bonferroni Confidence Intervals, controlling for family-wise error rate, were computed. The results are presented in Table 39.

Table 39

Pair-wise Comparison of the Level of Fear for the Visual Groups

(I) Vision	(J) Vision	Mean Difference (I- J)	p	95% Confidence Interval	
				Lower Bound	Upper Bound
Totally Blind	Severely Impaired	-10.97	1.000	-45.3247	23.3853
	Partially Sighted	24.94	.093	-2.8677	52.7542
Severely Impaired	Totally Blind	10.97	1.000	-23.3853	45.3247
	Partially Sighted	35.91	.003	10.3117	61.5142
Partially Sighted	Totally Blind	-24.94	.093	-52.7542	2.8677
	Severely Impaired	-35.91	.003	-61.5142	-10.3117

The Bonferroni Confidence Intervals indicate that the level of fear reported by the children with severe visual impairment ($M = 171.63$), was significantly higher than the level of fear reported by the children with partial sight loss ($M = 135.72$) (Table 39).

6.6.4 Visual differences relating to pattern of fear

Table 40 depicts the means and standard deviations with regards to pattern of fear as reported by the children with total sight loss, severe visual impairment and partial sight in the primary group.

Table 40

The Means and Standard Deviations for the Pattern of Fear of the Primary Group (n = 67) regarding Level of Vision based on the South African Fear Survey Schedule for Children (FSSC-SA)

Dependent Variable	Level of Vision	N (%)	Mean	SD
Factor I	Totally Blind	9 (13.4)	51.33	8.46
	Severely Impaired	11 (16.4)	56.18	9.30
	Partially Sighted	47 (70.1)	45.37	11.43
Factor II	Totally Blind	9 (13.4)	42.00	11.72
	Severely Impaired	11 (16.4)	44.27	8.79
	Partially Sighted	47 (70.1)	33.24	9.83
Factor III	Totally Blind	9 (13.4)	29.11	7.56
	Severely Impaired	11 (16.4)	30.91	6.69
	Partially Sighted	47 (70.1)	24.07	6.78
Factor IV	Totally Blind	9 (13.4)	17.89	4.91
	Severely Impaired	11 (16.4)	21.09	4.04
	Partially sighted	47 (70.1)	16.11	5.04
Factor V	Totally Blind	9 (13.4)	18.78	3.53
	Severely Impaired	11 (16.4)	20.27	4.67
	Partially Sighted	47 (70.1)	16.73	4.60

When ranked from highest to lowest, the level of fear rank order for the five fear subscales regarding the children with total sight loss in the primary group, was: Factor I ($M = 51.33$), Factor II ($M = 42.00$), Factor III ($M = 29.11$), Factor V ($M = 18.78$), and Factor IV ($M = 17.89$). In terms of the children with severe visual impairment, Factor I ($M = 56.18$) was ranked first, followed by Factor II ($M = 44.27$), Factor III ($M = 30.91$), Factor IV ($M = 21.09$), and lastly Factor V ($M = 20.27$). The children with partial sight loss, displayed the same pattern as the totally blind children, with Factor I ($M = 45.37$) ranked first, followed by Factor II ($M = 33.24$), Factor III ($M = 24.07$), Factor V ($M = 16.73$), and lastly Factor IV ($M = 16.11$).

When looking at different levels of fear reported by the three visual groups on the five individual factors, the children with severe visual impairment reported the highest level of fear across all five factors: Factor I ($M = 56.18$), Factor II ($M = 44.27$), Factor III ($M = 30.91$), Factor IV ($M = 21.09$), and Factor V ($M = 20.27$) (Table 40).

To determine whether these differences in reported level of fear between the three visual sub-groups across the five factors were significant, a one-way ANOVA was calculated, the results of which are summarised in Table 41.

Table 41

Summary of the One-Way Factorial ANOVA as it relates to the Primary Group (n = 67) and the Five Factors on the South African Fear Survey Schedule for Children (FSSC-SA)

Dependent Variable	Source	SS	df	MS	F	p
Factor I	Between Groups	1160.70	2	580.35	4.99	.010
	Within Groups	7446.37	64	116.35		
	Total	8607.07	66			
Factor II	Between Groups	1430.05	2	715.02	7.24	.001
	Within Groups	6318.12	64	98.72		
	Total	7748.16	66			
Factor III	Between Groups	525.38	2	262.69	5.58	.006
	Within Groups	3015.79	64	47.12		
	Total	3541.17	66			
Factor IV	Between Groups	226.93	2	113.46	4.76	.012
	Within Groups	1526.27	64	23.85		
	Total	1753.19	66			
Factor V	Between Groups	126.30	2	63.15	3.13	.051
	Within Groups	1291.66	64	20.18		
	Total	1417.96	66			

Significant main effects were apparent for Factors I through to IV, these are as follows: Factor I, $F(2, 64) = 4.99$, $p < .05$, Factor II, $F(2, 64) = 7.24$, $p < .05$, Factor III $F(2, 64) = 5.58$, $p < .05$, and Factor IV $F(2, 64) = 4.76$, $p < .05$. There was no main effect for Factor V, with $F(2, 64) = 3.13$, $p > .05$. Thus the differences in level of fear as expressed by the children with total sight loss, severe visual impairment, and partial sight loss across the first four factors of the FSSC-SA, were indeed significant (Tables 40 & 41).

In order to determine exactly where the differences between the three visual groups lay, Bonferroni Confidence Intervals were computed. The results are presented in Table 42.

Table 42

Pair-Wise Comparison of the Pattern of Fear regarding the Visual Sub-Groups.

Dependent Variable	(I) Vision	(J) Vision	Mean Difference (I-J)	Std. Error	p	95% Confidence Interval	
						Lower Bound	Upper Bound
Factor I	Totally Blind	Severely Impaired	-4.85	4.85	.963	-16.77	7.07
		Partially Sighted	5.96	3.92	.401	-3.69	15.61
	Severely Impaired	Totally Blind	4.85	4.85	.963	-7.07	16.77
		Partially Sighted	10.81 [*]	3.61	.012	1.93	19.69
	Partially Sighted	Totally Blind	-5.96	3.92	.401	-15.61	3.69
		Severely Impaired	-10.81 [*]	3.61	.012	-19.69	-1.93
Factor II	Totally Blind	Severely Impaired	-2.27	4.47	1.000	-13.25	8.71
		Partially Sighted	8.76	3.62	.055	-.13	17.64
	Severely Impaired	Totally Blind	2.27	4.47	1.000	-8.71	13.25
		Partially Sighted	11.03 [*]	3.33	.005	2.85	19.21
	Partially Sighted	Totally Blind	-8.76	3.62	.055	-17.64	0.13
		Severely Impaired	-11.03 [*]	3.33	.005	-19.21	-2.85
Factor III	Totally Blind	Severely Impaired	-1.80	3.09	1.000	-9.38	5.79
		Partially Sighted	5.04	2.50	.144	-1.10	11.18
	Severely Impaired	Totally Blind	1.80	3.09	1.000	-5.79	9.38
		Partially Sighted	6.83 [*]	2.30	.012	1.18	12.49
	Partially Sighted	Totally Blind	-5.04	2.50	.144	-11.18	1.10
		Severely Impaired	-6.83 [*]	2.30	.012	-12.49	-1.18
Factor IV	Totally Blind	Severely Impaired	-3.20	2.19	.449	-8.60	2.19
		Partially Sighted	1.78	1.78	.959	-2.59	6.15
	Severely Impaired	Totally Blind	3.20	2.19	.449	-2.19	8.60
		Partially Sighted	4.98 [*]	1.64	.010	.96	9.01
	Partially Sighted	Totally Blind	-1.78	1.78	.959	6.16	2.59
		Severely Impaired	-4.98 [*]	1.64	.010	-9.01	-0.96

Table 42 (Continued)

Pair-Wise Comparison of the Pattern of Fear regarding the Visual Sub-Groups.

Dependent Variable	(I) Vision	(J) Vision	Mean Difference (I-J)	Std. Error	p	95% Confidence Interval	
						Lower Bound	Upper Bound
Factor V	Totally Blind	Severely Impaired	-1.50	2.02	1.000	-6.46	3.47
		Partially Sighted	2.04	1.64	.647	-1.98	6.06
	Severely Impaired	Totally Blind	1.50	2.02	1.000	-3.47	6.46
		Partially Sighted	3.54	1.50	.065	-.16	7.24
	Partially Sighted	Totally Blind	-2.04	1.64	.647	-6.06	1.98
		Severely Impaired	-3.54	1.50	.065	-7.24	0.16

Note: * The mean difference is significant at the 0.05-level

Significant differences were apparent between the children with severe visual impairment and partial sight loss on Factors I through to IV. No significant differences were found on Factor V (Table 42).

6.7 Item Discrimination on the FSSC-SA

In order to explore qualitative differences between children with visual impairments and their sighted counterparts relating to individual items on the FSSC-SA, their responses on the 74 individual items were contrasted in Table 43.

Table 43

Means for those Items that discriminated between Children with Visual Impairments (Primary Group, n = 67), and those without (Control Group, n = 62) on the South African Fear Schedule for Children (FSSC-SA)

Item no.	Item	Primary Group Mean	Control Group Mean	p
1	Lizards *	1.63	1.19	.000
16	A thief breaking into our house **	2.09	2.48	.007
18	Bats or birds *	1.58	1.31	.024
27	Playing rough games during break *	2.01	1.73	.045
30	Ants or beetles *	1.64	1.15	.000
38	Falling from high places **	2.28	2.66	.010
43	Being punished by my father **	1.81	2.10	.047
53	Not being able to breathe **	2.48	2.76	.027
55	Worms or snails *	1.66	1.16	.000
56	Rats or mice *	1.85	1.42	.002
61	Getting HIV **	2.41	2.69	.045
66	Chameleons *	1.54	1.16	.001
69	Shots being fired in the neighbourhood **	2.22	2.50	.049

Note: * rating higher in children with visual impairments

** rating higher in children without visual impairments

As can be seen in Table 43, a total of 13 of the 74 items successfully discriminated between the two groups. For 7 of the 13 items, fear was greater for the children with visual impairments, while regarding the remaining six items, fear was higher for the children without visual impairments. Of greater importance is the fact that six of the seven items on which fear was higher regarding children with visual impairments, loaded onto Factor III (worries) of the FSSC-SA. The one remaining item loaded onto Factor II (fear of the unknown). On the other hand, five of the items that the children without visual impairments endorsed on a greater level, loaded onto Factor I (fear of danger and death), and the remaining item on Factor II (fear of the unknown). There are clearly qualitative differences in the responses.

6.8 Reliability Analysis of the FSSC-SA

As the present study was the first to employ the FSSC-SA since its adaptation by Burkhardt in 2007, the internal consistency of the scale was evaluated using Cronbach's formula. The internal consistency of the total scale (across all 74 items) was excellent, with Cronbach's alpha = .97. The internal consistency of the subscales was also very good, showing the following values for Cronbach's alpha: Factor 1 = .92; Factor II = .92; Factor III = .84; Factor IV = .86, and Factor V = .76. The coefficient across the 74 items was identical to the internal consistency coefficient found by Burkhardt in her 2007 study. Furthermore, the present study's internal consistency coefficient was almost identical to coefficients observed with the FSSC-R (Ollendick, 1983; Ollendick et al., 1991).

6.9 Chapter Summary

This chapter started with a short summary of the demographics of the participants and presented these demographics graphically in Figure 1. Thereafter, the content, number, level, and pattern of fear on the FSSC-SA, was presented in terms of the four independent variables of gender, age, culture, and vision. Thus, the four dependent variables (content, number, level, and pattern of fear) were presented in terms of the effects of the four independent variables. A short description of items that discriminated between the two groups (primary and control), was given in section 6.7 and the chapter concluded with a reliability analysis of the FSSC-SA. The results as presented in this chapter will further be discussed in chapter 7.

CHAPTER 7

DISCUSSION

In this chapter the results of the study will be further discussed. The discussion will broadly look at content, number, level, and pattern of fear. These four components of fear are discussed in terms of the four independent variables, namely: gender, age, culture, and vision. Therefore, each independent variable is discussed in terms of its effects on the dependent variables. The order of discussion of the dependent variables in each section will be as follows: content (10 most common fears), number, level (intensity of fears), and pattern of fear (sum of fear contained on each of the five factors of the FSSC-SA).

Throughout this chapter, frequent reference to fear profiles of children in a study undertaken by Burkhardt (2007) is made. This study provides normative fear data for middle-childhood children from the Western Cape province of South Africa, where the FSSC-SA was administered for the first time approximately four years prior to the present study. Comparisons to this study are deemed very appropriate, as the participants in both studies were from the same geographical area and were assessed using the same instrument. Table 44 presents the 10 most common fears as reported by the 646 middle-childhood children who took part in Burkhardt's study.

Table 44

FSSC-SA based Fear Rank Orders for all the South African Children (N = 646) in a Study by Burkhardt (2007)

Rank	Item	f	%
1	Getting HIV	507	78.5
2	Not being able to breathe	451	69.8
3	Sharks	443	68.6
4	Being hit by a car or truck	442	68.4
5	Lions	436	67.5
6	Falling from high places	424	65.6
7	Bombing attacks - being invaded	423	65.5
8	Bears or wolves	405	62.7
9	Getting a shock from electricity	405	62.7
10	Tigers	401	62.1

7.1 Overall Group Differences in Fearfulness

7.1.1 Overall group differences in content of fear

The rank order of the 10 most common fears experienced by the middle-childhood children with visual impairments in the primary group ($n = 67$) was found to be (1) "Fire - getting burned", (2) "Being hit by a car or truck", (3) "Not being able to breathe", (4) "Getting HIV", (5) "Getting a shock from electricity", (6) "Getting lost in a strange place", (7) "Bombing attacks -being invaded", (8) "Death or dead people", (9) "The possibility of being in an accident", and (10) "Falling from high places". For the children without visual impairments in the control group ($n = 62$), the rank order of their 10 most common fears was: (1) "Getting HIV", (2) "Not being able to breathe", (3) "Being hit by a car or truck", (4) "Falling from high places", (5) "Getting a shock from electricity", (6) "Fire - getting burned", (7) "The possibility of being in an accident", (8) "Sharks", (9) "Shots being fired in the neighbourhood", and (10) "Getting lost in a strange place" (see Table 2). These fears are somewhat similar to the 10 most common fears reported by the sample of middle-childhood children from the same geographical area in Burkhardt's (2007) study (see Table 44). Upon comparison of the 10 most common fears of the two groups of children in the present study with the children in Burkhardt's (2007) study, five matches were apparent. The children in Burkhardt's study reported more animal related fears, with fears of "Lions", "Bears and wolves", and "Tigers", featuring in their 10 most common fears. The children in the present study reported more fears relating to danger and death, with all but 1 ("Sharks") of their 10 most common fears relating to this factor (namely, Factor I: fear of danger and death). Trends in the present study are in line with Wenar's (1994) description of middle-childhood fears. It is said that in middle-childhood the trend towards realistic fears continues, whilst irrational and animal fears, such as the fear of sharks, may still be present. These findings are also in line with other fear investigations employing the FSSC-R, which have found fears relating to death and danger to be reported most frequently during childhood and adolescence (Du Plessis, 2006; Gullone & King, 1989; Ollendick, 1983; Ollendick et al., 1985b; King et al., 1989; Scherer & Nakamura, 1968). Keeping the survival value of these fears in mind, regardless of whether or not the child has a disability, it is not surprising that these fears were shared by children with and without visual impairments alike (Marks, 1987).

As the present study was the first to employ Burkhardt's (2007) FSSC-SA since its adaptation in 2007, an analysis was done relating to the appearance of the new added contemporary fears and their appearance in the top 10 fears of children in the present study. It was noted that four of the new contemporary items featured in the 10 most common fears of the children in the primary and control groups. They include: "Getting HIV", "The possibility of being in an accident", "Shots being fired in the neighbourhood", and "Sharks". Burkhardt (2007) noted that, even though the new South African contemporary items had been added in the FSSC-SA, the 10 most common fears of the children in her study were still similar to those reported elsewhere in the world (Ollendick, 1983; Ollendick et al., 1989, 1996; Ollendick, Yule & Ollier, 1991; Mellon et al., 2004; Muris, Merckelbach, Gadet et al., 2000). This was also the case in the present study. It can be noted that children not only endorsed the new items, but that the inclusion of these "new" items amongst the top 10 fears of the present sample, are a reflection of contextually relevant issues and societal concerns of children living in South Africa today (Burkhardt, 2007).

The children in the primary group feared 'Fire - getting burned' the most, with 70.1% of the participants with visual impairments endorsing this fear. It is not clear why this fear featured so prominently in this group, as this finding is somewhat contradictory to other findings in studies where the FSSC-R was administered to children with visual impairments. In Ollendick et al.'s (1985a) study, the children with visual impairments reported their most feared item as "Being hit by a car or truck". Weimer and Kratochwill (1991) noted that the 5-11- year-old children with visual impairments in their study reported their most feared item to be "Not being able to breathe". Therefore, from the aforementioned, it can be deduced that even though reports of top fears differ across research studies, the findings remain relatively constant, with these fears all relating to situations where the possibility of danger or harm is present, and thus loading onto Factor I on the FSSC-SA. This finding is in line with research expectations, as it has been reported consequently that children with disabilities report more fears relating to danger and death (King, Gullone, & Stafford, 1990; Li & Morris, 2006; Ollendick et al., 1985a; Weimer & Kratochwill, 1991).

To compare and determine if the fears of children with visual impairments have changed over time, a comparison of the 10 most common fears as reported by the participants in a

study undertaken by Ollendick and his colleagues (1985a) where the FSSC-R was administered to children with visual impairments was made. The 10 most common fears as reported by the children in Ollendick et al.'s (1985a) study are depicted in Table 45.

Table 45

FSSC-R-based Fear Rank Orders for Children with Visual Impairments (N = 70) in a study by Ollendick et al. (1985a)

Rank	Item
1	Being hit by a car or truck
2	Not being able to breathe
3	Bombing attacks
4	Fire - getting burned
5	A burglar breaking into our house
6	Getting a shock from electricity
7	Falling from high places
8	Looking foolish
9	Getting poor grades
10	Earthquakes

Note: Results pertaining to number and percentage of endorsement were not provided for this study.

When comparing the 10 most common fears of the children with visual impairments in Ollendick et al.'s (1985a) study to the children with visual impairments in the present study, 6 of their 10 most common fears matched, including: "Fire - getting burned", "Bombing attacks - being invaded", "Being hit by a car or truck", "Not being able to breathe", "Getting a shock from electricity", and "Falling from high places". The visually impaired children in Ollendick et al.'s (1985a) study reported fears that related to psychological harm and teasing, for example "Looking foolish" and "Getting poor grades". This, however, was not the case in the present study. The four unmatched items for the children with visual impairments in the present study, included: "Getting HIV", "Death or dead people", "Getting lost in a strange place", and "The possibility of being in an accident". Two of these unmatched items ("Getting HIV" and "The possibility of being in an accident") are "new" contemporary fears, which were added to Burkhardt's (2007) FSSC-SA, while the remaining two items, "Getting lost in a strange place" and "Death or dead people" loaded onto Factor I (fear of danger and death) of the FSSC-SA. Notwithstanding, it can be noted that the statement put forth by Ollendick et al. (1985a) that children with visual impairments fear situations and stimuli for which vision might be seen as most useful for

protection, is supported in the present study. This can especially be seen in the fears of “Falling” and the “Fear of being hit by a car or truck”. The latter fear could be especially fear-provoking for someone who is unable to see or cannot clearly sense an oncoming vehicle (Ollendick et al., 1985a). Therefore, it seems as if the fears of children with visual impairments are to some extent universal and unchanging, as fears reported by children with visual impairments remained relatively constant over the past 20 years, remaining applicable to situations that pose a threat to survival and safety.

Furthermore, as indicated by the results, the most feared item by the children without visual impairments in the control group, was “Getting HIV”, with 82.3% of the children without visual impairments endorsing this item. This item was ranked fourth by the children in the primary group and 65.7% of the children with visual impairments endorsed this fear. Although not reported in the results of this study, if the total sample (primary and control groups) is taken into account, “Getting HIV” featured as the most feared item for all the middle-childhood children with and without visual impairments in the present study, and 73.6% of the total sample endorsed this item. A similar finding was noted by Burkhardt (2007) where 78.5% of the participants in her study endorsed “Getting HIV” as their most feared item. She noted that this finding could be attributed to the “role that HIV/Aids plays on the African continent” (Burkhardt, 2007, pp. 173). Furthermore, according to Kauffman (cited in Burkhardt, 2007), the HIV epidemic raging across Africa, is a tragedy of epic proportions. The epidemic is reducing life expectancy, increasing mortality, decreasing fertility, creating an excess of men over women, and leaving millions of orphaned children in its wake. Gullone and King (1993) also found AIDS to be the most feared item in their Australian study, with 74.3% of the children who took part in their study endorsing this fear. Burnham (2005), Burnham and Gullone (1997), and Shore and Rapport (1998), also noted “AIDS” to be one of the 10 most common fears reported by the participants in their studies.

The effects of the HIV/AIDS epidemic, are felt both directly and indirectly by South African children - directly, through infection of the HI Virus and death as a result of AIDS, and indirectly as a result of the death and suffering that the epidemic is causing in their families and communities. It was estimated that at the end of 2007 approximately 2 million children worldwide were infected with the HI Virus, with the greatest concentration of infections being in sub-Saharan Africa, where it is estimated that 9 out of every 10 children are infected with the virus (UNAIDS, 2008). Sub-Saharan Africa is the region of the world

where AIDS has taken its greatest toll. Arguably every child who is growing up in an area where there is a high HIV prevalence is affected by the epidemic, regardless of whether it be themselves, or a family member or friend who is infected. It is said that HIV can effect a child's life in three main ways: through direct effects on the child, effects on the child's family, and effects on the community in which the child is growing up. HIV affects children directly, as many children themselves are infected with the HI Virus. There are many negative results considering familial effects of HIV on a child. Many children live with a family member who is HIV positive; children have to act as carers to sick parents who are HIV positive; many children are orphaned as a result of losing one or both of their parents to the HI Virus; the number of child-headed households are increasing as HIV and AIDS is eroding traditional support systems within the community, and often children have to find jobs to bring in income as they are often their families principle income-earner seeing that AIDS prevents adults from working and AIDS creates many medical expenses. Community effects of HIV on children, for instance, include compromised education. As AIDS wipes out a community, schools lose teachers, doctors and nurses die, and children are not able to access adequate medical care. Children may lose their friends to AIDS, and children who have HIV in their families, may experience stigmatisation and discrimination. Keeping these effects in mind, it is important to note that the present study did not gather data regarding HIV infection in children or their families and communities. Therefore the above-mentioned possibilities are merely speculative and should be interpreted with this in mind.

Although sexual transmission does not account for a great proportion of children transmitting HIV, it should be noted that in some countries children, today, are becoming sexually active at an earlier age. This then contributes to a greater awareness and knowledge of sex and sexually transmitted diseases, such as HIV, amongst today's youth. In sub-Saharan Africa 16% of teenage girls aged 15-19 and 12% of boys, report having their first sexual experience before the age of 15 (UNICEF, 2008).

It should also be noted that in South Africa today Life Orientation is a compulsory subject in all schools for children from grades R to 12 (Prinsloo, 2007), and a theme of this subject is directed towards HIV/AIDS education. This means that the subject's focus area of personal well-being addresses the issue of prevention and knowledge around sexually transmitted diseases, including HIV and AIDS (South African Department of Education, 2003), making children more aware of the dangers and impacts of the HIV phenomenon.

Therefore, the above-mentioned factors - the high prevalence of HIV and the effects of the epidemic; an earlier age of sexual activity amongst boys and girls, and the inclusion of HIV education in the South African school curriculum creating a greater awareness of the virus and its effects - can all be regarded as possible contributing factors in the reporting of the fear of "Getting HIV".

Over and above this, as also noted by Burkhardt (2007), another possible reason for the fear of "Getting HIV" featuring so prominently, can be attributed to criticisms regarding the FSSC-R, namely that children are only reflecting their thoughts of possible fear-provoking situations and stimuli, as opposed to reporting "real" fears. Therefore, it has been said that fear rank order is only a reflection of events to which children have the most negative attitude (Burkhardt, 2007; McCathie & Spence, 1991).

In previous studies where control-group participation was employed in order to "normalise" the fears of children with visual impairments, the fears of the children without visual impairments related mainly to situations where the possibility of psychological harm was present (Ollendick et al., 1985a). This, however, was not the case in the present study. The 10 most common fears of the children in the control group, were very similar to those reported by the children in the primary group, and upon comparison of the 10 most common fears of these two groups, eight matches were apparent, including: "Fire - getting burned", "Being hit by a car or truck", "Not being able to breathe", "Getting HIV", "Getting lost in a strange place", "Getting a shock from electricity", "Falling from high places", and "The possibility of being in an accident". However, the relative ranking of these fears did differ, indicating that the two worlds in which these two groups of children live and grow up are not as different as was originally anticipated.

7.1.2 Overall group differences in number of fears

As anticipated, the children with visual impairments (primary group), reported a higher number of fears ($M = 27.58$) when compared to their sighted counterparts in the control group ($M = 24.66$) (See Table 34). However, this difference was not found to be significant.

7.1.3 Overall group differences in level of fear

Contrary to what was expected, the children without visual impairments reported a slightly higher level of fear ($M = 146.15$) when compared to the children with visual impairments

($M = 144.97$) (See Table 5). This difference was, however, not found to be significant. This finding is in line with previous research undertaken by King, Gullone, and Stafford (1990) where it was found that children with visual impairments and their sighted counterparts did not significantly differ in overall level of fearfulness. Earlier findings by Ollendick et al. (1985a) contradict this finding. Significant differences in overall level of fearfulness between sighted and visually impaired youths were noted. In their study the children with visual impairments reported a higher total fear score ($M = 140.90$) when compared to the sighted children ($M = 134.44$) (Ollendick et al., 1985a).

7.1.4 Overall group differences in pattern of fear

As mentioned briefly above, it was expected that fears of children in the control group would relate more to situations where the possibility of psychological harm is present, thus fears of this group were expected to load onto Factor III (worries). This difference, however, was not observed. There was no significant difference in pattern of fearfulness between the primary and control groups, and the greatest level of fear for both these groups, was reported regarding Factor I (fear of danger and death).

7.2 Gender Differences in Fearfulness

7.2.1 Gender differences in content of fear

The content of the 10 most common fears of the boys and girls in the present study originate mainly from Factor I (fear of danger and death), with the exception of the fear of snakes, sharks and lions from Factor IV (animal fears), which also featured amongst the 10 most common fears of the girls and boys in the present study. The boys in both the primary and control groups feared 'Getting HIV' the most, with 68.6% of the boys in the primary group and 81.5% of the boys in the control group endorsing this fear. The girls in the primary group feared "Fire - getting burned" the most and endorsed this fear with 84.4%, while their sighted counterparts in the control group feared "Falling from high places" the most and endorsed this fear with 88.6% (see Tables 9 and 10). Content differences in fearfulness with regards to gender were not great, as girls and boys in both groups shared more than half of their 10 most common fears. Girls and boys in the primary group shared seven of their 10 most common fears (including: "Fire - getting burned", "Being hit by a car or truck", "Getting a shock from electricity", "Not being able to breathe", "Death or dead people", "Getting lost in a strange place", and "The possibility of being in

an accident”). Girls and boys in the control group shared six of their 10 most common fears (including: “Falling from high places”, “Getting lost in a strange place”, “Not being able to breathe”, “Being hit by a car or truck”, “Getting HIV”, and “Fire - getting burned”). Differences in fear content across the two genders, therefore, do not seem too significant. However, research assessing gender differences in the contents of children’s fears, is limited and it warrants further research (Du Plessis, 2006).

To further highlight gender differences relating to the content of fear, the 10 most common fears as expressed by the girls and boys in the present study were compared to the 10 most common fears as expressed by the girls and boys in a study undertaken by Burkhardt (2007), where the FSSC-SA was administered. The 10 most common fears of the girls and boys that took part in Burkhardt’s (2007) study are depicted in table 46.

Table 46

FSSC-SA-based Fear Rank Orders for South African Girls (n = 327) and Boys (n = 319) in a study by Burkhardt (2007)

Rank	South African Girls (n = 327)			South African Boys (n = 319)		
	Item	f	%	Item	f	%
1	Getting HIV	270	82.3	Getting HIV	237	74.3
2	Sharks	260	79.5	Not being able to breathe	208	65.2
3	Falling from high places	252	77.1	Being hit by a car or truck	198	62.1
4	Lions	249	76.2	Lions	187	58.6
5	Getting a shock from electricity	247	75.5	Sharks	183	57.4
6	Being hit by a car or truck	244	74.6	Bombing attacks - being invaded	183	57.4
7	Not being able to breathe	243	74.3	Falling from high places	172	53.9
8	Tigers	240	73.4	Fire - getting burned	171	53.6
9	Bears or wolves	240	73.4	Bears or wolves	165	51.7
10	Bombing attacks - being invaded	240	73.4	Tigers	161	50.5

Upon comparison of the 10 most common fears of the girls and boys in the two groups of the present study (Tables 3 and 4) with the 10 most common fears of the girls and boys in

Burkhardt's (2007) study (Table 46), the following matches were found: For the girls, three matches are apparent, namely, "Being hit by a car or truck", "Getting a shock from electricity", and "Not being able to breathe". For the boys, six matches are apparent: "Getting HIV", "Being hit by a car or truck", "Not being able to breathe", "Bombing attacks - being invaded", "Fire - getting burned", and "Sharks". The above-mentioned suggests that content of fear remains somewhat similar during middle-childhood. This is especially the case regarding middle-childhood boys. It should be noted that the majority of the unmatched items for the girls, relate mainly to Factor IV (fear of animals) with girls in Burkhardt's (2007) study reporting items such as: "Snakes", "Lions", "Bears or wolves", "Sharks", and "Tigers". This finding could be attributed to the fact that the majority of children in the present study live in urban areas where rates of violence are much higher than in other areas (Barbarin, Richter, & De Wet, 2001; Dawes, Tredoux, & Feinstein, 1989), and where contact with animals is not that frequent. Thus, living circumstances and residential location of the children in the present study could have contributed to their increased reports of fears of situations relating to danger and death.

7.2.2 Gender differences in number of fears

As anticipated, the number of fears reported by the girls in the present study ($M = 31.96$) were significantly higher than the number of fears reported by the boys ($M = 19.94$) (see Tables 11 and 12). This finding also holds true across the two groups, with girls in the primary and control groups reporting higher numbers of fears than their male counterparts (M for girls in the primary group = 32.94, M for boys in the primary group = 22.69, M for girls in the control group = 31.06, M for boys in the control group = 16.37). These findings are comparable to findings noted in normative fear literature (Burkhardt, 2007). In Weimer and Kratochwill's (1991) study, girls and boys with visual impairments reported an average of 35 and 21 fears respectively. This finding is very similar to that of the present study with girls with visual impairments reporting an average of 32.94 and boys an average of 22.69 fears.

As mentioned in chapter 3 (see section 3.4), numerous explanations have been offered for these gender differences. The most widely accepted explanation for gender differences in fearfulness is that they are reflections of different modes of socialisation and gender-role stereotypes experienced by boys and girls. Where keeping in line with the stereotype of masculine character, boys are expected to be tough and fearless, and thus not scared,

girls on the other hand are socialised to be feminine and gentle and they are allowed to be scared and comforted, therefore it is more acceptable for girls to say they are scared. Thus, girls might report a higher number of fears than boys, as such expression is more acceptable in their daily socialisation (Gullone, 1996; King, Gullone, & Stafford, 1990). Therefore, the differences in reported number of fears when related to gender do not necessarily indicate that girls have greater fear reactivity. Rather, it might reflect a difference in attitude between boys and girls towards willingness to fear admittance, as opposed to actual fears that are experienced (Gullone & King, 1993). This could also be the case in the present South African study, as gender role stereotyping in our country still remains a strong phenomenon that is clearly visible in certain cultures (Bozalek, 1997; Burkhardt, 2007)

With this in mind and keeping in line with the notion that children with disabilities have a higher fear reactivity than their sighted counterparts, the fears of the two groups of girls (primary and control) and two groups of boys (primary and control) were compared. It was noted that in both these cases, the children with visual impairments reported higher numbers of fears than their same-gendered sighted peers. Girls in the primary group, reported a mean of 32.94, in comparison to the mean of 31.06 fears reported by the girls in the control group. Boys with visual impairments reported a mean of 22.69 in comparison to the mean of 16.37 fears reported by the boys without visual impairments (See table 13). These same-gender differences in number of fears were not found to be significant. It is, however, interesting to note that the finding of a higher number of fears in the primary group holds true across the two genders, with the girls and boys with visual impairments reporting higher numbers of fears when compared to their same-gendered sighted peers.

7.2.3 Gender differences in level of fear

The trend for girls to express a higher frequency of fears than boys is also visible in terms of fear intensity. In the present study the girls reported a significantly higher level of fear than the boys (see Tables 13 and 14). This trend has been noted in previous studies (Burkhardt, 2007, 2002; Ollendick et al., 1996). As mentioned above, this trend is most often attributed to gender-role stereotypes and different socialisation practices unique to girls and boys. Interestingly, in terms of same-gender differences between the two groups of girls (primary and control), the girls without visual impairments reported a greater level

of fear ($M = 157.93$) than their same-gendered visually impaired peers ($M = 154.41$). This is contrary to what was seen relating to fear frequency

7.2.4 Gender differences in pattern of fear

Girls reported significantly higher levels of fear than boys on all five factors of the FSSC-SA. A significant group-gender-interaction effect was noted for Factor I (fear of danger and death). This interaction effect can be attributed to the gender differences on Factor I being much bigger for the children in the control group (M for girls without visual impairments = 55.27 and M for boys without visual impairments = 43.98), than for children in the primary group (M for girls with visual impairments = 49.91 and M for boys with visual impairments = 46.16). A similar finding was noted by King, Gullone and Stafford (1990), where gender differences on Factor II (fear of the unknown) and Factor V (medical fears) of the FSSC-R were noted. On these two factors, gender differences in self-reported fears, were greater for the normally sighted than visually impaired children. It was suggested that perhaps these gender differences reflect subtle differences between children with and without visual impairments regarding the socialisation processes of girls and boys (King, Gullone, & Stafford, 1990). However, it must be remembered that the interaction effect in the present study is confined to Factor I (fear of danger and death) and should thus be interpreted with caution.

7.3 Age Differences in Fearfulness

7.3.1 Age differences in content of fear

Childhood fear follows a clear developmental pattern, with fears appearing and disappearing in a predictable sequence (Broeren & Muris, 2009). In the early-childhood years, fears relate to imaginary creatures (for example, ghosts, monsters, and witches), animals, and the natural environment (for example, thunderstorms and the dark). Middle-childhood coincides with fears becoming more realistic, and relating to physical harm, bodily injury and school performance. During adolescence fears relate more to social situations, death and illness (Angelino et al., 1956; Bauer, 1976; Bowd, 1984; Broeren & Muris, 2009; Craske, 1997; Davidson et al., 1988; Gullone, 1996; Gullone & King, 1993; Muris et al., 2000; Ollendick et al., 1985b; Westenberg et al., 2004).

From the above-mentioned, it can be noted that the fears as expressed by the middle-childhood children in the present study for the most part were age-appropriate and normal, with the majority of their 10 most common fears relating to the fear of danger and death.

As children in the 11-13-year-old group in the present study were on their way to adolescence and entering Piaget's fourth and final stage of formal operational thought, and keeping this fear pattern in mind, the expectation was that this group (11-13-year-olds) would differ in the fears they expressed when compared to the younger children (8-10-year-olds), with their fears taking on a more socio-evaluative dimension (Dong, Yang, & Ollendick, 1994), and relating to social, personal and family relationships, fear of failure and related punishments (Robinson & Rotter, 1991). However, the anticipated developmental pattern was not seen that clearly, as the content of fears across the two age groups did not differ greatly. When compared, the two age -groups (8-10- and 11-13-year-olds) showed considerable similarity in content of fears with 6 of their 10 most common fears being the same. This trend was visible in both the primary and control groups (see Tables 17 and 18). There was also an absence of the anticipated social and school-related fears. Nevertheless, relating to the unmatched items, there were some noteworthy differences, for example, the fear of "Ghosts or spooky things" was unique to the 8-10-year-olds with visual impairments. This fear is a normal fear reported during childhood. However, the fear of fantasy creatures and monsters is actually more applicable to the developmental stage of early childhood (Broeren & Muris, 2009; Derevensky, 1979; Keller, 2001; Loxton, 2009a; Martalas, 1999; Ollendick et al., 1985b). Furthermore, this group (8-10-year-olds with visual impairments), also reported a unique fear of "Germs or getting a serious illness". Fears of this nature, relating to illness and death, are normally associated with the fear profiles of adolescents. In spite of these discrepancies, the majority of fears reported by the middle-childhood children in the present study are in accordance with the normative fear literature. One explanation for the similarities in fears across the two age groups may be attributed to the physical composition of the sample in the present study. Although a distinction was made between two age divisions (8-10- and 11-13- year-olds), it is important to keep in mind that both these groups of children still fell within the developmental stage of middle-childhood. Therefore, the similarities in fear content in these two age groups, can be regarded as a result of the homogeneity of the sample with regards to age. A further suggestion relates to the similarity of fears amongst the two age groups of children with visual impairments. A suggestion could be that the

stability in fears across these two groups may be attributed to the tendency of parents and others to shelter and over-protect visually impaired children, in this way preventing them from developing effective coping strategies to competently deal with and overcome their fears (Li & Morris, 2006).

Various researchers have reported that middle-childhood brings with it an increase in scholastic fears (Gullone & King, 1992; Morris & Kratochwill, 1991; Ollendick et al., 1985a). However this was not the case in the present study. Socio-evaluative and scholastic fears were absent regarding the 10 most common fears of the middle-childhood children in the present study. This finding is in line with findings by Burkhardt (2007), where school-related fears did not feature in the 10 most common fears of the children in her study either. It is suggested that this lack in scholastic fears can be attributed to these fears being overshadowed by other more contemporary fears (Burkhardt, 2007). Furthermore, the absence of school-related fears may also be attributed to a shift in competence and a lack of emphasis on academic achievement amongst South African children (Burkhardt, 2007; Ogbu, 1981).

In the case of the children with visual impairments, various explanations have been put forth to explain non-reporting of socio-evaluative and school-related fears in this population. Firstly, perhaps their lack of concern for school-related fears, could be attributed to the fact that their educational programmes are individually structured to meet their individual educational and social needs (for instance, these children are provided with extra time for tests and their academic material is provided in their medium of instruction, for example, Braille or large print) (Weimer & Kratochwill, 1991; Wilhelm, 1990). It has also been suggested that children with visual impairments may be less concerned with appearances (Wilhelm, 1990), as they are not able to observe the standards and conformities that society poses (for instance, what to wear and what to do). Children with visual impairments may also be more tolerant to difference, as there are so many children in their school with differing degrees of impairment. In this way social-evaluation does not feature as highly in these children's day-to-day activities. In addition, children with visual impairments may feel relatively competent to cope with the safe and familiar school environment; therefore, fears are more directed at the unfamiliar environment of the world outside.

7.3.2 Age differences in number of fears

Keeping in line with the normative literature on childhood fears, the younger children (8-10-year-olds) in both the primary and control groups, reported slightly higher fear frequencies when compared to the older children (11-13-year-olds). However, these differences in fear frequency were not found to be significant.

7.3.3 Age differences in level of fear

The level of fear was higher for the 8-10-year-old children in the control group ($M = 151.09$) when compared to the 11-13-year-olds ($M = 140.89$). This, however, was not the case relating to the primary group, where contrary to expectations, the older children (11-13-year-olds) reported a higher level of fear ($M = 147.53$) when compared to the younger children in the primary group ($M = 142.00$) (See Table 21). Although these slight differences in fearfulness existed, they were not found to be significant.

Findings relating to level of fear in younger and older groups of children with visual impairment are inconsistent. In one of the earliest studies to examine anxiety in children with visual impairments, Hardy (1968) found that the older children in his study exhibited higher levels of fear than the younger participants. However, Matson et al. (1986), contradicted this finding, and found the least anxiety in the oldest group (17-22 years) of participants in their study. This finding by Matson et al. (1986) is consistent with those noted in normative fear literature where fear frequency and intensity decrease as age increases (Campbell & Rapee, 1994; Dong et al., 1995; Field et al., 2001; Gullone & King, 1992; Gullone, King, & Ollendick (2001); Spence & McCathie, 1993; Westenberg et al., 2004). Keeping in line with normative fear literature, the younger children (8-10-year-olds) in the present study reported a higher intensity of fears when compared to the older participants (11-13-year-olds). However, these differences did not hold true across the two groups and were not found to be significant. In line with the present study, Ollendick et al. (1985a) found no significant age differences in fearfulness between children with and without visual impairment based on self-reported fears. Weimer and Kratochwill's (1991) study supported this finding, since considerable similarity amongst the fears of the 5-to-11-year-olds and 12-to-18-year-olds in his study were present.

As mentioned above, one possible explanation for the higher frequencies (numbers) and intensities in children with visual impairments, could relate to these children not possessing adequate coping strategies to deal with and overcome their fears.

7.3.4 Age differences in pattern of fear

There were no significant differences between the two age groups relating to pattern of fear in the present study, although, as was the case with gender, the highest level of fear as reported by the 8-10- and 11-13-year-olds in both the primary and control groups, related to Factor I (fear of danger and death).

Once again it has been suggested that this lack in differences and interaction effects, may be attributed to the limited age range of children taking part in the present study. Studies in which developmental trends have been noted in overall fearfulness and fear structure, have mostly included children ranging in age from early childhood to late adolescence (Bauer, 1980; Ollendick et al., 1985b; Miller, Barrett, & Hampe, 1974).

7.4 Cultural Differences in Fearfulness

As mentioned previously, culture in the control group was not representative of the multi-cultural South African context, as all but one of the participants in this group were white and the remaining 62nd participant was coloured. Thus, discussion of cultural differences in fearfulness will be limited to children with visual impairments in the primary group.

7.4.1 Cultural differences in content of fear

The white children with visual impairments feared “Being hit by a car or truck” the most and 83.3% of them endorsed this fear. For the coloured children with visual impairments, the most feared item was “Getting a shock from electricity” and 75.9% of the coloured children endorsed this fear. Black children with visual impairments feared “Fire - getting burned” the most and 69.2% of them endorsed this fear.

As was done to highlight gender differences in fear contents, once again the 10 most common fears as expressed by the white, coloured, and black children with visual impairments in the present study were compared to the 10 most common fears as expressed by the white, coloured and black children in a study undertaken by Burkhardt (2007) where the FSSC-SA was administered. In this way a clearer qualitative picture of cultural differences between these two studies could be gained. The 10 most common fears - as rendered by the FSSC-SA - of the three cultural groups that took part in Burkhardt’s (2007) study are depicted in Table 47.

Table 47

FSSC-SA-based Fear Rank Orders for White (n = 205), Coloured (n = 288), and Black (n = 153) South African Children in a Study by Burkhardt (2007)

White South African Children			
(n = 205)			
Rank	Item	f	%
1	Getting HIV	158	77.01
2	Being hit by a car or truck	141	68.8
3	Not being able to breathe	139	67.8
4	Sharks	136	66.3
5	Fire - getting burned	123	60.0
6	Bombing attacks - being invaded	120	158.5
7	Falling from high places	120	58.5
8	A thief breaking into our house	115	56.1
9	Getting a shock from electricity	107	52.2
10	Earthquakes	105	51.2
Coloured South African children			
(n = 288)			
1	Getting HIV	228	79.2
2	Lions	217	75.4
3	Falling from high places	203	70.5
4	Bears or wolves	200	69.4
5	Not being able to breathe	198	68.8
6	Sharks	196	68.1
7	Being hit by a car or truck	195	67.7
8	Tigers	191	66.3
9	Crocodiles	191	66.3
10	Getting a shock from electricity	190	66.0

Table 47 (Continued)

FSSC-SA-based Fear Rank Orders for White (n = 205), Coloured (n = 288), and Black (n = 153) South African Children in a Study by Burkhardt (2007)

Black South African Children			
(n=153)			
Rank	Item	f	%
1	Ghosts or spooky things	124	81.1
2	Death or dead people	122	79.7
3	Bombing attacks -being invaded	122	79.7
4	Getting HIV	121	79.1
5	Lions	115	75.2
6	Elevators	114	74.5
7	Sharks	111	72.6
8	Crocodiles	110	71.9
9	Shots being fired in the neighbourhood	109	71.2
10	Guns	108	70.6

Six matches were found when comparing the 10 most common fears of the white South African children with visual impairments (see Table 25) in the present study, to the 10 most common fears of the white children in Burkhardt's (2007) study (See Table 47). The matched items include: "Getting HIV", "Being hit by a car or truck", "Not being able to breathe", "Fire - getting burned", "Bombing attacks - being invaded", and "Falling from high places".

When comparing the 10 most common fears of the coloured children with visual impairments (see Table 25) in the present study, to the 10 most common fears of the coloured children in Burkhardt's (2007) study (See Table 47), five matches are found: "Getting HIV", "Falling from high places", "Not being able to breathe", "Being hit by a car or truck", and "Getting a shock from electricity". The five unmatched items for the coloured children in Burkhardt's study, are all animal-related fears, whilst for the coloured children, in the present study, this was not the case. Not 1 of their 10 most common fears relate to fears of animals.

For the black children with visual impairments (see Table 25), there are three matches when their 10 most common fears are compared to those of the black South African

children in Burkhardt's (2007) study (See Table 47). The matched items are: "Death or dead people", "Bombing attacks - being invaded", and "Getting HIV".

From the above-mentioned it can be noted that even though similarities between these two studies were observed, the fears of children have changed over time, and that black, coloured, and white children with visual impairments in the present study, report more fears relating to death and danger and fewer animal-related fears. This finding could be attributed to the fact that the majority of the children in the primary group of the present study, live in urban areas where rates of violence are much higher than in other areas (Barbarin, Richter, & De Wet, 2001; Dawes, Tredoux, & Feinstein, 1989). Furthermore, as became clear from qualitative observations made during data collection (see section 8.6), children with visual impairments showed a limited knowledge of some animals, for example: "Gorillas", "Baboons", and "Tigers". This limitation and lack of knowledge, may have led to children with visual impairments reporting less fear towards items of this nature. Additionally, previous research has reported that children with visual impairments show greater fear regarding items depicting situations where the possibility of danger and harm is present (for example: "Getting a shock from electricity", "Being hit by a car or truck", and "Falling from high places"). Perhaps these findings should not be unexpected. After all, the situations towards which children with visual impairments evince the greatest levels of fear, are the very situations in which vision might be most useful (Ollendick et al., 1985a).

7.4.2 Cultural differences in number of fears

In the present study, the white children with visual impairments reported the highest number of fears ($M = 30.06$), and the black children with visual impairments reported the lowest number of fears ($M = 20.62$), with the fear frequencies of coloured children with visual impairments falling in-between these two groups ($M = 29.93$) (see Table 26). These findings are contradictory to findings in previous studies conducted within the South African context, where the highest numbers of fears were reported by black South African children. In one such study, Burkhardt (2007) administered the FSSC-SA to a culturally diverse group of children and found that the black South African children in her study reported the highest number of fears ($M = 37.44$). In one of her earlier studies (Burkhardt, 2002), the same finding with regards to number of fears was noted, where the black South African children once again reported the highest number of fears ($M = 32.94$), followed by

the coloured South African children ($M = 26.71$), and lastly the white South African children ($M = 16.07$). This order is reversed in the present study, with the white South African children with visual impairments reporting the highest number of fears ($M = 30.06$) and the black children with visual impairments the lowest number ($M = 20.62$) (see Tables 26 and 27). One suggestion put forth to explain this difference in fear frequency, relates to the suggestion that black children with visual impairments are more likely to come from households with a low socio-economic status (SES) (Du Plessis, 2006) and live in areas where the rates of violence and crime are higher. Thus, there is a possibility that as a result of their constant exposure to situations and stimuli that pose threats to their survival and safety, these children have developed a greater resilience and possess a greater repertoire of coping strategies to overcome their fears.

7.4.3 Cultural differences in level of fear

Regarding level of fear and culture, the order was slightly different, with coloured children with visual impairments reporting the highest level of fear ($M = 151.90$), followed by the white children with visual impairments ($M = 148.28$), and lastly, keeping in line with fear frequencies, the black children with visual impairments reported the lowest level of fear ($M = 124.23$) (see Table 28). This finding is also in contrast to those noted in previous fear literature, where black South African children reported a higher level of fear than their coloured and white counterparts (Burkhardt, 2007). As mentioned above, this lower fear frequency may be attributed to the fact that black children with visual impairments may be more resilient and possess better coping strategies which enable them to deal with and overcome their fears.

7.4.4 Cultural differences in pattern of fear

As was the case relating to gender and age, all three cultural groups (white, coloured and black children with visual impairments), reported the highest level of fear regarding Factor I (fear of danger and death). Furthermore, the coloured children with visual impairments, reported a significantly higher level of fear ($M = 38.91$) than the black children with visual impairments ($M = 29.23$) regarding Factor II (fear of the unknown) (see Tables 30 and 31).

7.5 Visual Differences in Fearfulness

7.5.1 Visual differences in content of fear

The children with total sight loss feared “Guns” the most, while the children with severe visual impairment, evinced the most fear towards the item “Fire - getting burned”. Both these groups endorsed their top fears with 100%. The children with partial sight, feared “Getting HIV” the most and endorsed this fear with 66.0%. Although the relative ranking of their 10 most common fears differed, these three groups (totally blind, severely visually impaired, and partially sighted children), shared half of their 10 most common fears including: “Fire - getting burned”, “Getting lost in a strange place”, “Getting hit by a car or truck”, “Not being able to breathe”, and “Bombing attacks - being invaded” (Table 8). Furthermore, when comparing the top 10 fears of each of these visually impaired groups with the 10 most common fears of the children without visual impairments in the control group, children with total sight loss and children in the control group; shared four of their 10 most common fears; children with severe visual impairment shared five of their 10 most common fears with the children in the control group, while children with partial sight and children without visual impairments, shared eight of their 10 most common fears. This shows that the latter two groups (namely, children with partial sight and children without visual impairment), are the most comparable when it comes to content of fear. The shared fears of these two groups included: “Getting HIV”, “Not being able to breathe”, “Getting a shock from electricity”, “Fire - getting burned”, “Being hit by a car or truck”, “The possibility of being in an accident”, “Getting lost in a strange place”, and “Sharks”. Previous studies assessing the contents of fears according to different levels of vision, could not be found, although one previous study did make a distinction between different levels of vision (namely, totally blind, legally blind, and partially blind) (King, Gullone, & Stafford, 1990). This study did not report on individual differences in fear content between these three visual sub-groups. It is, however, interesting to note that the group of children who is most similar to the sighted population in terms of vision (namely, the group that can see the most), is the one that compares most favourably in terms of fear content to this population. Therefore, it can be deduced that the individual fears, as reported by the children with total sight loss and those with severe visual impairment, reflect important aspects of fears unique to these children, and that fears also become more differentiated from those of sighted children as the level of vision decreases.

7.5.2 Visual differences in number of fears

A previous study assessing the fears of children with visual impairments (King, Gullone, & Stafford, 1990), noted that, although the children with total sight loss taking part in the study only constituted a very small part of the total sample ($n = 6$, 2.33%), they evinced a much higher level of fear than the sighted children who took part in the study. Leading from the aforementioned, it was expected that the children with total sight loss in the present study would report the highest number of fears. However, this was not the case. Interestingly, the children with severe visual impairment, reported the highest number of fears ($M = 42.09$) (See Tables 35 and 36). This number is almost double the number reported by the children in the control group ($M = 24.66$).

7.5.3 Visual differences in level of fear

As was noted in terms of number of fears, the highest level of fear was also reported by the children with severe visual impairment ($M = 171.63$). This finding contradicts what was expected, as it was also anticipated that the totally blind children would evince the greatest level of fear.

7.5.4 Visual differences in pattern of fear

The findings relating to number and level of fear, remain constant when assessing pattern of fear, with the children with severe visual impairments also reporting the highest level of fear across all five factors of the FSSC-SA. However, these differences in level of fear, were only found to be significant for the first four factors (Factors I through IV). Children with severe visual impairments, reported significantly higher levels of fear on Factor I ($M = 56.18$), Factor II ($M = 44.27$), Factor III ($M = 30.91$), and Factor IV ($M = 21.09$).

It is not exactly clear what might have led to this group (children with severe visual impairment) reporting higher instances of fear reactivity. However, it is very important that future research continues to make a distinction between different levels of vision and reports on differences between these groups in order to help increase knowledge regarding this area. One possible suggestion for this subgroup's greater instance of fearfulness, could relate to the fact that this group of children (namely, children with severe visual impairment), may be the group whose visual difficulties are the most differentiated - having only light and dark vision, seeing only shapes and no details, seeing the world in a blur, only being able to see distant objects - and difficult to understand. For children with

total sight loss, the understanding is clear: this group of children can see nothing, therefore they need assistance in most situations which are unfamiliar to them. On the other hand, children with partial sight loss usually possess enough sight to help themselves and move around independently, often acting as helpers to their peers who have less sight. However, the middle group, namely, the children with severe visual impairment, may experience great difficulties, as it is very difficult to understand what exactly this group of children can see. They do not live in a world of total darkness, yet they cannot see enough to function independently in an unfamiliar environment. Their uncertainty in the world may, therefore, be a possible contributing factor to their higher fear reactivity.

7.6 Reliability Analysis

The internal consistency of the FSSC-SA in the present study, yielded a coefficient of .97, which is identical to the internal-consistency coefficient found by Burkhardt in her study (2007). This coefficient was also nearly identical to internal consistency coefficients observed using the FSSC-R in previous studies (Ollendick, 1983; Ollendick et al., 1991, 1996). As such, the present study seems to compare favourably with previous research, and it seems that the FSSC-SA is a reliable instrument for measuring the fears of South African children. Furthermore, as this study measured fears of a special population, namely, children with visual impairments, it can be noted that Burkhardt's (2007) FSSC-SA is a suitable instrument to be used with children with visual impairments as well.

7.7 Chapter Summary

The most feared item for the children in the primary group, was "Fire - getting burned" and for the children in the control group, "Getting HIV". The 10 most common fears of these two groups indicate that some fears are universal and unchanging as they are comparable to the 10 most common fears of earlier studies employing the FSSC-R (Ollendick, 1983; Ollendick et al., 1989, 1996; Ollendick et al., 1991; Mellon et al., 2004; Muris, Merckelbach, Gadet et al., 2000). However, some fears (for instance, the "new" contemporary items of the FSSC-SA), reflect aspects of the context in which South African children live. Four of these "new" contemporary items, feature amongst the 10 most common fears of the two groups (primary and control) and in this way reflect societal concerns, issues, and fears experienced by South African children (Burkhardt, 2007).

Gender differences are apparent across number, level, and pattern of fear with girls consistently reporting greater fearfulness than boys. Age differences in fear profiles were not significant. However an interesting finding was noted where the older children (11-13-year-olds) in the primary group, reported a greater level of fear in comparison to the younger participants (8-10-year-olds) in this group. Contrary to findings in previous South African research, black South African children with visual impairments in the present study reported the lowest number as well as level of fear. In terms of level of visual impairment, children with severe visual impairment reported the highest number and level of fear, and they also evinced the highest level of fear across all five factors of the FSSC-SA. Lastly it was noted that the FSSC-SA is a reliable instrument for the assessment of South African middle-childhood children's fears.

Chapter 8 concludes the study and outlines the main findings, limitations, values, and recommendations applicable to the present research.

CHAPTER 8

CONCLUSION, LIMITATIONS, AND RECOMMENDATIONS

The motivation for the present study stemmed from the need to gain greater insight into the fear experiences of children with visual impairments. This was done by addressing two aims:

- **Primary aim:** To investigate and determine whether there were significant differences relating to various fear components expressed by South African children with visual impairments when compared to their sighted counterparts. These components included number, content, level or intensity, and pattern of expressed fear.
- **Secondary aim:** To analyse how these different fear components (number, content, level or intensity, and pattern) manifest when various variables namely, gender, age, culture, and vision are taken into account.

On these grounds, this chapter summarises the main findings of the present study. Qualitative observations made during data collection are briefly outlined, thereafter a critical review of the FSSC-SA is provided. The study's limitations are discussed and recommendations for future research suggested. The chapter concludes by outlining the contributions made by the present study.

The main findings in terms of the influence of the 4 independent variables (namely, gender, age, culture, and vision) on the fear profiles of middle-childhood children with and without visual impairments are summarised below:

8.1 Findings relating to Overall Group Differences in Fearfulness

Children in the primary group, feared "Fire - getting burned" the most and 70.1% of the participants in the group endorsed this fear. As far as the control group is concerned,

“Getting HIV” was the most feared item and 82.3% of the children without visual impairments endorsed this fear. Furthermore, the two groups (primary and control), shared eight of their 10 most common fears (including: “Fire - getting burned”, “Being hit by a car or truck”, “Not being able to breathe”, “Getting HIV”, “Getting lost in a strange place”, “Getting a shock from electricity”, “Falling from high places”, and “The possibility of being in an accident”) (see Table 2). There were no significant differences between the two groups regarding number, level, and pattern of fear. It is however interesting to note, that, although not significant, the level of fear reported by the children without visual impairments ($M = 146.15$) was slightly higher than the level reported by the children with visual impairments ($M = 144.97$) (see Tables 20 and 21). Contrary to what was initially anticipated, the fear profiles of children with visual impairments (in terms of content, intensity, number, and pattern) did not differ significantly from those of their sighted counterparts. A possible explanation for this could be the greater attention given to inclusion of children with disabilities in mainstream society today. Thus, the world’s to which these groups of children are exposed, are not as different as they might initially seem. Even though children in the primary group were selected from two special schools, these schools are no longer as “institutionalised” as in the past. A small proportion of the total sample ($n = 26$, 20.3%) of the participants lived in the hostel at school, and out of these 26 children, almost half (12, 9.3%) went home every weekend. This once again emphasise the normalisation and inclusion of children with visual impairments in day-to-day family life and activities.

8.2 Findings relating to Gender Differences in Fearfulness

Boys in both the primary and control groups feared “Getting HIV” the most, with 68.6% of the visually impaired boys and 81.5% of the sighted boys endorsing this fear. The girls in the primary group feared “Fire - getting burned” the most and endorsed this fear with 84.4%, while their sighted counterparts in the control group evinced the most fear towards the item “Falling from high places” and endorsed this fear with 88.6% (see Tables 9 and 10). Content differences in fearfulness regarding gender were not pronounced, as girls and boys in both groups shared more than half of their 10 most common fears. However, gender differences were significant across number (see Tables 11 and 12), level (see Tables 13 and 14) and pattern (see Tables 33 and 34) of fear for girls and boys in both groups of the present study, with girls consistently being more fearful than boys. This trend

is one that is reported consistently in normative fear literature (Angelino et al., 1956; Burkhardt, 2007, 2002; Burnham, 2005; Burnham & Gullone, 1997; Gullone & King, 1992, 1993; Lapouse & Monk, 1959; Ollendick, 1983). This being the case, there is little clarity that exists as to the reasons for these gender differences in fearfulness. The most frequently noted explanations pertain to gender role expectations/stereotypes and different patterns of socialisation experienced by girls and boys. It has been argued that in most cultures expressions of fearfulness are expected and supported differently in girls than in boys (King, Gullone & Stafford, 1990). As a result, fearful responses to certain situations and stimuli are more acceptable for girls than for boys. Thus, girls may be more willing to report their fears than boys (Burkhardt, 2007; Gullone, 1996; King, Gullone & Stafford, 1990).

8.3 Findings relating to Age Differences in Fearfulness

It has often been said that fears in childhood follow a developmental course, with fears taking on different dimensions and degrees of intensity as children pass through the different developmental stages from infancy to adolescence (Bauer, 1976). Thus it was expected that younger children (8-10-year-olds in the present study) and older children (11-13-year-olds in the present study), would show differences in their reported fears. This, however, was not the case. In terms of content the children in the 8-10- and 11-13-year-old groups showed considerable similarity in content of fears, with six of their 10 most common fears being the same. This trend was observed in both the primary and control groups (see Tables 17 and 18). Furthermore, there were no significant age differences between the younger 8-10-year-olds and older 11-13-year-olds relating to number, intensity, or pattern of fear. This factor could be attributed to the limited age range of children included in the present study. Although two age divisions were distinguished (8-10 and 11-13 years), all the children in the present study fell within the developmental stage of middle-childhood. A suggestion is that if the age range is expanded (for instance, the inclusion of early-childhood and adolescent children), then results may distinguish developmental trends in fearfulness more clearly.

8.4 Findings Relating to Cultural Differences in Fearfulness

Black children with visual impairments reported the lowest number ($M = 20.62$) (See Tables 26 and 27) as well as level ($M = 124.23$) (See Table 28 and 29) of fear in the present study. This finding is contradictory to findings noted in previous South African research where non-white (meaning, black and coloured) children reported the highest instances of fearfulness (Burkhardt, 2002, 2007; Burkhardt et al., 2003). Black children with visual impairments also reported the lowest levels of fear across the five factors of the FSSC-SA.

This lower reporting of fearfulness could perhaps be attributed to the circumstances in which these children live and grow up. Black children in South Africa are more likely to live in households with a low socio-economic status (SES) (Du Plessis, 2006) and in areas where the rates of violence and crime are higher. Following from this, it was hypothesised that due to their impoverished social conditions and repeated exposure to life-threatening and dangerous stimuli, black children in the present study were more resilient to such stimuli and situations. It is possible that these children have developed a kind of toughness and resilience towards fearfulness and, as a result of their constant exposure to situations that pose a threat; they have developed effective ways of coping with their fears. It should, however, be noted that the present study did not gather data pertaining to SES of the participants. Therefore conclusions are drawn with caution.

8.5 Findings relating to Visual Differences in Fearfulness

The children with severe visual impairment in the present study reported a higher number (see Tables 35 and 36) as well as level (see Tables 37 and 38) of fear when compared to the totally blind and partially sighted children in the primary group. The children with severe visual impairment also reported the highest level of fear across all five factors of the FSSC-SA. However, significant differences were only noted for Factors I through IV. This finding was contrary to what was expected, as previous research (King, Gullone and Stafford (1990) noted that children who had no sight (meaning, totally blind children), reported the highest instances of fearfulness. It is not clear what could have led to these higher levels of fear reactivity in the children with severe visual impairment. A possibility could be that this group of children experiences greater uncertainty than the other two

groups (namely, totally blind and partially sighted), as it is very difficult to understand what exactly this group of children can see. They do not live in a world of total darkness, yet they cannot see enough to function independently in an unfamiliar environment. This uncertainty when faced with new situations and possibilities may, therefore, be a contributing factor to their higher fear reactivity. However, this conclusion is speculative and it is imperative that future research takes a more in-depth look at possible origins and reasons for fearfulness between these three visual sub-groups.

8.6 Qualitative Observations made during Data Collection

As the FSSC-SA was administered on a one-to-one basis by the researcher to the grade 2's and 3's in the primary group, important and insightful qualitative observations pertaining to this group and their experience of fear, were gained.

Firstly it was noted that children with visual impairments do not have as great a knowledge of their surrounding world as was expected. Many children asked questions about the stimulus items and said that they had never “seen” such things before. Items which children asked about included: gorillas, chameleons, baboons, tigers, beetles (from the item ants or beetles), and cemeteries, to name a few. When the children asked about these items, the researcher tried her best to provide a neutral and accurate description of the item. The excerpt below highlights a part of a conversation regarding the item “Baboons” between the researcher and one of the boys with total sight loss in the primary group. (The excerpts are in Afrikaans as this was the language in which the administration of the FSSC-SA took place.)

Participant: Wat is 'n bobbejaan? Ek het nog nooit een gesien nie.

Researcher: Dis 'n tipe wilde aap.

Participant: Sal hy my seermaak?

Researcher: Dalk as jy hom terg.

Participant: Ek dink dit klink soos iets waarvoor ek sal bang wees.

The following excerpts were also recorded during the oral administration of the FSSC-SA with the grade 2- and 3-learners in the primary group:

- With regards to the item “Being in a big crowd”, the participant asked: *“Is die mense goeie of slegte mense?”*
- Relating to the item “A thief breaking into the house”, the participant asked: *“Is ek by die huis as daar iemand kom inbreek? Dit maak nogals groot saak”*.
- Commenting on the item “Going to bed in the dark”, one participant said the following: *“Ek is nie bang om in die donker bed toe te gaan nie, net partykeers moeilik as ek nie my bed kan sien nie, dis mos donker en ek is swaksiende”*.
- With regards to the item “Being alone”, one participant asked: *“Wanneer ek alleen is, is ek alleen by die huis? Of net alleen in my kamer? Is daar ander mense by die huis?”*

Although not extensive, the above statements do provide valuable insights into the fear experiences of children with visual impairments. It is interesting to note that, when given the chance, children showed insight into the items of the FSSC-SA and made noteworthy remarks relating to these items. The things the children noted, might not have been thought about when the instrument was piloted. Therefore it is suggested that future studies also perhaps include a qualitative focus. In this way, greater insight as to the fear nuances of this special population can be gained.

8.7 Critical Review of the FSSC-SA

As the present study was the first to employ Burkhardt’s (2007) South African Fear Survey Schedule for Children (FSSC-SA) since its adaptation, various important aspects should be noted.

8.7.1 Aspects that posed challenges:

- In some cases, children found the 74-item survey to be too long and towards the end they started to lose interest.
- The items on the FSSC-SA were written in a complex manner. They could be simplified. In many cases children struggled to understand the items and clarification had to be provided by the researcher. For example, “Putting on a recital” could have been stated as “Having to sing or put on a play”, or “My parents criticising me” could have been stated as “My parents saying nasty things about me”.

- The Afrikaans version of the FSSC-SA seems to contain many difficult words with which the children were not familiar, even though Afrikaans was their first language. Some difficult items were, for example: “Skerp voorwerpe”, “Vuurwapens”, “Deur my ouers gekritiseer te word”, “’n Voordrag te lewer”, “Hysbakke”, “’n Sny of wond op te doen”, and “Geslote ruimtes”.
- A further limitation of the FSSC-SA relates to the instrument’s present response structure, where 1 = none, 2 = some, and 3 = a lot. Some children – especially the younger ones - had difficulty in understanding these response options and the researcher had to explain them to the children a few times. Perhaps a structure such as proposed by King and Gullone (1992) in their revision of the FSSC-R (Fear Survey Schedule for Children and Adolescents [FSSC-II]) would be better suited, namely, 1 = not scared, 2 = scared, and 3 = very scared (Burnham & Gullone, 1997).

8.7.2 Aspects that added value:

- The FSSC-SA as a context-specific instrument for South Africa, added great value and helped to create clear fear profiles of middle-childhood South African children with and without visual impairments.
- The instrument was easy, convenient and inexpensive to administer.
- Scoring of the instrument could be done objectively, decreasing the influence of possible assessor bias.
- The FSSC-SA provided valuable information on fearfulness from the perspectives of the South African middle-childhood children themselves.
- The instrument proved relatively easy to adapt for administration with children with visual impairments, thus making it a suitable instrument to use with this population.

8.8 Limitations of the Present Study and Recommendations for Future Research

No study is without its limitations, and the limitations of the present study are discussed below. Recommendations in line with these limitations for future research are also provided.

- The sample size in the present study, was relatively small, with the total sample consisting of 129 participants - 67 children with visual impairments (primary group) and 62 age- and gender-matched controls. Future studies should employ larger sample sizes, as this will aid in the accuracy of the statistical analysis and increase the generalisability of the results.
- Only middle-childhood children, with ages ranging between 8 and 13, were included in the present study. Future studies should include a broader age range and extend studies to include early-childhood and adolescent children with visual impairments as well. In this way, a clearer picture of developmental patterns in childhood fear can be gained.
- Self-reports of fear were the sole source of data in the present study. This form of data collection could limit the information that is obtained. Additional sources of data such as interviews with the children as well as parental and teacher reports, would have added to the richness of the data. Thus, future studies should advocate for a more comprehensive process of data collection. Furthermore, future research might consider adding an open-ended question such as, "What scares you?". In this way, more insight into the idiosyncratic fears of South African children may be gained, as some children may experience fear towards stimuli or situations that are not included in the items of the FSSC-SA.
- The participants in the present study were recruited by means of convenience sampling. This could have led to possible selection bias, as there is a chance that not all children with visual impairments in the Western Cape area were represented in the sample of the present study. As a result, the present study's results should be generalised with caution. Future studies could consider an alternative means of sampling, for example, stratified random sampling, enabling researchers to make broader generalisations with regards to the results of future studies.
- The present study did not gather demographic data pertaining to socio-economic status (SES) of the participants. This had a limiting effect on the interpretation of the results. It is important that future studies include this variable (SES) in their analysis, as it seems that SES plays an important role in the expression of childhood fears.

- The reliability of the FSSC-SA in the present study was only determined by calculating the scales' internal consistency, which yielded a Cronbach's alpha of .97. Although this finding shows that the FSSC-SA is a reliable instrument, it is suggested (Muris, Schmidt et al., 2002) that future studies incorporate other forms of reliability testing, such as test-retest stability and interrater reliability, to further validate the FSSC-SA as a reliable instrument to use within the South African context.
- A further limitation of the present study, relates to the fact that the process of data collection varied slightly across the two groups, due to the fact that certain procedural modifications were necessary regarding the primary group and the administration of the FSSC-SA. The original schedule was completed by certain children as is, others used the assistance of a magnifying aid, for others the schedule was reproduced in large print, and for the remaining children who use Braille as their medium, the survey was administered orally. The latter responded by writing their answers next to the corresponding item number on Braille answer sheets. There is a possibility that these different testing procedures could have had an influence in the present study. However, great care was taken by the researcher to ensure that the processes of data collection were kept as uniform as possible. It should be noted that similar procedural modifications were made with great success in previous studies where the FSSC-R was administered to children with visual impairments (King, Gullone & Stafford, 1990; Matson et al., 1986; Ollendick et al., 1985a; Wilhelm, 1989).

8.9 Concluding Remarks

Although the present study incurred some limitations, aspects that added value most certainly exist.

Firstly, the present study was the first of its kind – assessing the fears of children with visual impairments – to be conducted within the South African context, and therefore added a wealth of knowledge to the under-researched and out-of-date body of knowledge involving fearfulness of children with visual impairments. Leading from this, as better insight was gained as to the fear profiles (namely, content, number, level, and pattern of fear) of children with visual impairments, future research focussing on the origins of fears

as well as on coping mechanisms employed by children with visual impairments, should be carried out. This information will aid mental health practitioners in the development of intervention programmes and treatment strategies. Previous research has noted that fears in children with disabilities have been treated successfully using fear reduction procedures, including: modelling, systematic desensitisation, and positive reinforcement (Jackson & King, 1982; Matson, 1981). These procedures typically involved graduated exposure to the fear-provoking stimuli, as well as cognitive interventions, which were focussed on problem-solving strategies and positive self-statements. Thus, it should be noted that children with visual impairments could benefit from programmes focussed on coping and defensive strategies that can be used in actual fear-provoking situations.

Furthermore, it should be noted that the present study was the first to administer Burkhardt's (2007) FSSC-SA since its adaptation approximately four years ago. It was found that the FSSC-SA is a reliable instrument for the assessment of fears in South African children, and as the present study assessed the fears of a special population (namely, children with visual impairments), it can be deduced that the FSSC-SA is suitable for use within special populations as well. However, this instrument still requires further application to establish itself as a well-known fear measure within the South African context.

As the FSSC-SA was administered on a one-to-one basis to the grade 2's and 3's in the primary group, important qualitative observations with regards to this population and their experience of fear was gained (see section 8.6). This provided the researcher with further insight into the fear experience of this special population.

The fact that the FSSC-SA was administered at the children's schools, allowed the researcher to observe the children in their natural environments and in this way gain greater insight into the context in which these children live and learn. This was especially helpful relating to the children with visual impairments, as this is a population that has not gained much attention in previous literature. Teachers at the special schools also proved to be an invaluable source of information in this regard.

As the researcher is also a person living with a visual impairment, it is thought that as she has more insight into the world in which children with visual impairments live and grow,

valuable insights and interpretations which might have been missed by other researchers were also contributed to the present study. It is much more plausible when writing from within a particular world, then to simply write “about” a world as an outsider.

To conclude, although the fear profiles of the children with and without visual impairments in the present study did not differ significantly, light was still shed on the fears experienced by South African children with visual impairments, and great insight was gained into their emotional worlds. It was noted that these children most often report fear towards items that depict potentially physically harmful and dangerous situations (for example, “Being hit by a car or truck”, “Falling from high places”, “Bombing attacks - being invaded”, and “Getting a shock from electricity”). Perhaps not surprising, these situations that were reported as most fear-provoking for children with visual impairments, are perhaps the very ones for which vision might be most useful. “Being hit by a car or truck” may, for instance, be especially scary for a person who is unable to see or clearly sense an oncoming vehicle (Ollendick et al., 1985a), or “Getting lost in a strange place” may be especially fear-provoking for individuals who suddenly find themselves in an unfamiliar setting where they are unable to survey their surroundings and orientate themselves. Still, it may be the case that some children with visual impairments have had personal experience with some of the situations that they reported and that in such a case their fears are warranted and perhaps adaptive (King, Gullone & Stafford, 1990). I dare say that many of us, if you had to find yourself without sight and living in a world of darkness, would be too scared to set foot outside the house for fear of falling or getting lost. Therefore, it may be concluded that the fears expressed by children with visual impairments in the present study are to some extent essential and adaptive for their protection and well-being. Arendt (1958), a well-known 20th century political scientist and phenomenological philosopher, summarises this beautifully: “Fear is an emotion indispensable to survival”.

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ADDENDUM A: DEPARTMENT OF EDUCATION: WESTERN CAPE: REQUEST FOR PERMISSION LETTER

Head: Education
Private Box X 9114
Cape Town
8000

04 November 2008

Dear Dr. Cornelissen

PERMISSION TO CONDUCT MASTERS THESIS RESEARCH

I am currently registered as a Masters Psychology student at the University of Stellenbosch, and I am planning to undertake research under the supervision of Dr HS Loxton, to complete my thesis entitled:

A comparative study of Fears in Middle-childhood South African Children with and without visual Impairments.

The research aims to assess various components of fears that are reported by children with visual impairments in comparison to their sighted peers. Fear is a normal emotional phenomenon experienced by children as they develop and mature. As children pass through the different stages from infancy to adolescence, so their fears change and develop as well. That which children fear is generally influenced by the environment in which they find themselves. Previous international research has found that children with visual impairments differ from their sighted peers relating to the fears that they express. The most frequent fears reported by children with visual impairments relate to situations where the possibility of physical harm is present, however findings in other studies are contradictory. Therefore, further research into this field is necessary. No studies (to the researcher's knowledge) focused specifically on the fears of children with visual impairments have been conducted within the South African context. Therefore the need to assess the fears reported by this population is of great importance. The data that the study renders will not only make a significant contribution to the base of disability knowledge, but great insight into the emotional world of children with visual impairments can also be gained.

Should the parents or guardians give their consent, assenting children will be asked to complete a short biographical questionnaire and a child-friendly survey relating to the fears they express (please see attached proposal for further detail). This assessment will be done on one occasion during school hours and shouldn't take longer than an hour. The data obtained will be used to make comparisons between the fears expressed by children with visual impairments (experimental group) in comparison to their sighted peers (control group). To make these comparisons content, number, pattern and level of fears will be investigated.

I hereby request permission to conduct research between February and March 2009 at the following three schools:

The following conditions will be adhered to:

1. The principals/teachers/learners are under no obligation to assist in this investigation.
2. The principals/learners/schools should not in any way be identified from the results of the investigation.
3. All arrangements concerning this investigation will be done personally.
4. The conditions, as stated in 1-3 above, will be submitted unamended to the school principal where the intended research is to be conducted.
5. A brief summary and completed thesis will be provided to the director: Curriculum Management (Research Section).

Thank you for considering my application.

Yours Sincerely

Lisa S Bensch (Miss)
MA Psychology Student

Dr HS Loxton
Supervisor

ADDENDUM B: DEPARTMENT OF EDUCATION: WESTERN CAPE, PERMISSION LETTER

Navrae
Enquiries **Dr RS Cornelissen**
IMibuzo

Telefoon
Telephone **(021) 467-2286**
IFoni

Faks
Fax **(021) 425-7445**
IFeksi

Verwysing
Reference **20081119-0057**
ISalathiso



Wes-Kaap Onderwysdepartement

Western Cape Education Department

ISEBE leMfundo leNtshona Koloni

Miss Lisa Bensch
Department of Psychology
University of Stellenbosch
Private Bag X1
MATIELAND
7602

Dear Miss L. Bensch

RESEARCH PROPOSAL: A COMPARATIVE STUDY OF FEARS IN MIDDLE CHILDHOOD SOUTH AFRICAN CHILDREN WITH AND WITHOUT VISUAL IMPAIRMENTS.

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **2nd February 2009 to 30th September 2009.**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Ronald S. Cornelissen
for: **HEAD: EDUCATION**
DATE: 19th November 2008

MELD ASSEBLIEF VERWYSINGSNOMMERS IN ALLE KORRESPONDENSIE / PLEASE QUOTE REFERENCE NUMBERS IN ALL CORRESPONDENCE /
NCEDA UBHALE IINOMBOLO ZESALATHISO KUYO YONKE IMBALELWANO

GRAND CENTRAL TOWERS, LAER-PARLEMENTSTRAAT, PRIVAATSAK X9114, KAAPSTAD 8000
GRAND CENTRAL TOWERS, LOWER PARLIAMENT STREET, PRIVATE BAG X9114, CAPE TOWN 8000

WEB: <http://wced.wcape.gov.za>

INBELSENTRUM /CALL CENTRE

INDIENSNEMING- EN SALARISNAVRAE/EMPLOYMENT AND SALARY QUERIES ☎0861 92 33 22
VEILIGE SKOLE/SAFE SCHOOLS ☎ 0800 45 46 47

Miss Lisa Bensch
Department of Psychology
University of Stellenbosch
Private BagX1
MATIELAND
7602

Dear Miss L. Bensch

RESEARCH PROPOSAL: A COMPARATIVE STUDY OF FEARS IN MIDDLE-CHILDHOOD SOUTH AFRICAN CHILDREN WITH AND WITHOUT VISUAL IMPAIRMENTS.

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **2nd February 2009 to 30th September 2009.**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
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11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Ronald S. Cornelissen
for: **HEAD: EDUCATION**
DATE: 19th November 2008

ADDENDUM C: PARENT/GUARDIAN INFORMATION LETTER

Title of the Research Project: A Comparative Study of Fears in Middle-childhood South African Children With and Without Visual Impairments

Reference Number: N08/08/221

Primary Researcher: Me Lisa Bensch

Address: Department of Psychology, University of Stellenbosch, Private Bag X1, Matieland, 7602

Contact Number: xxxxxxxxx

E-mail: xxxxxxxxx@sun.ac.za

Dear Parent/Guardian

This letter is a friendly, enthusiastic request to you as parent/guardian of a child with a visual impairment to allow him/her to participate in a research project, which is currently being undertaken at the University of Stellenbosch. It will be greatly appreciated if you could take a moment to read through the following information outlining the project. If you have any questions or concerns with regards to the study, please feel free to contact the researcher. It is of great importance that you are satisfied and understand what the research entails, and how your child may be involved. Your child's participation is totally voluntary and you may decline to consent. No adverse consequences will result for your child if he/she does not take part. You may also withdraw your child from the study at anytime, even if you initially gave consent for his/her participation.

This study was approved by the committee for Human research at the University of Stellenbosch, and will be executed in accordance with the ethical guidelines and principles of the international Declaration of Helsinki, the South African Guidelines for good Clinical Practice and the Medical Research Council's (MRC) ethical guidelines for research.

What is this Research Study About?

The main aim of this research is to determine whether significant differences exist between the fears expressed by children with visual impairments when compared to their sighted peers. Research on this topic is limited, and no research of this nature (to the researcher's knowledge) has been conducted within the South African context. The advantage of this study is that greater insight into the unique emotional world of children with visual impairments can be gained. Should you give your consent, your child will be asked to complete two short child-friendly self-report surveys. The surveys will be administered on the school premises during a time negotiated with the school, thus the administration of the surveys will not interfere with the children's school curriculum.

Why has your child been invited to participate?

The target group of this study includes children between the ages of 8 and 13. As your child falls within this age group, he/she has been invited to take part in the study. Your child will be part of the important primary group of children with visual impairments. The data which your child provides will make up the test data against which the fears of sighted children can be compared.

What is your responsibility?

As the parent/guardian of a child with a visual impairment it is your responsibility to sign and return the attached informed consent form if you would let your child participate in the study. Please, if you do not feel comfortable do not feel obliged to let your child take part in the research. No adverse consequences will result for your child if he/she does not take part.

Will your child benefit from participation in this research?

There are no direct personal benefits for your child if he/she takes part in this research. Children who identify themselves and their parents/guardians or teachers who report any fear related problems can seek further help at the centre for community Psychological Services: Unit for Psychology at the University of Stellenbosch. In this regard contact: Dr HS Loxton (a registered counselling psychologist) on Tel. 021 808 3417.

Does Participation in this research present any risks for my child?

Due to the fact that the research is non-therapeutic in nature, it is expected that no physical discomfort which could impact upon your child's well-being will occur. In a similar study undertaken in the Stellenbosch area by Burnett (2008), no emotional discomfort was reported by any of the children who took part. The study leader of the current study is a registered psychologist affiliated to the university of Stellenbosch, Dr H. S. Loxton. If any unexpected signs of emotional discomfort come to the fore, your child can be referred through Dr H.S. Loxton (Tel. 021 808 3417) to the unit for community psychological Services: Unit for Psychology at the University of Stellenbosch.

Who will have access to your child's survey?

All information gathered from the children will be treated as confidential at all times, and all children will remain anonymous. When reporting the results, reference will only be made to the children in terms of aspects such as: age, gender, culture and level of vision. No information used in the study will be related back to your child in his or her own personal capacity. Only me (the primary researcher) and my study leader will have access to the data.

Will you or your child be remunerated for participation in the study, and are there any costs involved?

Neither you nor your child will be remunerated for participation in this study. It will cost you nothing to allow your child to participate.

Is there anything else that you should know or do?

- If you have any questions or concerns with regards to the above, please feel free to contact me or Dr H.S. Loxton (study leader) on 021 808 3417.
- You can also contact the Committee for Human Research on 021 938 9207 if you have any further concerns or complaints relating to the research.

ADDENDUM D: PARENTS PERMISSION LETTER (PRIMARY GROUP)

This letter was printed on the letterhead of the school. In order to protect the identity of the school, this letter of permission has not been included in the electronic version of the thesis.

ADDENDUM E: OUER / VOOG: VRYWARINGSVORM (KONTROLE GROEP)

Deur die ondertekening van hierdie brief gee ek, (naam van ouer / voog)
....., toestemming dat my kind, (naam van
kind)....., wiejaar oud is mag deelneem as deel van 'n
kontrole groep aan 'n navorsings studie wat tans by die Universiteit van Stellenbosch
onderneem word. Die twee onderstande navorsingsprojekte maak deel uit van hierdie
studie.

Projek 1

**Titel: 'n Vergelykende studie van vrees in Middel-Kinderjarige Suid-Afrikaanse
Kinders met en sonder visuele gestremdhede**

Etiese Verwysingsnommer: N08/08/221

Projek 2

**Titel: Vrese van Suid-Afrikaanse middel-kinderjare-kindere wat gehoorgestrem en
van normale gehoor is**

Etiese Verwysingsnommer: N08/07/183

Ek verklaar dat:

- Hierdie inligting en vrywaringsvorm is deur myself of deur iemand anders aan my geles en dit is in 'n taal waarmee ek vlot en gemaklik kan kommunikeer.
- As my kind ouer is as 7 jaar moet hy / sy instem om aan die studie deel te neem, en sy / haar toestemming moet op hierdie vorm aangeteken word.
- Daar is vir my kans gegee om vrae te vrae en al my vrae is voldoende beantwoord.
- Ek verstaan dat deelname in hierdie studie vrywillig is en ek is nie gedruk om my kind te laat deelneem nie
- Ek verstaan dat al die inligting wat deur die studie ingesamel word konfidensieel en anoniem sal bly.
- Ek mag besluit om my kind op enige stadium van die studie te onttrek en my kind sal op geen manier benadeel of beoordeel word nie.

- Ek verstaan dat geen potensiële gevaar vir my kind bestaan as my kind deelneem aan die studie nie.
- Ek verstaan dat die vraelyste in my kind se taal van onderrig aan hom / haar voorgelê sal word.
- Ek verstaan dat my kind gevra mag word om aan die projek te onttrek voordat dit afgehandel is, indien die navorser van oordeel is dat dit in sy/haar beste belang is. Of indien my kind nie die ooreengekome studieplan volg nie.
- Ek verstaan dat die inligting wat deur hierdie studie ingesamel word gepubliseer sal word. Alhoewel geen van die inligting gekoppel sal word aan my kind in sy / haar persoonlike hoedanigheid nie.

Geteken te (plek) op (datum) 2009.

.....
Handtekening van ouer / Wettige Voog

.....
Handtekening van Getuie

ADDENDUM F: OUER/VOOG INLIGTINGS BRIEF (KONTROLE GROEP)

Ouers/VoogInligtings Brief – Projek 1

Titel van die navorsingsprojek: 'n Vergelykende studie van vrees in Middel-Kinderjarige Suid-Afrikaanse Kinders met en sonder visuele gestremdhede

Verwysingsnommer : N08/08/221

Hoofnavorser: Me Lisa Bensch

Adres: Departement Sielkunde, Universiteit Stellenbosch, Privaatsak X1, Matieland, 7602

Kontaknommer: xxxxxxxxx

E-pos: xxxxxxxxx @sun.ac.za

Beste ouer/voog

U kind word vriendelik uitgenooi om deelteneem aan 'n navorsings projek wat tans onderneem word by die Universiteit van Stellenbosch. Dit sal hoogs waardeer word indien u 'n tydjie kan afknyp om die onderstaande inligting wat die projek uiteensit deur te lees. Neem asseblief die vrymoedigheid om die navorser te kontak indien u enige vra het of indien daar enigeiets vir u onduidelik is. Dit is van die grootste belang om heeltemal tevrede te wees dat u duidelik verstaan waaroor hierdie navorsing handel en hoe u kind moontlik betrokke mag wees. U kind se deelname is verder **heeltemal vrywillig** en dit staan u vry om deelname te weier. Indien u nie u toestemming gee nie, sal dit u kind op geen manier negatief beïnvloed nie. U mag hom/haar ook op enige tyd gedurende die studie onttrek, al het u aanvanklik toegestem tot sy/haar deelname.

Hierdie studie is goedgekeur deur die Komitee vir Menslike Navorsing van die Universiteit van Stellenbosch en sal uitgevoer word in ooreenkoms met die etiese riglyne en beginsels van die internasionale Deklarasie van Helsinki, die Suid-Afrikaanse Riglyne vir Goeie Kliniese Praktyk en die Mediese Navorsingsraad (MNR) se Etiese Riglyne vir Navorsing.

Waaroor handel hierdie navorsingstudie?

Die hoof doel van hierdie navorsing is om te bepaal of daar beduidende verskille bestaan tussen die vrese van kinders met visuele gestremdhede en hul siende eweknië. Navorsing op hierdie onderwerp is beperk, en geen navorsing (tot die navorser se kennis) is tot dusver binne die Suid-Afrikaanse konteks uitgevoer nie. Die voordeel van hierdie studie is dat daar meer insig en begrip vir die unieke leefwêreld van die kind met 'n visuele gestremtheid geskep kan word. Indien u sou toestem tot u kind se deelname, sal hy/sy gevra word om twee kort, kindervriendelike vraelyste in te vul. Die vraelyste sal ingevul word tydens 'n gepaste tydgleuf wat in samewerking met die skool bepaal word. Navorsing sal dus nie inmeng met die kinders se skoolkurrikulum nie.

Waarom word u kind uitgenooi om deel te neem?

Die teikengroep van hierdie studie sluit kinders tussen die ouderdome van 8 en 12 in. Aangesien u kind binne hierdie ouderdomsgroep val, word hy/sy uitgenooi om deel te neem aan die studie. U kind sal deel uitmaak van die belangrike kontrole groep van siende kinders. Die data wat deur u kind verskaf word sal deel uitmaak van die normatiewe data waarteen die vrese van kinders met visuele gestremdhede vergelyk kan word.

Wat sal u verantwoordelikhede wees?

As die ouer/voog van u kind is dit u verantwoordelikheid om die aangehegte ingeligte-toestemmingsvorm te teken en terug te stuur indien u u kind sou toelaat om deel te neem. Let asseblief daarop dat deelname nie verpligtend is nie en indien u nie u toestemming verleen nie, u kind op geen wyse benadeel sal word nie. Daar sal slegs met navorsing begin word nadat ingeligte toestemming van ouers/voogde en kinders ingewin is.

Sal u kind daarby baat vind om deel te neem aan hierdie navorsing?

Daar is geen direkte persoonlike voordele vir u kind daaraan verbonde as hy/sy aan die navorsing deelneem nie. Kinders, wat hulself identifiseer, en hulle ouers/voogde of opvoeders wat enige vreesverwante probleme ondervind, kan egter vir verdere hulp gaan na die Sentrum vir Gemeenskapsielkundige Dienste: Eenheid vir Sielkunde aan die Universiteit van Stellenbosch. Daar kan in hierdie verband by tel. 021 808 3417 met dr. H. S. Loxton - 'n geregistreerde voorligtingsielkundige – in verbinding getree word.

Hou deelname aan hierdie navorsing enige risiko's vir u kind in?

Aangesien die navorsing nie-terapeuties van aard is, word daar geen fisieke ongemak voorsien wat u kind se welsyn kan bedreig nie. In 'n onlangse soortgelyke studie wat deur Burnett (2008) in die Stellenbosch-omgewing uitgevoer is, is daar geen emosionele ongemak deur enige kind ervaar nie. Die studieleier van die onderhawige studie is 'n geregistreerde sielkundige, dr. H.S. Loxton, verbonde aan die Universiteit van Stellenbosch. Indien daar egter enige onverwagte tekens van emosionele ongemak is, kan die kind deur middel van dr. H.S. Loxton (tel. 021 808 3417) verwys word na die Eenheid vir Gemeenskapsielkundige Dienste: Eenheid vir Sielkunde, aan die Universiteit van Stellenbosch.

Wie sal toegang hê tot u kind se vraelys?

Alle inligting wat van die kinders verkry word, sal te alle tye as vertroulik behandel word en al die kinders sal naamloos bly. Wanneer die resultate aangebied word, sal daar slegs na die kinders verwys word ten opsigte van hulle geslag, ouderdom, aantal visie en etnisiteit. Geen inligting sal enigsins direk persoonlik verbind kan word met u kind nie. Slegs ek (die primêre navorser) en my studieleier sal toegang hê tot die inligting.

Sal u of u kind daarvoor vergoed word om deel te neem aan hierdie studie en is daar enige koste daaraan verbonde?

Nie u of u kind sal vergoed word om deel te neem aan die studie nie. Dit sal u niks kos om u kind te laat deelneem nie.

Is daar enigiets anders wat u behoort te weet of doen?

- U kan óf met my skakel, óf met dr. H.S. Loxton (studieleier) by tel. 021 808 3417, indien u enige verdere navrae het of probleme teëkom.
- U kan by 021 938 9207 in verbinding tree met die Komitee vir Menslike Navorsing indien u oor enigiets bekommerd is of enige klagtes het oor iets wat nie behoorlik deur die navorser behandel is nie.

ADDENDUM G: BIOGRAPHICAL QUESTIONNAIRE

All the information in this form will be used for research purposes alone and your identity (name, surname, etc) will not be linked to the results of the study.

Please answer all the questions

1. What is your name?

2. What is your surname?

3. How old are you?

4. When is your Birthday?

5. Are you a boy or a girl?

Girl

Boy

6. What is your school's name?

7. What grade are you in?

8. Where do you stay in the week? In the hostel or at home?

Hostel

Home

9. If you stay in the hostel, when do you go home?

Every Weekend

Some Weekends

Only Holidays

10. What cultural/Ethnic group do you belong to?

Black

Coloured

White

ADDENDUM H: BIOGRAFIESE VRAELYS

Al die inligting in hierdie vraelys sal slegs vir die navorsing gebruik word en jou inligting (naam, van, ouderdom, ens) sal geensins aan die resultate van die studie gekoppel word nie.

Antwoord asseblief al die vrae.

1. Wat is jou naam?

2. Wat is jou van?

3. Hoe oud is jy?

4. Wanneer verjaar jy?

5. Is jy 'n seun of 'n dogter?

Dogter

Seun

6. Wat is jou skool se naam?

7. In watter graad is jy?

8. Waar bly jy in die week? In die koshuis of by die huis?

Koshuis

Huis

9. As jy in die koshuis bly, waneer gaan jy huis toe?

Elke Naweek

Party Naweke

Net Vakansies

10. Aan watter kulturele of rasgroep behoort jy?

Swart

Kleurling

Wit