FEARS OF CHILDREN AND ADOLESCENTS AND THEIR RELATION TO INDIVIDUAL CHARACTERISTICS AND CONTEXTUAL FACTORS: A CROSS-SEQUENTIAL STUDY

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

BEGÜM SERİM-YILDIZ

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF DOCTOR OF PHILOSOPHY
IN
THE DEPARTMENT OF EDUCATIONAL SCIENCES

DECEMBER 2018

Approval of the Graduate School of Social Sciences

_____

Prof. Dr. Tülin Gençöz

Director

I certify that thesis satisfies all the requirements as a thesis for the degree of Doctor of Philosophy.

_____

Prof. Dr. Cennet Engin Demir

Head of Department

This is to certify that we have read this dissertation and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Doctor of Philosophy.

_____

Prof. Dr. Özgür Erdur-Baker

Supervisor

Examining Committee Members

Prof. Dr. H. Giray Berberoğlu (Başkent Üni., EDS)	_____
Prof. Dr. Özgür Erdur-Baker (METU, EDS)	_____
Prof. Dr. Oya Yerin Güneri (METU, EDS)	_____
Prof. Dr. Semra Sungur (METU, MSE)	_____
Assoc. Prof. Dr. Neslihan Güney Karaman (Ankara Üni., EP)	_____

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name, Surname: Begüm Serim-Yıldız

Signature :

ABSTRACT

FEARS OF CHILDREN AND ADOLESCENTS AND THEIR RELATION TO INDIVIDUAL CHARACTERISTICS AND CONTEXTUAL FACTORS: A CROSS-SEQUENTIAL STUDY

Serim-Yıldız, Begüm
Ph.D., Department of Educational Sciences
Supervisor: Prof. Dr. Özgür Erdur-Baker

December 2018, 209 pages

The purpose of the present study was to compare fears of children and adolescents from different age populations (2010-2017 and generations (1999-2002 through a cross- sequential design (a combination of cross-sectional and longitudinal designs and to examine the relationship between the life events experienced by same age population over years. The sample of the study consisted of two data sets from 2010 with 1315 children and adolescents (642 female and 673 male) and 2017 with 1248 children and adolescents (611 female and 637 male). Turkish version of Fear Survey Schedule for Children (FSSC-TR), checklist of life events and a demographic information form were used to collect data. To reach the aims of the study, after confirming previously suggested factor structure for FSSC-TR (Serim, 2010), contemporary fears of Turkish children and adolescents with regard to gender, age and SES; change in the fears of children with regard to data collection year; most common fears for age, gender and SES groups; change in the fears of childrens with regard to birth cohorts and relationship of children's fears to life events were examined. Results showed changes in fears of children. Although religious fears are still common

frequency of endorsement of terror- related items are in an increase which is an evidence of the impact of cultural practices as well as the negative life events the society experiencing.
Keywords: fear, children, culture, negative life events, FSSC

ÖZ

ÇOCUK VE ERGENLERİN KORKULARI VE BİREYSEL ÖZELLİKLER VE ÇEVRESEL ETMENLERLE İLİŞKİSİ:
ENLEMESİNE ARDIŞIK BİR ÇALIŞMA

Serim-Yıldız, Begüm
Doktora, Eğitim Bilimleri Bölümü
Tez Danışmanı: Prof. Dr. Özgür Erdur-Baker

Aralık 2018, 209 sayfa

Bu çalışmanın amacı, Türkiye'de yaşayan çocuk ve ergenlerin korkularının farklı ölçüm yılları (2010-2017) ve nesillere (1999-2002) göre karşılaştırmasını, boylamsal ve kesitsel desenlerin birleşimi olan enlemesine ardışık araştırma deseniyle farklı yaş, cinsiyet ve sosyo- ekonomik gruplar arasında yapmaktır. Çalışmanın örneklemini iki farklı veri kümesi oluşturmaktadır. İlki 2010 yılında toplanmıştır ve 1315 çocuk ve ergenden (642 kız ve 673 erkek) oluşmaktadır. İkincisi 2017 yılında toplanmıştır ve 1248 çocuk ve ergenden oluşmaktadır (611 kız ve 637 erkek). Veri toplamak için Çocuklar için Korku Ölçeği, yaşam olayları listesi ve demografik veri formu kullanılmıştır. Çalışmanın amaçlarına ulaşabilmek için, daha önce Çocuklar için Korku Ölçeği için belirlenen (Serim, 2010) faktör yapısı doğrulandıktan sonra Türkiye'de yaşayan çocuk ve ergenlerin farklı yaş, cinsiyet ve sosyo-ekonomik statü grupları göz önünde bulundurularak güncel korkuları, çocuk ve ergenlerin korkularının ölçüm yıllarına (2010-2017) ve nesillere (1999-2002) göre değişimi, yaş, cinsiyete ve sosyoekonomik statüye göre en çok ve en az yaygın korkuları ve çocuk ve ergenlerin korkularının yaşam

olaylarıyla ilişkisi incelenmiştir. Sonuçlar, çocuk ve ergenlerin korkularının içeriği, yoğunluğu ve sıklığındaki değişimi yaş, cinsiyet ve sosyo-ekonomik statü gruplarını göz önünde bulundurarak ölçüm yılı ve nesillere göre açıklamıştır. Her ne kadar Türkiye'de yaşayan çocuk ve ergenler arasında din ile alakalı korkular halen yaygınsa da, terörle ilgili korkuların ifade edilme sıklığında gözlenen artış, kültürün çocuk ve ergenlerin korkuları üzerinde etkisini gösterdiği kadar, toplumun deneyimlediği olumsuz yaşam olaylarının da korkular üzerine etkisinin kanıtıdır.

Anahtar Kelimeler: korku, çocuk, Çocuklar için Korku Ölçeği, kültür, olumsuz yaşam olayları

To dear memory of my daddy

ACKNOWLEDGEMENTS

This is the end of the most challenging process of my life, which will open new doors for the rest. Writing a thesis was the stressful and demanding part of it but also contributed to me a lot. Through this process, I learned too much and almost every person in my life assisted me.

First of all, I owe my special thanks to Prof. Dr. Özgür Erdur- Baker for her continuous energy and patience. When I first started to study with her more than ten years ago, I had difficulty in motivation and attending to classes. Through my education under her guidance, I got married and had two kids, which sometimes slowed me down, but with her endless patience, guidance, support and encouragement I finished courses and my theses. Her discipline and creativity would always be a role model for me in my academic life. It was an honor and big chance for me to have opportunity to study with her as a student, as a woman and as a counselor.

I want to extend my deepest appreciations to my Examining Committee members, also. I am grateful to Prof. Dr. Giray Berberoğlu primarily for his guidance for analyses of my study and then for his contributions to my thesis. I am thankful to Prof Dr. Oya Yerin- Güneri, Prof. Dr. Semra Sungur and Assoc. Prof. Dr. Neslihan Güney- Karaman for their invaluable suggestions and contributions to my thesis.

My sincere thanks also go to children, preadolescents and adolescents who participated my study and filled the survey with great patience and to their parents who permitted them to attend my study. Moreover, I want to thank to Serkan Karafilikoğlu, Selma Türk and Menekşe Altay who helped me a lot in data collection, as well as at the times when I was trying to stand up against the challenges of writing a thesis.

Moreover, I wish to present my special thanks to my dear friends, Merve Zayim-Kurtay, İdil Aksöz- Efe, Funda Barutçu- Yıldırım and Çiğdem Topçu-Uzer, for their contributions in the translation process of the data collection instruments of this thesis study, beside for many things they helped me a lot. In addition, special thanks to Selin Onaylı for her warmth, being with me even with just a phone call whenever I needed her for everything and being a sister for my kids.

Finally but not least, I should thank to my family. Words cannot fully express my gratitude to my family. I would like to express my deepest thanks to my Deniz, who was my husband at the beginning, but he is now my dad, brother, son, best friend, and teacher and so on. He was always with me and tolerated me in the stressful times of the study and my life. He was my strength when I was weak. I learnt a lot from him and this will go on until the end. I love you so much. I want to thank to Deren, my ladybug, for her patience when she was always waiting for me to play together when I was studying. Now we are going to play together whenever you want, to compensate passed time. Lastly, I want to thank to, Atlas, my little, for being an easy baby enough for me to write a thesis in a short time.

I shall always be indebted to my mother, Betül Serim for her endless support, unconditional love and sacrifice all through my life. I would like to extent my thanks to my father, Zeki Serim for teaching me the value of being hardworking and giving motivation through my life. I send my deepest love to him. You left me very early, I need and miss you very much. We will be together one day and I have many things to tell you. I should also thank to my little sister Tuğçe Serim, because she makes me smile in my difficult times. Also, I would like to thank to my parents-in-law Aysel Yıldız and Turan Yıldız for their support and love. I love you all…

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

"Safety and security don't just happen; they are the results of collective and public investment. We owe our children, the most vulnerable citizens in our society, a life free of violence and fear."

(Nelson Mandela)

1.1. Background of the Study

Fear is a double edged knife, as being an adaptive response to real or imagined threat (Hall, 1897) which protects from danger and maintains learning, but at the same time lessens capacity of memory, suppresses perceptions, decreases problem solving skills, damages social interactions and sense of self (Lazarous, 1971). In addition, fear and some other negative emotions such as anxiety, phobia and worry have a relationship close enough to be used interchangeably by some authors (e.g. Clark & Beck, 2010). Majority of the studies suggested a high correlation especially between fear and anxiety (e.g. King, Gullone & Ollendick, 1992).

Despite its adaptive nature, because of its close relationship to emotions interfering with daily functioning of individuals such as anxiety and phobia and its predicting nature of later anxiety disorders, fears of children and adolescents should be monitored by adults including families, educators, counselors and other mental health professionals. Hence, fear studies have been very popular from the beginning of 18th century. Starting with the Darwinian perspective, depending on the theories previously

put forward by famous child development theoreticians, researchers studying on fears of children and adolescents presented various types of fears, on a wide range from fear of death and danger to medical and situational fears, because of the variety in the characteristics of the samples utilized in studies. Especially age, gender, socioeconomic status, location of and events occurring in the living area have been found correlated to different types of fears.

Darwin (1872), the father of evolution, mentioned hereditary and instinctive properties of fear brought from the first man which is a reaction shown against danger to protect body integrity. Hence, the fight and flight responses in case of fear are frequently emphasized by the researchers as an evidence to the survival value of especially fear of dark, strangers and water (Barlow, 1988). Then, Freud (1920), too, explained children's fear of strangers with heritage, but added that early experiences have influence on different fears types of children. Subsequently, as being his student, Erikson (1959), followed Freudian psychodynamic approach, but mentioned psychosocial developmental stages by adding the role of interaction with society and culture on the emotional development of children. According to him, in the life span process individuals are responsible for solving conflicts specific to their ages and inability in solving conflicts lead to fears specific to required tasks of the certain developmental stage; such as in infancy mistrust leads to fear of loud noises and dark (Erikson, 1963) or in adolescence fears related to social interactions might be as a result of role confusion (Warren & Sroufe, 2004). Similarly, Piaget (1970) suggested developmental stages and tasks specific to those stages from birth to the end of adolescence, which explain emerging cognitive abilities of individuals by ages. In line with this idea, depending on cognitive developmental stages, researchers explained fears of children and adolescents with regard to their age. For instance, in pre-operational stage, in infancy, lack of object permanence was thought to be the reason of the separation fear from the mother (Maisto, 2005) or sensitivity to the opinions of others was speculated to be positively correlated to fear of failure and criticism in concrete operations stage, in adolescence (Westenberg et al., 2007). In addition, intensity and prevalence of children's and adolescents' fears were found to decrease

with increasing age, in other words younger children have tendency to have higher level of fears than their older counterparts. Thus, age has become an indispensable variable for fear studies, because almost all of the results suggested differences among age groups in terms of content, intensity, frequency and prevalence of children's fears (e.g. Le-O'Loughlin, 2014).

On the other side, some other theoreticians of child development focus on the role of environmental factors beside the individual characteristics. Following the very early study of Pavlov (1903), conditioning experiences have been the subject of many research studies, but Bandura's social learning theory contributed to the child development field of research with a more comprehensive approach involving the role of observational learning. Depending on social learning theory, Rachman (1977) mentioned three-pathways to the acquisition of fear; direct experiences (conditioning), vicarious learning (modeling) and negative information transmission. Results of various research studies provided evidence to the relationship of children's and adolescents' fears to the experiences (e.g. Rantavouri, Zerman, Ferro & Lahti, 2002), modeling (fear responses of other people around) (e.g. Olak et al., 2013) and negative information transmission (Remmerswaal, Muris & Huijding, 2013). By this way, the role of environment covering children's learning experiences and interaction with the other people around has taken place in the literature of fear research.

However, from a wider perspective, the trending topic in fear research field has become the role of societal and cultural factors involving the historical time and place effect on the fears of children and adolescents. Recently, Bronfenbrenner (2005) suggested four components influencing child development; process (the interaction between the child and the immediate environment), personal characteristics (physical characteristics like age, gender, race; skills; knowledge), context (microsystem, mesosystem, exosystem, macrosystem), and time (timing of developmental tasks, historical events). By Process-Person-Context-Time (PPCT) approach he contributed to the field by involving all aspects of interaction of children with the environment from micro (e.g. the relationship with the family, friends at school and parent's social

connections) to macro level (e.g. the impact of societal, cultural and economic changes, some of which occurred because of historical events or nationwide regulations). In line with this idea, the role of parenting practices, gender roles, racial and socioeconomic diversities, and events having impact on large scale of people which rooted from or occurred in a particular culture on fears of children and adolescents have been examined frequently. Results of studies conducted in different countries (e.g. Muris, Mayer, Eijk & Dongen, 2008) showed the variability of children's fears in different socio-cultural settings as an evidence to socially constructed nature of fears. In addition, through cross-cultural investigations (e.g. Kayyal & Widen, 2015), differences between fears of children raised in various cultures were concluded with an expectation of meeting multicultural needs of children as well as adults responsible of their well-being.

Gender is a very common interest area in fear studies (Muris, Meesters & Knoops, 2005). Most of the findings suggested differences among gender groups for intensity, content and prevalence of children's and adolescents' fears which were discussed considering the influence of cultural norms on the identification of genders roles of children. When compared in same age groups, it was found that female children and adolescents have higher level of fears (e.g. Burnham, Lomax & Hooper, 2012) as well as the fear experiences such as psychics stress (Gullone, King & Ollendick, 2000). Moreover, results suggested that mostly female children report fears related to safety of self and significant others (e.g. fear of getting lost in a strange place and a burglar breaking into my house) (e.g. Burnham, Lomax & Hooper, 2012) while fears related to success at school are more common among male children and adolescents (e.g. fear of failing at school) (e.g. Mellon, Koliadis & Paraskevopoulus, 2004).

Considering the societal, economic and cultural influences on fears of children and adolescents, the historical time effect, covering both cohort (i.e. individuals born in different years might have been influenced differently from the same event) and period effect (i.e. individuals born in different years might have been influenced relatively similar) and place effect, suggested by Elder (1998), have well been observed through examining the impact of negative life experiences (e.g. both natural and man-made

disasters) on fears of children and adolescents. Results of the studies utilizing both victim and non-victim children and adolescents indicated changes to a degree in content and intensity of children's and adolescents' fears, whether or not to be close to the area of the event (e.g. Burnham, Hooper & Ogorchock, 2011). In addition, a relationship between children's fears and some circumstances having impact on a particular location such as fear of diseases which have high prevalence rate in some countries have been found (e.g. Burkhardt, Loxton, Kagee & Ollendick, 2012).

Since fears of children and adolescents vary according to socio- cultural atmosphere, in Turkey a need for investigation of fears of children and adolescents raised. A comprehensive study utilizing children and adolescents between the ages of 8 and 18 examined fears of Turkish children and adolescents. Consistent with the findings of previously conducted studies in various countries of the world, being female, younger and from low socioeconomic background were found positively correlated to higher level of fear. In addition, in line with the idea suggesting differences between the fear contents of children from different countries, Turkish children and adolescents reported fears different than their counterparts from other countries of the world (e.g. fear of God) (Serim, 2010). However, fears of Turkish children and adolescents might be changing since they have been experiencing many negative life events such as being exposed to long lasting terrorism and murder cases through media and they are living in a geographically disadvantageous area such as being on the fault line carrying high risk of earthquakes.

To sum up, fear as one of the primary emotions has survival function in human life. At the same time, the level of any given type of fear should be on an optimal level not to interfere with daily functioning of the individuals, because fear has been found to be closely related to anxiety, phobia and worry. Fears of children and adolescents show difference which goes parallel to their social and cognitive development, in other words fears of children and adolescents vary among age groups. Also, gender seems to be one of the most important demographic factors as majority of existing studies reported significant gender differences. Lastly, but not least importantly, social and cultural characteristics of the society also correlated to fears of children and

adolescents. Events occurring in society impact children's and adolescents' fears. Thus, examining how fears of children and adolescents differ over years among birth cohorts is vital as well as observing age, gender and SES differences.

1.2. Purpose of the Study

The present study has three different but complimentary aims. First one is to identify contemporary fears of Turkish children and adolescents with regard to age, gender and SES. Second one is to compare fears of children and adolescents from different age populations (2010-2017) and generations (1999-2002) which makes current study a cross- sequential study. Last one is to examine the relationship between the life events experienced by the individuals at same age population over years and their fears.

1.3. Significance of the Study

Fears of children and adolescents have been an interesting topic for researchers with its positive and negative effects on many aspects of development (e.g. cognitive development). Although fear has vital importance as being an adaptive emotion for individuals to protect physical and psychological wellbeing, its tendency to be transferred into emotions damaging normal developmental patters like anxiety and phobia make researchers to focus on trajectory of children's and adolescents' fears, as well as the mental health professionals working with children and adolescents. Carrying the aim of examining fears of children and adolescents numerous studies were conducted considering age, gender and SES differences and recently, the impact of negative life events on fears of children and adolescents has been mentioned a lot. Results suggested that fears of children and adolescents vary depending on age, gender and SES factors as well as the impact of societal, economic and cultural changes occurred in the society as a consequence of life events.

Being one of those studies that aims to understand the trajectory of children's and adolescents' fears in Turkey, the significance of the present study comes from two sources; the implications of the findings in terms of counseling and education purposes, and in terms of research purposes.

Since, fears of children and adolescents might change as a result of societal, economic and cultural changes in global and national level, it is important to monitor fears of children and adolescents regularly with reliable and valid instrument tools. As it was 2010 the last time fears of Turkish children and adolescents were examined, considering that our country has experienced several natural and human made disasters including coup attempts, traffic accidents, floods, economic crisis, women murders as well as wars in our neighboring countries and long lasting terrorism, fears of children and adolescents in terms of types and intensity might be changing. Hence, contemporary fears of Turkish children and adolescents with regard to age, gender and SES should be investigated. In addition, to be able to conclude changes in fears of children and adolescents as a result of negative life experiences, comparisons between birth cohorts should be made. Understanding such change would help psychological counselors as well as parents and educators on how to monitor and help children and adolescents and formulate prevention and treatment programs.

Majority of previous studies examining fears of children and adolescents utilized cross-sectional methodology (e.g. Serim, 2010) and only a few studies were longitudinal (e.g. Burnham, 2007) in nature. Both of these methodologies have advantages and disadvantages. Longitudinal studies showed developmental patterns among the fears of children and adolescents for both groups and individuals, but carried the risk of losing participants over time (Farrington, 1991). On the other hand, for cross-sectional designs there is not risk of mortality or time wasting and results provide comparison of fears of children and adolescents with respect to many variables at the same time, but yet changes over years cannot be concluded. However, results of a cross-sequential study utilizing same age children and adolescents born on different years would conclude fear differences among generations without a risk of mortality as a result of comparing groups not the individuals. In addition, a comparison of fears of children and adolescents with respect to age, gender and SES can be made. Thus, in the present study, a cross-sequential design which has advantages of both longitudinal and cross-sectional studies is utilized. Through this design, two waves of data sets (2010 and 2017) are used for three purposes. Firstly, to conclude changes in fears of children and adolescents between the ages of 8 and 18, from 2010 to 2017, a

comparison between same age groups were done (i.e. a comparison of fears of children at age 8 in 2010 and 2017. Secondly, to conclude differences between fears of children and adolescents in different generations, a comparison between birth cohorts from 1999 to 2002 were done (e.g. a comparison of fears of children at age 8 in 2010 who become 15 in 2017. Lastly, the relationship between certain types of children's and adolescents' fears (fear of death and danger, school and social stress fears, medical and situational fears and experiences related to those fear types were investigated.

The results of the study is helpful to understand a how types and intensity of fears vary among children and adolescents from different age, gender and socioeconomic groups, (b how fears of children and adolescents at the same age varies in different time frames, c how fears of children and adolescents in same birth cohorts change over years, (d how negative life events impact fears of children and adolescents.

1.4. Research Questions

1. Is there any significant difference between fear scores (for total and five factors) of children and adolescents across age (children, preadolescents and adolescents), gender and SES (low and middle) groups?
2. What are the most commonly endorsed fears in 2010 and 2017 among age, gender and SES groups as well as the total sample?
3. Is there any significant difference between fear scores gathered in 2010 and in 2017 across age and gender groups after SES controlled?
4. Is there any significant difference between fear scores of birth cohorts between the years of 1999 to 2002 across gender groups after SES controlled?
5. Is there any relation between the fears (fear of death and danger, school and social stress fears, medical and situational fears) and related negative life experiences of children and adolescents?

1.5. Definition of Terms

Fear is "a normal reaction to a real or imagined threat, is seen as integral part of development" (Gullone & King, 1992, p.137).

CHAPTER 2

REVIEW OF THE LITERATURE

The main aim of this study is to draw developmental trajectory of fears of children and adolescents between the ages of eight and eighteen living in Turkey. To reach this goal, existing national and international literature on the nature of fear and its related variables were investigated. In this section, the related literature were summarized with the titles of definition and nature of fear, normality of fear, structure of fear and fear acquisition of children and adolescents.

2.1. Definition and Nature of Fear

According to Differential Emotions Theory, fear is one of six basic emotions (interest, joy/happiness, anger, sadness, disgust and fear) which include neural movements, expressive behaviors and feelings arising rapidly and unconsciously against perceived stimulus (Izard, 1977; 2007). Nevertheless, in nature by being future-oriented, fear is assumed to be different from other emotions in which current situations are evaluated cognitively for future implications (Kayyal & Widen, 2015).

Marks (1987) defined fear as an unpleasant and distressing feeling, which is an innate response to a real or imagined threat. On the other hand, fear is an integral part of children's normal emotional development, which warns against danger (Gullone, 1999). Throughout the development, it is inevitable to experience some amount of fear for children and adolescents (Ollendick, King & Muris, 2002). Slee and Cross (1989) defined fear as children's way of understanding world and their place in it. Vologodina (2006) emphasized the functions of fear in human life as converting scientific and creative potential of individuals to fight, protecting against and avoiding the meeting with danger, way of recognizing world and developing attitude towards life. In other words, fear response is similar to working principle of an alarm system beginning with

discovering threat and resulting with a support dominated by potential fight or flight (Öhman, 2008). So, it can be concluded that fear is an adaptive process in which children estimate possible threat and onset of the events causing that threat by learning the relationship between the threating stimuli and the cues related to that (Öhman & Mineka, 2001).

2.1.1. Nature of Fear

With its irrefutable survival value coming from its function as a signal for potential danger which is common among mammals (LoBue, 2013), fear has taken attention of researchers from very early years. However, till the book "The Development of Child" was presented by Allebe (1845), fears of children were not covered in the literature. Allebe did not mention fear as normal part of development, but a problem caused by the anxiety of mother, though. Then in 1894, Kooistra, emphasized the environmental influences and suggested that parents should deal with children's fears.

To the researcher's knowledge, first academic study on making detailed description of children's fears was conducted more than a century ago by G. Stanley Hall (1897) and suggested fear to be a normal emotional response, necessary for learning and protecting self from danger. Since then many studies have been proposed to understand and measure normal fear (e.g. Jersild & Holmes, 1933; Gullone, 1999; 2000; Ollendick, King & Muris, 2002; Burnham, 2005; 2009). The reason behind there have been a considerable amount of fear studies especially on fears of children and adolescents is the motivation to determine developmental fears from pathological ones (Gullone, 2000).

Freud (1920) divided fear into two; the real fear which is rational, comprehensive and against to the expected danger and the neurotic fear which is described as free-floating fear meaning that it is felt uncertainly against any condition. Basically, normality of fear is determined depending on the individuals' age and stage, duration of fear and its influence on daily functioning (Boon & Sheridan, 2001). Persistent fears causing stress

and impairment to the child's life were found related to clinical fears (Salum, Desousa, Rosario, Pine & Manfro, 2013).

Because of their similarities in nature, authors preferred to employ the terms fear, anxiety, phobia and worry interchangeably in some cases. Clark and Beck (2010) defined fear as "the basic cognitive process underlying all anxiety disorders" (p. 29). Especially for distinction between anxiety and fear, the discussion is continued till now (Stanley, 2002). They both have same physiological (i.e. sweating, trembling and gastrointestinal stress) and emotional (feeling of excitement and solicitude) dimensions (Kalatzkaya, 2010), but they are still different in cognitive processing (Barrios & Hartmann, 1988). Although it is argumentative, physiological and behavioral components are dominant for fear process, which is assumed to be a response to imminent threat, while cognitive components are more salient for anxiety as being a response to future threat (Stanley, 2002). Early studies suggested a strong relationship between fear and specific types of anxieties (e.g. Ollendick, Yule & Ollier, 1991; King, Gullone & Ollendick, 1992) and this is because fear is defined as the most dangerous of all emotions (Kalatzkaya, 2015). More recent fear and anxiety studies included phobia which is defined as the more severe, long-lasting and age-inappropriate version of fear (Turner & Romanczyk, 2012) and worry which is basically defined as negative repetitive thinking (Watkins, 2008), too. Belgian adolescents were given Fear Survey Schedule for Children –Hawaii (FSSC- HI), Spence Children's Anxiety Scale (SCAS) and State- Trait Anxiety Inventory for Children (STAIC) and results suggested a correlation of fear of failure and criticism (r=.77 and r=.59), aversive social fears(r= .64 and r=.50), and anticipatory social fears (r=.75 and r=.58) to social phobia and generalized anxiety, respectively. Also, fear of unknown (r =.66) scores of children was found associated with separation anxiety (Muris & Ollendick, 2002). On the other side, comparison of fear and anxiety scores of clinically referred children and adolescents between the ages of 5 and 17 resulted with significantly higher total fear scores for children and adolescents with generalized anxiety disorder, separation anxiety disorder and social anxiety disorder. Interestingly, results did not suggest high level of fears for children and adolescents with phobic

disorders (Muris, Ollendick, Roelofs & Austin, 2014). Authors of the aforementioned study speculated that this does not mean fear and phobia are not correlated, but phobia needs to be faced with the stimulus or situation to be observed while anxiety exists anytime so observation is easier for researchers. With an aim of examining the relationship between fear and worry, Laing, Fernyhough, Turner and Freesston (2009) interviewed with 142 children in four age groups; 7-8 years, 10-11 years, 13-14 years and 15-16 years from England. Results suggested a correlation between fear and worry for ages 7-8 (r= .62), 10-11 (r= .58), 13-14 (r= .58) and 15- 16 (r= .69).

In addition to anxiety, phobia and worry, the relationship of fear to depression of children were examined and results suggested modest level of correlation between level of fear and depression in children and adolescents (Ollendick & Yule, 1990; Ollendick, Yule & Ollier, 1991; Dong, Yang & Ollendick, 1994). Moreover, it was found that after negative life events, increased level of fears related to the negative event increases level of depression in children and adolescents (Yule, Udwin & Murdock, 1990).

2.1.2. The Structure of Fear

As mentioned before, fear is an adaptive and normal part of development but, Kalar et al.(2013) suggested that fear may damage mind resulting with impaired mental and physical health, disturbed normal sleep patterns and lack of self-confidence. Therefore, research studies involving various groups demographically (age, gender, geographic location, race, religion etc.) different from each other were conducted to classify fear. Research on fears of children and adolescents provided information about developmental patterns, frequency, intensity and duration as well as the classification (Muris & Ollendick, 2002). Some of the studies suggested same or similar structures (e.g. Burnham, 2009; Serim, 2010) while some of them were completely different (e.g. Mellon, Koliadis & Paraskevopoulos, 2004). Depending on the year and place of measurement, different classifications have been discussed as a result of principal component, exploratory and confirmatory factor analyses.

Jersild and Holmes (1935) made first classification of fear as concrete events (animals, strange people etc.), losses (failure, death etc.) and imaginative fears (supernatural, darkness etc.). Then, Angelino and Shedd (1953) generated another classification including categories as school, health, economic and political, social relations, personal appearance, personal conduct, safety, natural phenomena, animals, and supernatural phenomena. After that for many years, several different types of fears of adults, children and adolescents were suggested. Firstly, Scherer and Nakamura (1968) divided fears into eight subtitles as failure and criticism, major fears, minor fears-travel, medical, death, the dark, home/school-related and miscellaneous. Then, Ollendick (1983) revised the previous model and suggested a similar but narrowed one; failure and criticism, the unknown, injury and small animals, death and danger and medical fears. Then came Gullone and King's (1992) types of fears which was almost identical to Ollendick's (1983); fear of death and danger, fear of the unknown, fear of failure and criticism, animal fears, psychic stress-medical fears. Afterwards, Muris and Ollendick (2002) suggested a new classification in which social fears were divided into two as aversive and anticipatory social fears. Totally seven components of fear as fear of death and danger, aversive social fears, fear of unknown, animal fears, medical and situational fears, school performance fears and anticipatory social fears were introduced.

As being a popular topic among researchers from various countries of world, by utilizing children and adolescents with different nationalities, some other types of fears such as fear of darkness and loneliness (e.g. going to bed in the dark) (Abdekhodaie, Arghabaei & Ehsan, 2016), fear of scary things (e.g. ghosts) (Burnham, Lomax & Hooper, 2013), agoraphobic fears (e.g. closed places) and fear of aggressive scenes (Dias, Maroco, Leal & Arrindell, 2016) were defined. Types of fears reported by Turkish children were as follows; fear of death danger, medical and situational fears, fear of unknown, fear of animals and school and social stress fears (Serim, 2010).

2.2. Fear Acquisition of Children and Adolescents

Fears of children and adolescents have taken attention of researchers from very early years to today all over the world, because, individual differences among children and adolescents beside the similarities have been introduced. Starting from 19th century, well known theorists have focused on the acquisition of fear and explained fears of children and adolescents from their point of view. In this section, fear acquisition of children and adolescents will be explained from biological, psychodynamic, cognitive, behavioral and contextual perspectives.

2.2.1. Biological Perspective

In his book, The Expression of Emotions in Man and Animals, Darwin (1872) gave the first signals of the idea that fear is inherited and instinctual. According to him, emotions began as survival and then became habitual. By observing reactions of his 2-years-old son against zoo animals, Darwin (1877) suggested that some fears of human are observed because of natural selection as the inherited effects of dangers coming from prehistoric times independent of experience. Then, Rachman (1977) proposed a model supporting the idea of Darwin especially on fear of strangers and dark. He suggested that child learns how to deal with the fear, and then intensity of it decreases and lastly becomes a habit. Following him, Di Nardo and Barlow (1988) emphasized the survival value of fear and suggested that fear is a primitive and basic emotion by which individuals are prepared for fight or flight response physiologically and behaviorally. Fight or flight response is defined as the diversion of blood to the parts of body where the energy is most needed for running or protecting self from the danger which results with increased hearth rate, rapid breathing, tenseness of muscles, sweating and dryness of the mouth (Plaford, 2013).

To the researcher's knowledge, first study proposed to be an evidence to inherited nature of fears was by Menzies and Clarke (1995) which examined water related fears of children. 72% of the parents did not report any experience related to water supporting the idea that majority of children with fear of water displayed fear since their first contact. Later, Poulton, Menzies, Craske, Langley and Silva (1999) investigated the same issue and found similar results which suggested that children

with and without fear of water had no difference in terms of the amount of water exposure or water related accident.

Among the studies supporting the idea that fears of children are evolutionarily pre-programmed and unlearned, twin studies are noteworthy. Rose and Ditto (1983) utilized totally 354 children and adult twins between the ages 14 and 34. Results indicated that fear of loved ones' and personal death showed similarity for twins although some variations were observed among different age groups. Similarly, Stevenson, Batten and Cherner (1992) examined fears of 384 twins between the ages 8 and 18 and suggested no significant difference between the fear scores of twins for fear of failure and fear of medical subscales. Genetic effects on individual differences in fearfulness were reported only for fear of unknown and fear of injury and small animals. Both of the studies proposed to declare the role of genetic influences in the fear of youth and suggested that fear of one twin could be a predictor of the co-twin's fears.

Aforementioned studies confirmed the idea of Darwin (1872) presenting that children born with some types of situational fears like fear of water, height and dark to protect them against dangers coming from those types of stimuli. However, possible previous experiences with uncontrollable events, pain experienced during the event (Coelho & Purkis, 2009) and learning or conditioning happened without awareness (Öhman & Soares, 1994) could have impact on development of fear so those issues should be considered and kept in mind when grounding the fears of children and adolescents on inheritance.

2.2.2. Psychodynamic Perspective

Although he is a medical doctor, Freud, the founder of psychodynamic approach, preferred to examine fears from psychological comprehension instead of anatomical cause of fear condition. According to him, fear is an unplanned reaction of ego, which is the mediator between id (instincts and pleasure seeking) and the superego (obeying the rules of parents and society) against an expected danger or harm and an expression of instinctual self-preservation. He explained fears of children against strange people, new situations and objects by their weakness and ignorance that were in fact a heritage, in other words children continue behaviors of primitive prehistoric man (Freud, 1920). Freud (1906) emphasized the importance of early experiences and the balance of drives on child development and suggested that the conflicts between id and the superego originated in childhood turns into the feared object.

Freud explained fears of children by the power of their libidinal energy. According to his psychosexual theory, children pass through five stages representing the fixation area of libido, which are oral, anal, phallic, latency and genital. Freud (1920) suggested that as being in the first stage, infants' fear of strangers is the result of the diversion of unemployed libido to fear after separation from mother because of weaning. Freud examined each aspect of child development through case studies. One of the most famous cases on fears of children was "Little Hans" (Freud, 1909) with 5-year-old Hans having fear of horses and being bitten by them. According to Freud, considering he is in phallic stage and has Oedipus complex, Hans's fear of his father was transferred to horses, which was socially more appropriate, because he has sexual fantasies about his mother.

Today, not only in examining fear acquisition, but also in child development research field, Freud's theory is still being criticized (Wright, 2003), because of the impossibility of measuring libidinal energy, the lack of empirical evidence (Mitchell & Black, 2016) and being designed mostly on development of male (Moi, 2018).

Unlike Freud, who emphasized the conflict between id and the superego, Erikson (1959) believing his theory has some incomplete parts (Martin & Fabes, 2008), focused on the conflicts occurring in ego itself. Instead of psychosexual development, he discussed psychosocial development emphasizing the influence of culture and society (Bergin & Bergin, 2014). He suggested psychosocial crises through stages involving the conflicts between psychological needs of the individual and the society (McLeod, 2013). According to Erikson (1950) development is a life-span process starting with infantile trust and ending with adult integrity and stated that "healthy children will not fear life if their elders have integrity enough not to fear death" (p. 269).

In the first year of life, relationship with the caregiver has great importance for infants to be successful to solve the conflict between trust vs. mistrust resulting with gaining hope. According to Erikson, failure in acquisition of hope causes fear especially fear of strangers, loud noises and dark (Erikson, 1963). Through the following stage, in which children between the ages of 1 and 3 face to the conflict between autonomy vs. shame and doubt, still interaction with the world around is influential on children who are trying to assert own independence (Karkouti, 2014). Studies examining fears of infants are very rare, but one of most striking ones examined fears of infants with twin sample between 6 and 36 months old. Results suggested that stranger fears of infants increase until the second year of life and children of mothers with greater stress reactivity have higher level of stranger fears (Brooker et al., 2013). As Erikson stated in the stage of conflict between initiative vs. guilt, children start to assert themselves more frequently through interaction with other children at the same age. Balance between parents' protective attitudes and children's enthusiasm to take initiatives should be provided to prevent feeling of guilt, which might lead to fear (Karkouti, 2014). Kiel and Buss (2014) contributed to fear field of research with a longitudinal study utilizing participants from toddlerhood to kindergarten with their mothers and suggested that dysregulated fears in toddlerhood are correlated to social withdrawal in the kindergarten level for children whose parents are protective. In other words,

children of protective parents have difficulty in fear regulation in toddlerhood resulting with social withdrawal when they get older.

In the following stage, from age 6 to puberty, the principal task for children is to gain skills needed for adulthood including reading and writing type of cognitive skills and social skills like being a member of a peer group by resolving the conflict between industry vs. inferiority (Louw, Louw & Van Ede, 2001). Burnett (2008) suggested that inability in special tasks at this period could lead to development of inferiority and fear. Then in adolescence, between the ages of 12 and 18, according to Erikson's psychosocial developmental stages, the conflict between identity vs. role confusion will be resolved by satisfaction from physical appearance, school or occupational identity and position of self among cultural norms (Boyd & Bee, 2014). The first study utilizing Fear Survey Schedule for Children examined most common fears of children between the ages of 9 and 12 and found fears mainly related to school and death/danger (e.g., being sent to the principal, failing a test, fire-getting burned, not being able to breathe) supporting the idea of Erikson (Scherer & Nakamura, 1968). Recently, Warren and Sroufe (2004) reported fear of school, fear of bodily injuries and physical danger for children between the ages of 6 and 10 and fears related to social life for both preadolescents between the ages of 10 and 12 and adolescents between the ages of 13 and 18.

Despite its strengths in terms of incorporating cultural and societal influences when compared to psychosexual theory of Freud, the psychosocial theory of Erikson is, too, criticized as being based on male development (Fleming, 2004) and not being scientifically viable (Feist & Feist, 2006). In addition, with no attention to emotional and cognitive development, Erikson's theory is found to be a descriptive overview that does not explain the way development takes place (Shaffer, 2008).

2.2.3. Cognitive Perspective

Piaget as being the best-known cognitive developmental theorist contributed to the field with the developmental stages covering the process from birth to adolescence

(Evans & Keenan, 2009). At each stage which are more complex than the previous one children are expected to gain better understanding of the environment (Berk, 2013). Additionally, Piaget (1936) emphasized the term equilibrium (the balance between thoughts, perceptions and experiences) as a force for the learning process. The conflict between children's perceptions and experiences might cause distress (disequilibrium) which leads to fear (Botha, Van Ede, Louw, Louw, & Ferns, 1998).

According to Piaget (1970), from birth to the end of the second year, in sensorimotor stage, infants explore the world with their sensory impulses; sight, sound, taste and smell, that's why fears related to sensory perceptions like fear of loud noises (at 6 months) and fear of dark (at 8-11 months) are common in infancy (Puri & Treasaden, 2011). Also at this stage, lack of object permanence (the awareness that the objects still exist although they are out of sight) (Feldman, 2009) is assumed to be the reason of infants' fear of stranger (Maisto, 2005).

Piaget (1970) suggested that between the ages of 2 and 7, in the preoperational stage, logical thinking is still less developed and children have tendency to think and view the world from only their own perspective which is called as egocentrism. As Muris, Merckelbach and Luijten (2002) stated children's ability of considering more than one attribute of a stimulus or situation might lead to increased sensitivity to negative features and threats related to certain stimuli and situations. Among preschoolers with developing cognitive abilities fears of imaginary creatures are common while fears related to more obvious threats like loud noise and separation from mother are observed more in infancy. Veraksa, Yakupova, Almazova and Buhalenkova (2016) by utilizing a sample with a mean age of 5.8 reported most common fears of children as fear of animals, fear of dark, magical fears, fear of sleeping alone and fear of monsters.

Then, in the concrete operations stage, between the ages of 7 and 12, by reasoning the concrete events the ability to make a consideration of the intent behind an action or behavior and thus the ability of considering other people's point of view are developed (Feldman, 2009). Results of Bauer's (1976) well known research study examining

fears of children with a sample from broad age range (4-12 years old children) suggested a decrease in the fears of imaginary creatures such as ghosts and monsters by increasing age; 74% of the 4–6 years old, 53% of the 7–9 years old, 5% of the 10–12 years old and an increase in the fears of bodily injury and physical danger; 11% of the 4–6 years old, 53% of the 7–9 years old, 55% of the 10–12 years old. Bauer (1978) proposed a relationship between the cognitive transition from concrete to abstract thinking and content of children's fears. The development in the understanding of space, time and causality was found related to acquisition of fears of separation and death.

In the last stage of cognitive development, the formal operational stage, suggested by Piaget (1970), beginning from the age 12, adolescents' ability of thinking more abstract and scientific are developed by problem- solving and manipulating ideas in their mind, seeing the relationship between things. By considering possible outcomes and consequences of the events, adolescents become able to make long-term plans about relationships and life (Salkind, 2004). Westenberg, Gullone, Bokhorst, Heyne and King (2007) examined fear of social evaluation and punishment separately in fear of failure and criticism subscale across different age groups of children and adolescents (7-8, 9-12, 13-16 and 17-18 years) and suggested an increase in fear of social evaluation scores with increasing age. Authors speculated that the reason of the increasing fear of social evaluation in adolescent group is the increased concerns about negative evaluation because of the developed ability of anticipating outcomes of the experiences. Similarly, Bokhorst, Westenberg, Oosterlaan and Heyne (2008) divided fear of failure and criticism subscale into three subscales; social evaluation fears , achievement evaluation fears and punishment fears which fitted better for 10-13 years old children than 6-9 years old ones and showed the largest discrepancy for 14-18 years old adolescents. Supporting the idea of Piaget (1970) about cognitive development in the formal operational stage, authors explained the increase in the social fears of children in transition to adolescence by four reasons; developing cognitive abilities and ability of verbalizing fears, increasing understanding of other people's point of views and ability of differentiating parents', teachers' and peers'

opinions, increasing importance of relationship with peers and growing distinction between evaluation of peers and parents and teachers, increasing tendency for enhancing school performance which brings fear of achievement evaluation.

Looking in a broad perspective, research studies focusing on the relationship between fears of children and their cognitive development are twofold; fears of children with various mental levels and fears of children with regard to their ages. Beginning with fears of children with different mental levels, research study of Gullone, King and Cummins (1996) examining reliability and validity of Fear Survey Schedule for Children with a sample of mentally retarded children is remarkable because of the results comparing children's fears with (187 children having a mild to moderate level of mental retardation) and without mental retardation (372 children with no identified disability). Results suggested higher level of fears for both the intensity (i.e. the sum of all item ratings) and prevalence (i.e. count of all items endorsed with the highest level of fear) for children with mental retardation supporting the idea that fears of children increase with decreasing cognitive abilities. On the contrary, Li and Morris (2007) did not report any significant difference between the fears of children with learning disabilities (IQ score of 95 or above) and mild mental retardation (IQ score between 55 and 70) for both total fear scores and fear factors (fear of failure and criticism, fear of unknown, fear of minor injury and small animals, fear of death and danger and medical fear).

Intellectually gifted children and their emotions has taken researchers' attention because of their cognitive abilities developed more than their counterparts have at the same age. Early studies suggested that gifted children have same developmental fears like nuclear war and political issues with non-gifted children in adolescence (Wolman, 1978), but in a more intense manner (Maurer, 1965) which is explained by their cognitive abilities in better understanding world news (Derevensky & Coletnan, 1989) and their overexitabilities (Dabrowski, 1967) (psychomotor, sensual, intellectual, imaginational, and emotional) toward developing world and danger coming from them like nuclear energy and nuclear wars (Lamont, 2012). Tippey (2006) compared fears

of gifted children between ages 7-10 with non-gifted counterparts depending on the results of previous study conducted by Burnham (2005). Results indicated that gifted children have more intense fears than non-gifted ones. Overall fear intensity score of gifted children was found as 179.02 (SD =34.34), while results of previous research found it as 163.33 (SD = 33.70) for non- gifted group. Among ten, seven of the most common fears were reported same by two groups of children (gifted and non-gifted), but fear of "a burglar breaking into our house", "losing my friends" and "nuclear war" were only reported by gifted children. Similarly, Harrison and van Haneghan (2011) compared gifted learners' and regular middle, and high education students' fear of unknown and suggested higher scores for gifted adolescents than the others.

Age is one of most commonly addressed variables in fear studies. Nearly all of the studies suggested a decrease in the intensity of fears with increasing age (for total scores) (e.g. Lee-O'Loughlin, 2014), but a few of them found no age difference between fears of children and adolescents (e.g. Acharya, Vankar & De Sousa, 2016). On the other hand, some studies investigating specific types of children's and adolescents' fears found varying results (e.g. Richman, Dotson, Rose, Thompson & Abby, 2012).

Starting with early studies, Shore and Rapport (1998) divided children into three groups; 7-9, 10-12 and 13-16 and reported total fear scores decreasing with increased age. Most common fears of children and adolescents in three groups were similar for 6 of 10 fears; "being killed or murdered", "being hit by a car or truck", "not being able to breathe", "being kidnapped", "family member dying" and "falling from high places" and all of them were in the fear of death and danger subscale. Beside these 6 fears, among three groups, both of the youngest groups (7-9 and 10-12) reported "being hit by a car or truck" and both of the oldest groups (10-12 and 13-16) reported "AIDS". Following with an adolescent sample between the ages of 12-19 (two groups; 12-15 and 16-19), Muris and Ollendick (2002) suggested two different factor structure of fears; a five factor (fear of death and danger, fear of failure and criticism, fear of the unknown, animal fears and medical and situational fears) and a seven factor solution

(divided fear of failure and criticism into two; school and performance fears and anticipatory social fears). Among five factors, for fear of death and danger and fear of failure and criticism and among seven factors for fear of death and danger, aversive social fears and school performance fears, significant differences were suggested for age groups. Supporting the previous studies most of the fears reported by the adolescents were in the fear of failure and criticism subscale which is later divided into two, appropriately to this age group and a decrease in fear scores with increasing age was observed. Similarly, with an adolescent sample between the ages of 14 and 18 (two groups 14-16 and 17-18) a decrease in the total fear scores with increasing age was reported (Akande, 2010). Burnham, Lomax and Hooper (2013) examined fears of youth with a sample of broader age range that is between the ages of 7 and 18. Like the previous ones, results reported decreasing fears with increasing age utilizing three age groups 7-10, 11-14 and 15-18. Most discriminating fears were "drunk people", "violence on TV", "riots", "my parents arguing", "being sent to principal", "taking dangerous drugs", "myself dying" and "earthquake" among age groups. With similar results utilizing children and adolescents between the ages of 4 and 17, Muris, Ollendick, Reolofs and Austin (2014) speculated that the reason behind this decrease with increasing age is the coping skills and knowledge about the external world gained with developing cognitive abilities. Results of a more comprehensive study examining fears of children between the ages of 7 and 12 reported a decrease for specific fear types (bombing attacks, death/dead people, high places, falling from high places, fire-being burned, germs/ serious illness, being sent to the principal, ghosts and spooky things) with increasing age (Le-O'Loughlin, 2014). For young group (7-8 years) unpredictable/ unprovoked attacks, accidents and death and unworldly things were found as the discriminating fears that was consistent with the previous studies. Lastly, study to be mentioned suggesting a decrease in fear of achievement evaluation (in fear of failure and criticism subscale) with increased age was conducted with a sample of children between the ages of 8 and 18 (8-11, 12-14 and 15-18) (Westenberg, Drewes, Goedhart, Siebelink & Treffers, 2004). A significant difference between both physical and medical fears were reported for two young groups (8-11 and 12-14). Youngest group (8-11) reported fears about punishment, while the oldest (15-18) reported fear

of social evaluation most, which fitted to the previous studies. Interestingly, no significant difference between the fears of older groups (12-14 and 15-18) was suggested. Similar to aforementioned study, some other studies suggested no significant age difference for children's and adolescents' fears. Beginning with Burkhardt, Loxton, Kagee and Ollendick (2012) utilizing two age groups (7-10 and 11-13) reported no significant difference for total score and fear factors (fear of death and danger, fear of the unknown, fear of small animals and minor threats to self, large animal fears, situational fears). Similarly, Kayyal and Widen (2015) examined fears of children between the ages of 3 and 7 and reported no age difference for imaginary, improbable and realistic fears. Accordingly, Visagie, Loxton, Ollendick and Steel (2013) did not suggest a significant difference between the fears of children in two age groups 8-10 and 11-13. Results of these three studies supported the cognitive developmental theory of Piaget (1970), suggesting same types of fears for children and adolescents in the same developmental level. On the other hand, Acharya, Vankar and De Sousa (2016) divided participants between the ages of 12 and 19 into two groups as preadolescents (below age 13) and adolescents (above age 13) and suggested any significant difference across age groups although they were in the different developmental stage according to Piaget (1970).

As mentioned before, some of the fear studies examining specific types of children's and adolescents' fears with regard to their age suggested various results in one single study. An early one utilizing three age groups (8-10, 11-13 and 14-16) suggested any significant difference between the fear scores of adolescents in the 11-13 and 14-16 age groups Svensson and Öst (1999). Also, it was reported that the youngest group (8-10 years) was the most fearful group among the others and authors speculated that adolescents may not express their real fears to feel themselves as adults which fits to contextual perspective (will be mentioned later) as an alternative to cognitive developmental perspective. Unlike the previous one, Burnham (2005) suggested significant difference among age groups (7-10, 11-14 and 15-18) for three factors. For factor 1 (fear of death and danger) and factor 2 (fear of the unknown) a decrease in fear scores of children and adolescents were suggested with increasing age.

Interestingly, for factor 4 (animal fears) the most fearful group was the oldest age group. Weems and Costa (2005), too reported a similar unexpected result, which suggested the highest level of fear of death and danger for the middle age group (10-13 years) not for the youngest group (6-9 years). In addition, the highest score of fear of failure and criticism was found belonging to the adolescent group (14-17 years) which is developmentally appropriate as being social performance related and congruent with the previous studies. Another study examining different types of children's fears between the ages of 6 and 10 suggested an increase between the ages 6 and 9 and decrease at age 10 for fear of death and danger scores, a decrease with increasing age for all age groups for fear of injury and animals scores, no significant difference across age groups for fear of failure and criticism scores and significant difference between only ages 7 and 8 for fear of unknown scores (Di Riso et al., 2010). According to authors, the reason behind the inconsistency of the results is because of contextual variables like parenting styles. Researchers conducted a similar fear study with a sample carrying similar characteristics (between the ages of 6 and 10) and reported results more consistent with the previous studies (Di Riso et al, 2013). Findings suggested higher fear of death and danger and fear of failure and criticism for old group (8-10 years) and fear of the unknown, fear of animal- injury and fear of dark-closed places for young group (6-7 years). Any significant difference was not suggested for fear of medical doctors-care across age groups. Lastly, results of the study examining a specific type of fear, fear of medical procedures, with a sample of adolescents at ages 11-14 should be mentioned (Maraşuna & Eroğlu, 2013). Although no significant difference for total score was suggested across age groups (11-12 and 13-14), for fear of operational scale younger group reported highest level of fear.

In Turkey, fears of children with regard to age groups were investigated, too. Fears of children between the ages of 8-18 were examined depending on the previously determined factor structure of Fear Survey Schedule for Children (fear of death and danger, fear of unknown, school and social stress fears, fear of animals, medical and situational fears) (Serim, 2010). For all fear types, the youngest group (age 8) reported the highest fear scores, while the least fearful age group were adolescents at ages

changing from 12 to 18. The lowest fear score for fear of death and danger and school and social stress fears were reported by adolescent group at age 14, for fear of unknown at age 18, for fear of animals at age 15 and for medical and situational fears at age 12. Fears of children at age 8, 9 and 10 were not found significantly different from each other. Fears of preadolescents at age 11, 12 and 13 were significantly different from preadolescents at least 2 years older than them.

Great majority of fear studies examining fears of children at different mental levels and ages supported ideas of Piaget (1970) which suggested similar fears for children at same cognitive developmental levels, still the possibility of being at the same age but at different development level (Weiten, 1992) pointing out the suddenly acquired abilities at an unexpected age (Gray & Tall, 1994) and the influence of social environment (Lourenco & Machado, 1996) should be taken into account. Piaget's work is respected in developmental psychology research field with its great impact, but at the same time because of the lack of scientific methodology (e.g. sample is his own children) (Hopkins, 2011) it is criticized a lot.

2.2.4. Behavioral Perspective

Fear studies of behaviorist researchers date back to very early years which are in general, concerned with how environmental factors (stimuli) affect observable behavior (response). Following the well-known study of Pavlov (1903) with dogs, Watson and Rayner (1920) performed the famous experiment "Little Albert" which is currently found as unethical. An 11-month-old baby, Albert, who did not show a response to white rat before the experiment, started crying after loud noise, which was made at any time he tried to reach the white rat. After three times of loud noise together with Albert's interaction with the white rat, he began to cry. So, in humans, too, the process of classical conditioning for a fear response was proved by this experiment.

Although it is possible to explain acquisition of some types of fears by classical conditioning, operant conditioning is a more adequate way of explaining why fears do not disappear over time. Mowrer (1951) suggested a two-factor theory explaining the

acquisition (classical conditioning) and maintenance (operant conditioning) of fears. According to him, symptoms of fear are avoidance responses of individuals gained through observation which serve as a way of reducing anxiety such as avoidance of feared individual from animals or height (negative reinforcement).

Studies examining the relationship of children's fears to conditioning experiences with fearful events or things mostly focused on medical fears. Supporting the idea that direct exposure to feared stimulus causes increased fears, Rantavouri, Zerman, Ferro and Lahti (2002) utilizing 378 children between the ages of 7 and 10 found that children with negative experiences such as pain in the first dental visit had higher level of fear of dentist than the ones who did not have negative experiences. On the other hand, results of the same study suggested that children with 4 or more visits after the first visit had lower fears although the first visit was problematic, this means, the negative effect of first visit may be lessen with more visits which is against the idea of Mowrer (1951) suggesting that the avoidance from feared objects reduces the anxiety. Similarly, Nicolas et al. (2010) found that children with dental fillings (at least one visit to dentist) were less fearful than those without previous dental care. Accordingly, Maraşuna and Eroğlu (2012) investigated medical fears of adolescents at ages 11-14 and suggested that children who previously had dental examination also had lower level of medical fears than their counterparts who had any dental examinations. In addition, any significant difference between medical operations fears of adolescents who did and did not stay in hospital previously were not found. Karlsson, Rydström, Nyström, Enskär and Englund (2016) examined fears of children and adolescents during needle-related medical procedures and concluded that level of children's fears increases after the operation, but can be lessen through experience since results suggested that children have tendency to decrease their fear during the operation by various ways such as seeking security and struggling for control. To conclude, today, still, it can be said that negative experiences may cause fears against the fearful stimuli (classical conditioning), but it is not certain that avoiding from that stimuli may lessen that type of fear; on the contrary, more experiences may result with decreased or disappeared fears.

Pavlovian classical conditioning theory and Mowrer's two-factor theory are acknowledged as being scientific and objective with their contribution to child development and psychology through experimental studies (McSweeney & Murphy, 2014), nevertheless by ignoring the role of biology, childhood experiences, everyday stressors and free will of human, they could not get rid of being accused as deterministic (Cardwell & Flanagan, 2004) and reductionist (Hill, 2009).

By improving learning theories of classical and operant conditioning, Bandura (1977) raised social learning theory and suggested the idea that behavior is learned from the environment through the process of observational learning. Then Mineka, Davidson, Cook and Keir (1984), John, Chesler, Bartlett and Victor (1968), Curio (1988) and Kavaliers, Choleris and Colwell (2001) contributed to fear research field with their experimental studies utilizing animals and concluded that fears are learnt by observing the others around and being in communication with them.

Depending on Bandura's social learning theory, three-pathways theory, discussing the role of learning experiences in the acquisition of fears was suggested by Rachman (1977, 1991). According to Rachman (1977) acquisition of fears occur through two more ways rather than classical conditioning (direct experiences with fearful things or events); they are modeling (vicarious learning) and negative information transmission (exposure to negative verbal information about the fearful thing or event). Ollendick and King (1991) found negative information transmission as the most common way of fear acquisition (89%), and then modeling (56%) and conditioning (36%) follow it. Muris, Merckelbach, and Collaris (1997) followed a more extended method to find out what extent the reported conditioning, modeling, and negative information experiences had played a role in increasing the fear intensity of common childhood fears. It was found that conditioning intensified fears of children most (45.2%) and negative information (35.1%) and modeling (3.8%) followed it. Similarly, to examine their way of fear acquisition Muris, du Plessis and Loxton (2008) asked preadolescents to choose their most intense fear and explain their learning experiences. 73.3% of the

preadolescents reported modeling, 67.4% reported negative information transmission and lastly 49.4% reported conditioning as their way of learning their most feared thing or event. 53% of the participants reported that negative information transmission, 42.2% of the participants reported modeling and 37.1% of the participants reported conditioning intensify their fear. In Turkey, too, origins of children's fears were examined by the same method (Serim- Yıldız, Erdur- Baker & Bugay, 2013). Children between the ages of 8-18 were asked to explain their way of acquisition for their most feared things or events. Findings indicated that 64.8% of all children learnt fear by modeling, 51.8% by negative information transmission and 35.8% by experiences (conditioning). Negative information transmission intensified 45.7%, modeling intensified 49% and experience (conditioning) intensified 44.8% of all children's and adolescents' fears.

Many other research studies, most of which were experimental, were conducted to investigate children's way of fear acquisition separately for direct experiences, modeling and negative information transmission and for their comparison in terms of effectiveness on fear acquisition. Reynolds, Wasely, Dunne and Askew (2018) compared the effects of vicarious learning and verbal information transmission on reducing learned fear. Photos of both feared and happy faces and positive verbal information like "it is soft and has fluffy fur" about two animals which are previously reported as less known by children were provided to them at ages 7-9. Results suggested any significant difference between the effect of vicarious learning and verbal information on children's fears. Furthermore, children's way of fear acquisition and of reduction did not have to be matched.

Unlike the studies examining the effect of direct exposure on fears of children, the ones investigating the relationship of vicarious learning and verbal information to fears of children focused on different types of fears, but still medical fears studies are common. Contrary to popular belief, mother is not the only and the most powerful source of information or role modeling, because even a feared protagonist in a movie can be a model to children for fear acquisition (Bryant & Vonderer, 2006). Lara, Crego

and Romero-Maroto (2012) by utilizing 183 children between the ages of 7 and 12 and Olak et al. (2013) by utilizing 344 children at ages 8 and 9 found that both mothers' and fathers' dental fears are predictors of children's fear of dentist and dental operations. Similarly, Dunne and Askew (2013) by showing photos of scared and happy faces (belonging to their mothers and strangers) to children between the ages of 6-11 found a similar effect of different stimuli coming from mothers' and strangers'. In addition, it was suggested that photos of scared face increased children's fears while of happy faces decreased them. Broeren, Lester, Muris and Field (2011) examined the correlation between the fears of children and their peers. 97 children between the ages of 8 and 10, watched reactions of their peers against novel animals and it was found that positive modeling by peers has role on decreasing previously learned fear. Not all studies suggested a correlation between fears of children and people around. Liberman and Öst (2016) examined fears of children with specific phobias between the ages of 7 and 17 and their parents. No correlation was found between paternal/maternal fears and children's fears.

To examine the relationship of verbal information transmission and fears of children, experimental studies utilizing different types of verbal information to children in randomly assigned groups are common. The effect of verbal information on acquisition, increasing and decreasing fears of children have taken researchers attention from the beginning of 2000s and so many research studies supported the idea that fears of children are effected by verbal information provided by people around (e.g. Field, Lawson & Banerjee, 2008; Remmerswaal, Muris & Huijding, 2013). Installation (Muris, Zwol, Huijding & Mayer, 2010), induction (Muris et al.,2009) and reduction (Muris, Huijding, Mayer, van As & van Alem, 2011) of children's fears who are approximately in the same age range (between 7-13) were examined through testing the effects of negative, ambiguous and positive information given to children about an unknown animal by various sources (e.g. mother, research assistant). Results suggested that most feared children are the ones who were given negative information. Children in the ambiguous information, no information and positive information groups followed them, respectively. The possibility of reduction of previously

installed fears by providing positive information was proved. Similarly, Lester et al. (2015) followed the theories of fear acquisition supposing that the verbal information effects the component of children's fears and observed the change in the fears of children by giving positive and threat information about animals. Results suggested that fears of children are increased by giving threat information while it was possible to decrease them by positive information. As it was mentioned before, there are some other effective sources of information rather than mothers. Ooi, Dodd, Stuijfzand, Walsh and Broeren (2016) utilized peer discussions on fear of animals in dyads of close friends to examine if friends' fears predict fears of children. 242 children between the ages of 7-10 were attended discussion sessions on the feelings regarding to animals and results of pre- and post- test comparisons suggested a correlation between the fears of children and their peers. Lastly, Boseovski and Thurman (2014) examined the same issue, the effect of negative and positive information on fears of children at preschool ages (3-7) utilizing videos which included maternal figure and a zookeeper giving information about unknown animals. Both of the figures were found as effective on fears of children. Expectedly, not all studies found a correlation between the fears of children and verbal information provided to them. Lawson, Banerjee and Field (2007) utilized vignettes to 60 children at ages of 6-8 including positive and negative information about social interaction to other people and did not suggest a correlation between the information provided to children and their fears. They speculated that the reason behind this might be the children's existing level of social anxiety, the use of infrequently experienced social situations (like meeting a celebrity), source of information and social desirability.

Rachman (1977) who introduced two more pathways for fear acquisition of children besides the learning by classical conditioning has opened a new window for behaviorism following Bandura (1977). However, previous experiences and maturational outcomes have roles on fear to arise (Rofe & Rofe, 2015) as well as vicarious learning and information transmission. For that reason, not only environmental effects on fear learning but also biological and cognitive aspects of children's fears should be taken account. In line with this idea, Menzies and Clarke

(1994) added one more pathway as inability to recall related experience and emphasized the importance of both the inheritance and memory capacity on fear acquisition.

2.2.5. Contextual Perspective

Bronfenbrenner (1989; 1979) emphasized the changing nature of environment around the individuals and argued that children should be observed in their real environment rather that laboratory conditions. Based on this idea, he suggested a new perspective to child development with its way of conceptualizing the individual, the environment and their interaction with each other by Ecological Systems Theory which is also known as Human Ecology Theory. According to him, three aspects; the individual and his/her perspective on environment, the social and physical environment, the relationship between the individual and the environment should be considered in examining child development. In other words, different types of environment systems which also include crucial political, economic and social factors (MacBlain, 2018) beside physical environment influence the behaviors of individuals depending on their perception about those types of environments rather than "objective reality" (Bronfennbrenner, 1979, p. 4) and their way of dealing with them.

At the beginning Bronfenbrenner suggested a model with four systems; microsystem, mesosystem, exosystem and macrosystem. Each system takes position inside the next like a Russian doll and represents layers of environment having impact on child's development (Evans & Keenan, 2009). Then he extended his model until he died in 2005 and suggested Process-Person-Context-Time (PPCT) components.

The first component is the proximal process (P) of interaction between the child and his/her environment which are primary mechanisms responsible for the development of child (Bronfenbrenner & Morris, 1998) by means of actualizing genetic potential and effective psychological functioning with its developmental and emotional outcomes (Bronfenbrenner & Ceci, 1994). The phrase proximal processes comes from the form of interaction occurring in the immediate environment of the individual

regularly in long term period which refers to the relationship mostly with family (Bronfenbrenner & Morris, 1998).

Throughout the literature, it is possible to read many studies examining the effect of family and parenting practices on fears of children and adolescents. The relationship of the parents' marital status to fears of children and adolescents has not been much studied, but three studies reported striking results suggesting that tense relationship between partners raise fears of children. Peleg-Popko and Dar (2001) examined some specific types of children's fears with regard to marital quality of their parents which was defined depending on the family cohesion (fusion) and family adaptability (rigidity). Results suggested that parents of children who have higher level of marital quality (low fusion and high adaptability) have lower level of fear of noises, fear of night terrors, fear of harm and death and fear of negative evaluation. Similarly, Gudonis, Kaffemanienė, Radzevičienė, Elijošius and Klopota (2017) utilizing both children and their parents found that children who live in incomplete families (without father) had higher level of fears (total score) than other children participating in the study. In addition, Meltzer et al. (2009) reported that children living with two parents have lower level of fear of enclosed spaces and higher level of fear of loud noises and diseases than children living with one parent.

Parenting styles have been a very popular topic among child development studies, and for fear studies, too. Especially responsive, demanding and protective attitudes of parents have been found correlated to fears of children, although results of a few studies did not suggest a difference between the fears of children with regard to parenting styles (e.g. Thabet & Qrenawi, 2017). Lin et al. (2014) examined dental fears of children with a large sample of 1643 elementary school students which have parents adopting authoritative (high responsibility/ high demand), authoritarian (high responsibility/ low demand), indulgent (low responsibility/ high demand) and neglectful (low responsibility/ low demand) parenting styles. Children who reported the highest level of fears had indulgent parents; on the contrary, the least fearful group was the ones having neglectful parents. Results showed that demanding parents lead

to higher level of fears specifically for dental fears. Similar to demanding ones, overprotective parents having excessive control over their children also have negative impact on their children's fears. Abdekhodaie, Arghabaei and Ehsan (2016) speculated that high level of "getting electric shock from electricity" fear reported by children living in the second modern city in Iran might only be because of overprotective attitudes of their parents. Ollendick and Horsch (2007) utilized children and adolescents between the ages of 7-15 and their parents. They found that children experiencing high level of control in the family have higher level of fears but this is not same for adolescents. According to the authors, parents overly protecting their children from danger cause failure in coping with stress of a feared situation, but adolescents have more developed cognitive abilities which would induce taking over the management across threats.

The second component of Bronfenbrenner's PPCT model is the personal characteristics (P) which is divided into three types as demand, resource and force. Demands are the physical characteristics, which serve as an inviting or discouraging stimulus for the reaction from social environment (e.g. age, gender and skin color) (Bronfenbrenner & Morris, 1998).

Variability among the fears of children and adolescents with regard to age groups were previously mentioned and discussed from cognitive perspective, but beside the cognition, individuals are socially and culturally expected to behave according to their age group, which should be examined depending on the principles of contextual perspective. Because of the age appropriate behavior expectations of the society, to accommodate socially acceptable values and to gain social approval, participants might have tendency to respond considering social desirability in research studies (Johnson & Fendrich, 2005). Aforementioned studies speculated that the decrease in the intensity of fears of children and adolescents with increasing age can be observed as a result of socially desirable responding (e.g. Kalar et al., 2013) which is the limitation of utilizing fear surveys (Gullone, 2000). This is more common among gender groups, because, children have knowledge about categorization regarding to

gender differences, which includes behaviors, attitudes, emotions and identification to specific group (Durkin, 2005). There is evidence of children's tendency to behave and wear clothes appropriately to their own gender even in the early childhood level (e.g. Warin, 2000). Results of fear studies examining content and intensity of fears of children and adolescents with regard to gender mostly suggested significant differences among gender groups (e.g. Serim, 2010), except a few ones (e.g. Lin et al., 2014; Sheikhzade & Assemi, 2013). Vast majority of the studies found that female children and adolescents have higher level of fears depending on both children's parents and their own reports. Burnham, Lomax and Hooper (2012) found that among children and adolescents between the ages of 8 and 18 female participants have higher level of fears than their male counterparts for total score and five fear factors (fear of death and danger, school and family related fears, fear of scary things, animal fears and fear of unknown). Ten most discriminating fears (mostly fear of animals) among gender groups were reported as "rats", "snakes", "getting lost in a strange place", "a burglar breaking into my house", "robberies", "spiders", "murders", "mice", "crime" and "people carrying guns, knives and weapons". For not only intensity and content of fears, but for also fear experiences females reported higher scores. Gullone, King & Ollendick (2000) found that female preadolescents (ages between 11-18 years) have higher social evaluation, psychics stress and physiological symptoms against feared situations than male ones. Mellon, Koliadis and Paraskevopoulus (2004) found the same result suggesting higher level of fears for female gender group for total score and for subscales, but depending on the item based analyses it was found that male participants have higher level of fears of "having my parents argue", "failing a test", "getting poor grades".

In Turkey, too, girls reported higher level of fears than boys do (Serim, 2010). Seven of the ten most commonly endorsed fears (someone in my family dying, going to Hell, death of a closed person, God, AIDS, someone in my family having an accident, my parents separating or getting divorced) were same for female and male children and adolescents. However, other three fears of both two groups were congruent with their gender role. Female group reported fear of "abuse", "failing school" and "terrorist

attacks" while male gender group reported fear of "our country being invaded by enemies", "not being able to breath" and "myself dying" different than the opposite gender group.

According to Muris, Meesters and Knoops (2005) fears of children and adolescents should be examined considering the difference between sex (biological gender) and gender role. Based on this information, to examine fears, utilizing 209 preadolescents (ages of 10-13) and their parents, gender roles were defined in two ways; with the level of masculinity and femininity and the preferences of toy and activity. Results suggested that femininity (feminine gender role) and a preference for girls' toys and activities (female sex) are positively correlated to higher level of fear. Similarly, Li and Prevatt (2008) suggested that the reason behind the higher level of fear of failure and criticism reported by female children was their sensitivity about how the other people think about them, which is assumed to be a more consistent behavior to female gender. Without any doubt, consistency of any behavior depends on the cultural norms. Lee- O'Loughlin (2014) suggested that families rooted in patriarchal societies have tendency to inspire boys not to be fearful. By utilizing parent reports, Salami et al. (2015) found that parents stated higher fear scores for their female children (ages between 8 and 11) for all fear factors (fear of death and danger, fear of injury and animals, fear of failure and criticism, fear of unknown and phobic aspects) and total score. Results of this study supported the idea that parental perception and rearing practices, which are shaped by the cultural norms, differ among gender groups. Authors suggested that both mothers and fathers have impact on gender stereotyping of their children for each kind of fear by hidden messages about expected and accepted behaviors of genders.

Similar to gender, individuals have stereotypical schemas about racial differences which starts to occur in early adolescence period (Rowley, Kurtz-Costes, Mistry, & Feagans, 2007) but children start to sort people according to their race at age 3 (Nesdale, 2001). Most of the studies examining fears of children and adolescents regarding to racial backgrounds have been outdated (e.g. Last & Perrin, 1993;

Ginsberg & Silverman, 1996), but there is an increase in recent studies, so for now, a few studies provide opportunity to draw trajectory of children's and adolescents' fears depending on their race. Muris, du Plessis and Loxton (2008) examined the fear differences of White and Black children with a sample of 655 preadolescents between the ages of 10 and 14. Black preadolescents reported fears of crocodiles, predators and snakes (fear of animals) and their White counterparts reported fear of rape, gangs and crime (fear of death and danger) with high prevalence rate. Burnham and Lomax (2008) extended the racial diversity and compared fears of White (48.4%), African (24.2%) and Hispanic (24%) children from both elementary and middle/high school groups between the ages of 8-18. In the elementary school group, White children reported higher level of fears than African children for school- and family-related fears, but for animal fears and fear of scary things it was vice versa. Additionally, Hispanic children reported higher level of fears than White ones for fear of scary things. In the middle/high school group, for both fear of death and danger and fear of animals African adolescents reported higher level of fears. Burnham, Lomax and Hooper (2013) determined the most discriminating items between the same racial groups (White, Hispanic and African). White children reported lowest level of fears for "lizard", "thunder", "tigers", "thunderstorms", "forest fires", "haunted houses" which are mostly related to fear of death and danger and fear of animals and highest level of fears for "losing my friends and "having no friends" which are school-related fears. On the contrary to White children, African children reported higher level of fears for mostly related to fears of death and danger (e.g. earthquakes, flying in airplane) and fear of animals (e.g. rats, dogs). The most fearful things for Hispanic children were among social fears; "strange looking people", "making mistakes" and "being bullied". In Bronfenbrenner's PPCT model, the second personal characteristics, resources, include abilities, experiences, knowledge and skills. The third one is forces, which are temperamental and motivational differences specific to individuals like mental health issues (Bronfenbrenner & Morris, 1998). According to Bronfenbrenner (2005), children having equal resource characteristics may vary in terms of developmental trajectories depending on their motivation.

Previously, fears of gifted children were mentioned in detail, but fears of children having a certain type of disability, disorder or disease should be covered, too, because many research studies utilizing children with and without disabilities suggested higher tendency to psychopathology for disabled group (e.g. Li & Morris, 2007). For example, a comparison of fears of deaf/hard of hearing and hearing children with an age range of 8 to 19 suggested lower level of total fears for hearing group (Li & Prevatt, 2010). Most common fears endorsed by both groups were same for 6 fears among 10, but "snakes", "death or dead people", "nightmares" and "guns" were reported by only deaf/hard of hearing children. In addition, fears of "earthquakes", "not being able to breathe", "having one's parents argue" and "falling from high places" were only reported by hearing children. Visagie, Loxton, Ollendick and Steel (2013) made a similar comparison for children with and without visual impairment. As expected, severely visually impaired children reported significantly higher level of fears than children with no or moderate visual impairments. Among ten most common fears, only two of them were different across groups. "Death or dead people" and "bombing attacks-being invaded" were only reported by children with visual impairments while children without visual impairments reported "sharks" and "shots being fired in the neighborhood" different than the other group of children.

With a sample of children being diagnosed with learning disabilities (one of six), mild mental retardation, other health impairment, orthopedic impairment, speech and language impairment and hearing impairment; content, intensity and prevalence of fears were examined regarding to age, gender and ethnicity groups (Li & Prevatt, 2007). Results suggested significantly higher level of fears for girls for all fear types (fear of failure and criticism, fear of the unknown, fear of minor injury and small animals, fear of death and danger, medical fears). Different from the previous studies utilizing children without disabilities (e.g. Burnham, 2009), any significant difference was not suggested for fears of disabled children among age and ethnicity groups. Most commonly endorsed fears among children with learning disabilities were "being hit by a car or truck", "bombing attacks", "a burglar breaking into our house", "fire/getting

burned", "not being able to breathe", "death or dead people" and "getting a shock from electricity".

Children with autism spectrum disorder have deficits in social communication including problems with emotional sharing and non-verbal communication usage, and show excessive reactions against sensory stimuli (APA, 2013). Since fear is a response to threatening stimuli, which should be determined appropriately according to experiences gained through communication with social world (e.g. Dubi, Rapee, Emerton & Schniering, 2008), fears of children with autism might have differences from normal developing children.

Parents of children with autism reported that their children have unusual fears related to mechanical things (e.g. blenders, can openers), heights, weather (e.g. cloudy weather), non-mechanical things (e.g. black television screen), places (e.g. bathroom), worries (e.g. germs or contamination), visual media (e.g. characters in or segments of movies), being alone (e.g. at own house), actions (e.g. drinking form a cup), animals (e.g. birds), people (e.g. pregnant women), water (e.g. taking a bath) and vegetation (e.g. grass) (Mayes et al., 2013). Similarly, Turner and Romanczyk (2012) reported the most commonly endorsed fears of children with autism as fear of 'getting blood drawn', 'getting an injection', 'finger prick', 'making mistakes', 'getting teeth cleaned', 'taking tests', 'meeting peers', 'doctor exam', 'the dark' and 'insects', which were mostly type of medical fears and included fears both consistent with the fears of children without autism and some kind of unusual fears.

The third component of Bronfenbrenner's PPCT model is the context (C) including four systems from micro to macro level which have influence on the development of child apart from being spent less or much time together (Bronfenbrenner, 2005). The systems are very similar to the first suggested structure in 1979 with layers inside of each other.

The inner-most layer, the microsystem, is basically the immediate environment of the individual which includes the family, friends, teachers and other people who have

direct contact with the individual (Berk, 2013) as well as the roles, activities and relationships of the individual in this surroundings (Evans & Keenan, 2009). The relationship between the individual and people around has two directions, away from and toward the child, which forms the key of this theory (Bronfenbrenner, 1979). Many biological and environmental factors may have impact on the development of child within the microsystem, so depending on psychological, socio-cultural and economic resources the development of each child is specific to him/her (Empson & Nabuzoka, 2004).

Previously, the role of family members and friends others on fears of children were mentioned in the section about the acquisition of childhood fears from behavioral perspective. In the personal characteristics section, relationship of fear to intangible resources including family type and parenting styles were examined, too, but the impact of material sources on fears of children should not be ignored. Socioeconomic status of the family defined by involving family income, education levels and occupation types of parents (Kuppuswamy, 1981). Considering both material and intangible sources children of parents from low socioeconomic status are disadvantaged from many aspects. According to report of State Planning Organization, children from families of having lower level of household wealth, education level, occupation type, number of books at home and higher number of children at home results with inequality of opportunity for achievement (Ferreira & Gignoux, 2010). Also, it was found that since parents spend less time with kids (Fagundes & Way, 2014) and are less sensitive to emotional development of them (Hoff, Laursen & Tardiff, 2002, children from low socioeconomic background are insecurely attached to their parents which leads problems in close relationships in adolescence and adulthood (Murdock & Fagundes, 2017). Many of the studies examining fears of children and adolescents with regard to socioeconomic background are not current (e.g. Sidana, 1975; Graziano, 1971), but fears of Turkish children and adolescents from low and middle socioeconomic background were found significantly different (Serim, 2010). Results suggested higher level of fears for children from low socioeconomic background, which were same with the results of the study comparing fears of Turkish

children from low and high socioeconomic background by Erol and Şahin (1995). Also, studies examining the relationship of children's fears to components of socioeconomic status such as income (Lin et al., 2014), working status and tenure of the parents (Meltzer et al., 2009) suggested that children from low socioeconomic background have higher level of fears than the others. Similarly, children living in rural and urban areas have different social setting, which lead to different types of fears. According to Kalatzkaya (2015), children living in rural areas who help their parents in farms have fears related to pain, blood and sharp sounds; on the other hand children living in urban areas do not have opportunity to play in natural environment instead they are covered with high buildings and public transports driving in the streets so they reported fears related to open spaces and transports.

The second layer, mesosystem is the connection of the different aspects of the microsystem with each other like the interaction between the child's parents and teachers. In other words, this layer brings the different contexts together where the development occurs (Epstein & Sanders, 2002) and this interaction might lead to different outcomes even in the similar environmental conditions (Bronfenbrenner, 1992).

The third layer, exosystem includes the process between two or more social settings providing support for the development of the child (Bronfenbrenner, 1979) by means of mutual trust, goal consensus and positive reinforcement between the person from inside and outside the home even they do not involve the child (Christensen, 2016). Bronfenbrenner (1968) suggested three exosystems that have impact on the family of child; parent's social networks, the parent's work place and the community influences.

The outer-most layer, macrosystem consisted of the ideology, laws, values, regulations and customs of the culture from the national to the local level in which the child grows in (Evans & Keenan, 2009). More specifically, cultural and religious values (Sincero, 2012) and international, regional and global events (Huitt, 2003) are involved in this layer.

Depending on the increase in urbanization, development of technology, occurrences of global events, crises, natural and man-made disasters stress over individuals have increased and it has an influence on development of specific fears among children and adolescents (Burnham & Hooper, 2008). These social, cultural, political and economic changes resulted with an increase in culturally based fear studies. In addition, as an impact of multiculturalism all over the world, in Turkey, too, counselors and mental health professionals need different types of support solutions. For that reason, researchers from different countries such as Greece (Mellon, Koliadis & Paraskevopoulos, 2004), Qatar (Bener, Dafeeah & Guhuloum, 2011), Italy (Di Riso et al., 2013), Iran (Abdekhodaie, Arghabaei & Ehsan, 2016), Turkey (Serim, 2010) and Saudi Arabia (Alshoraim et al., 2018) conducted cross-sectional fear studies. Results showed variability for the intensity and content of the children's fears. For example, in Greece especially for fear of failure and criticism subscale and also for total fear scores children and adolescents reported higher scores than children and adolescents participated to the previous studies conducted in other countries. Authors concluded that the reason behind the high level of fears endorsed by Greek children and adolescents is the nature of Greek culture, which is very open to emotional disclosure, and the educational system that requires series of exams to enter public schools, which take students to a competitive process. Similarly, in Turkey, fear of God and Hell are reported as one of the most common fears for all gender and age groups, which was speculated as related to the ideas about the power of God and the characteristics of a good person carrying the fear of God instilled by adults to children (Serim, 2010).

Although fear studies from various countries contribute to the field by culture specific results reporting fears of children and adolescents living in particular countries, cross-cultural studies are crucial to provide opportunity for concluding similarities and differences between fears of children and adolescents from different cultures since cultural practices like rituals and fairy tales are determinants of children's fears. In line with this idea, Kayyal and Widen (2015) compared imaginary and realistic fears of Palestinian and American children and results suggested less imaginary and more

realistic fears for children from Palestine by means of their culture specific stories including less scary supernatural beings. Similarly, a comparison of fears of children living in Singapore, America and Australia resulted with expectedly highest level of fear of spooky things and ghosts reported by Singaporean children growing in the culture holding funeral wakes in the family home and celebrating Ghost Festival (Lee-O'Loughlin, 2014). Also, being raised in a culture internalizing "Kaisu" (scared to loose) and "Kiasi" (scared to die) concepts, high prevalence rate for fears of "myself dying" and "dead people" among Singaporean children is not surprising. Lastly, study conducted by Burham et al. (2013) covering fears of children and adolescents from three different countries, South Korea (collectivistic), United States (individualistic) and Turkey (in between) is worth mentioning. According to results, fears of children from South Korea and Turkey are the least similar ones such as medical fears for which children from South Korea reported the highest scores while Turkish children were the least fearful group. Living in a violent society, children from United States have violence related fears more commonly, while children from Turkey mostly endorsed fears related to religion because of the dominant religious beliefs of adults on daily routines. South Korean children reported fear of "having no friend" with a high prevalence rate because of the unequal gender ratio at schools.

The last component of the model is the time (T) which is the last added but most essential element among the others, because all aspects of time like timing of puberty or a historical event might have impact on the development of the child (Evans & Keenan, 2009). Three types of time were suggested. The first one is the micro-time which refers to what is happening during specific activities or interactions; the second one is the meso-time which refers to the frequency of the specific episodes in the environment and the last one is the macro-time, also chronosytem, which refers to the specific historical events occurring specifically at one age and having impact on the whole society (Bronfenbrenner & Morris, 2006). The chronosystem includes two types of transitions (normative like puberty, entering school; non-normative like divorce, chronic illness) indirectly having impact on the development of child through the life span, which can also be physiological and biological changes (Bronfenbrenner, 1968).

Similar to Bronfenbrenner (2005), but with more emphasis on social environments rather than the individual in the center (Evans & Keenan, 2009), Elder (1998) mentioned the role of time in development of child by Life Course Theory suggesting principals based on the idea that individuals behave according to the socially defined and age appropriate roles.

The strongest assumptions among the principals suggested that individuals live in a historical time and place, which determines the developmental trajectories they are expected to follow. Place, in other words geographical settings, effects the development of child in three forms; geographic location; culture and value system (Gieryn, 2000). Historical time can impact individuals in two ways; cohort effect and period effect. The cohort effect refers to the different impacts of same historical events on different cohorts (a group of people born in the same point in time). On the contrary, period effect refers to the relatively similar impacts of same historical events on different birth cohorts (Evans & Keenan, 2009). Depending on its timing the same developmental changes, transitions and life events may have different impact on individuals (Elder, Johnson & Crosnoe, 2003) such as timing of leaving the parental home, entering marriage or a cohabiting relationship, and becoming a parent (Harley & Mortime, 2000).

According to Kalatzkaya (2010) children of modern era has different fears than the children of the previous century, because of the aforementioned movements like urbanization, developing technology and disasters occurring all over the world. Among fear studies, the ones concluding changes in the fears of children after traumatic experiences are very popular to enable sources for mental health providers. Vast majority of the studies utilizing children who are victims of a disaster or at least living in a potential disaster area found higher level of fears for children who have or probability to have an experience related to the disaster. For example, when compared, children from North and South America reported fears related to disasters, which are likely to occur specifically in the geographical area they live in (Burnham, Hooper &

Ogorchock, 2011). Among children from South America, fear of earthquake is very common while children from North America reported fear of tornadoes and hurricanes more frequently. Similarly, Du et al. (2012) utilized two groups of children (living in barracks and in villages) from South-east Asia, area of tsunami disaster in 2004. Expectedly, fears of children both living in barracks and villages increased after the tsunami, but prevalence rate of tsunami-related fears is higher among children living in barracks. It was concluded that not only the disaster itself, but also the environment in which children start to live after the disaster have negative impact on children (Robjant, Haasan & Katona, 2009). In addition to natural disasters, prevalence of certain types of diseases in living area with high rate induces development of related fears. For example, among children living in South Africa where HIV is prevalent, the endorsement of fear of HIV and AIDS rate was 78.5% (Burkhardt, Loxton, Kagee & Ollendick, 2012). Similarly, Turkish children living with higher pathogen threat reported higher level of fear of animals reported than their Slovakian counterparts (Prokop, Uşak, Erdoğan, Fancovicova & Bahar, 2011).

Geographical proximity, in other words close contact with the disaster area has impact on the dimensions of traumatization (Mahat-Shamir et al., 2017) without a doubt, but some of the studies examining differences between the fears of victim and non-victim children related to traumatic experiences found that even in a safe distance, non-victim children have fears similar to victims. For instance, children living in Alabama reported fear items directly related to war and terrorist attacks (fear of terrorist attacks, murderers, nuclear war, our country being invaded by enemies) after 9/11 attacks and invasion of Iraq although they are away from both New York and Iraq (Burnham, 2006). Similar effect of the invasion of Iraq and war in Afghanistan was observed among children living in North America which showed itself with fears of "fighting in war", "people carrying weapons" and "shootings" reported by children with high prevalence rate (Burnham, Hooper & Ogorchock, 2011). Not surprisingly, children living in Turkey, a neighbor of Iraq, reported fears of "nuclear war", "our country being invaded" and "going to juvenile system" (Serim-Yıldız, Erdur-Baker & Bugay, 2013), too.

Natural disasters as well as the man-made ones change the content and intensity of children's fears regardless of victimization. For example, children who are victims of earthquake reported higher level of fear of reminders and death/danger, as it was expected, but it was found that both victim and non-victim children have high level of earthquake related fears such as fear of recurrence of earthquakes and being trapped in debris (Karaırmak & Aydın, 2008). Examples mentioned above concluding the similar fear reactions of children with and without traumatic experiences refer to the definition "distant trauma" (the reaction of children against a traumatic event even though they are safely far away from the disaster area) (Terr et al., 1999) which started with millions of children who showed traumatic reactions after watching the explosion of Challenge on television (Burnham, 2007). The effect of television programs and news on development of negative emotions has been well-documented from very early years (e.g. Pfefferbaum et al., 2001; Petrovic, 2015). In addition, Kandemir-Özdinç and Erdur-Baker (2013) concluded that Turkish children, too, show fear reactions to television news such as difficulty in sleeping and eating and obsessive discussion and drawing picture about the war.

With an original contribution to the field noticing equal importance to developing person, the environment and their interaction, Bronfenbrenner's Ecological Systems Theory differ from many developmental theories by provoking cross-cultural studies (Hook, 2009). However, it not easy to collect adequate information and details to developmental trajectory by considering wide range of ecological systems surrounding the individuals. Also, by focusing on the interaction of the human with the environment, Bronfenbrenner's model lacks explaining the individualization of children, in other words intra-personal factors having impact on the independence of the children are ignored (Christensen, 2016).

2.3. Social and Cultural Context in Turkey

As it was mentioned above cultural practices and current social, economic and political situation including geographic location, family type, parenting styles and media exposure have impact on both acquisition and development of children's and adolescents' fears. Thus, Turkey should be analyzed in contextual perspective.

2.3.1. Geographical Features

Carrying both the advantages and disadvantages, Turkey has a valuable geopolitics position, which is located in the south east of Europe and the south west of Asia surrounded by seas on three sides (Ergener, 2002). Lands are without a coast to oceans, so tornadoes and hurricanes are not common.

Being on the North-, East- and West-Anatolian Fault Lines (Darke, 2014), Turkish people have experienced devastating earthquakes from 18th century to recent history (REMTC, 2018). In the article "28 Büyük Deprem Felaketi Yaşandı" (2011) two devastating and destructive earthquakes were mentioned. First one was occurred in 1999 in the North West region and nearly 50.000 people get harmed. Following it, in 2011, another earthquake was occurred in east region and many people left the city to escape from the negative physical and psychological effects of the earthquake.

Climatic factors are variable (Sheehan & Jui Lin, 2014), such as in the north region, it is rainy in all seasons, which causes flood disasters especially in spring and fall (Karadeniz'de Sel ve Heyelan, 2018), and in the south region, air temperature reaches to 50 centigrade Celsius degree, which is the reason of prevalent forest fires (Antalya'da Orman Yangını, 2018).

2.3.2. Religious Beliefs and Familial Structure

Involving characteristics of both individualistic and collectivistic cultures (Kağıtçıbaşı, 1996), children are expected to be dependent to parents until they grow up and parents will be dependent on children. This relationship supports emotional dependency, which makes them collectivistic. Autonomy and independence, which are valuable personal characteristics in Western cultures (Dwairy, 2002), are found to be

threatening the collective values of the society in Turkish culture (Acevedo, Ellison & Yılmaz, 2015). On the other hand, Turkish culture is individualistic with the expectation of being independent economically by gaining money and looking after the family (Kagitcibasi, 1989, 1996).

Family is the smallest component of the society that's why family integrity has great importance but in recent years, prevalence rates of divorce get increased (TUİK, 2018). Because population of Turkey includes various ethnic groups such as Kurds, Armenians and Greeks which forms multicultural context leading a change from traditional, rural and patriarchal society to a modern, urban, industrial and egalitarian one (Ataca, Kağıtçıbaşı & Diri, 2005). Related to this cultural diversity and changes various family types started to emerge (Ataca, 2009). Families start to get smaller from extended ones in which grandparents are living together to nuclear ones and even single-parent families.

Major religion of Turkish people is Islam with a rate of 99.8%. Together with this majority of Muslims, being a secular country, people also following Christianity, Judaism, and Ashkenazi are living in Turkey with similar regulations and legislation to the non-Muslim European countries (Akgunduz, 2010). However, religious practices in daily routines such as attending mosque and fasting or daily language including words "Allah" and "İnşallah", as well as Islamic doctrines related to the power of God, its forgiveness and at the same time harshness emphasizes differences among groups.

The role of religious beliefs on child-rearing practices cannot be ignored. In Turkish culture, children are raised with different expectations depending on their genders even starting from the birth (Kağıtçıbaşı & Sunar, 1992). Parents have tendency to raise their baby son more alert, stronger, and firmer who will be the head of their future family, while daughters who are expected to be delicate, softer and more awkward as being future mothers (Kacerguis & Adams, 1979) which shape the gender stereotypes as a part of cultural background (Miller et al., 2000). The tradition of male

circumcision is very common especially for children older than 6 years old (Şahin, Beyazova & Aktürk, 2003), while female circumcision is not the case in Turkey (Verit, 2003). Since, for male children it is the only way to gain masculine identity, they wear flashy costumes in the celebration ceremonies, although the operation of circumcision is painful and carry the risk of possible complications like blooding and infection (Weiss, Larke, Halperin & Schenker, 2010).

Through their parents' behaviors and expectations which are different for boys and girls, they learn expected and accepted gender roles appropriately to female and male gender, which is the reflection of their attitudes towards opposite gender when they grow up. In Turkey, every year, many women became homicide victims, such as a high school student who was killed by her boyfriend and dumped into a waste container (Kesler, 2009), a college student who was raped and burned by the bus driver (Şen & Duman, 2015) or a famous actress acting in a very popular children's television program who was found death in a male friend's house because of an unknown reason (Alaattinoğlu, 2011). Unfortunately, all of these negative events are shown both on news or other television programs in daytime when children might have opportunity to watch television.

2.3.3. Education System

Economic, politic and familial factors have impact on children's educational attainment although state determines the division and duration of education. Since being well-educated and skilled are features of getting good and high-paying jobs (Rankin & Aytaç, 2006), families consider educational issues. To be able to enter public high schools providing good education, which will later provide support to enter a prestigious university, children spend hours studying on exams, but on the other side, the requirements of high school and university entrance exams and even the education system itself have been changing constantly which causes great pressure on both families and children.

2.3.4. Political Conditions

Carrying both advantage and disadvantage of being a bridge between the East and the West, Turkey has been experiencing long lasting terrorism since the end of 1900s. Too many terrorist attacks against police and soldiers happened, when not only they were on duty, but also they were together with their families out of working hours; such as an armed attack to police officers when they were having football match and their families were watching them (Demir & Emir, 2011). In last 40 years, terrorist attacks have been very frequent even against to civilians such as a bombing attack on a street in the capital city (Şardan, Karapınar & Koç, 2011), a suicide bomb attack to USA consulate building (Arıkan, Kurt & Alp, 2013) or a bombing attack with a bus to a busy bus station (Kızılay'da Bombalı Saldırı, 2016).

According to Konrad-Adenauer-Stiftung Youth Research Report (2017), youth in Turkey reported concerns about terrorism with a prevalence rate of 32%. Women murders (15%), child abuse (11%) and economic crises (8%) followed terror related issues. Moreover, negative events such as mine expulsions which caused the death of hundreds of workers ("Somadaki Kazadan Yaralı", 2014), both deputy and presidential elections, minorities getting into the parliament, Gezi Park protests ("Taksim Açıldı", 2013), limitations of internet usage, immigrants from Syria and related problems (Akçura, 2018), traffic accidents ("Ankara'da Feci Kaza", 2018) and lastly but not least importantly coup attempt resulted with material and moral loss ("Dakika Dakika", 2016) have created stress on adults and children being exposed to such events occurring in adult world.

2.4. Summary

Fear, one of six basic emotions (Izard, 1977), is an integral part of children's emotional development which protects them against danger (Gullone, 1999). On the other hand, fear is in a close relationship with negative emotions such as anxiety (e.g. Muris, Ollendick, Roelofs & Austin, 2014), phobia (e.g. Muris & Ollendick, 2002) and worry (e.g. Fernyhough, Turner & Freesston, 2009). Since it is important to be able to diagnose and classify fears of children and adolescents to provide support for

vulnerable groups, many studies providing information about developmental patterns, frequency, intensity and duration of fear have been conducted starting from 19th century. Depending on the demographic characteristics of the participants, year and place of measurement, various types of fears were suggested.

Fears of children has been a very popular issue among researchers covering individual differences and similarities from various perspectives. Darwin (1872) suggested that fear is inherited and then some types of fears such as fear of water (e.g. Menzies & Clarke, 1995) are found to be existing since the first contact with the stimuli. In line with this idea, twin studies were conducted to examine genetic effects in fearfulness and results suggested a correlation between fears of two twins. Similar to Darwinian perspective, Freud (1920) emphasized the role of heritage especially fears in infancy. In addition, he explained development of fear through psychosexual stages. Following him, Erikson (1959) mentioned the relationship of a life span psychosocial development (influence of culture and society) with fears of children defining conflicts, which would lead one type of fear in case of failure in solving.

In the same form with the previous ones Piaget's (1970) cognitive development theory, too, explained children's fears through developmental stages and claimed that fears of children show variability depending on their ages as well as their mental levels in relation to cognitive abilities. Analyzed fear studies concluded that intensity of fears have tendency to decrease as children get older (e.g. Lee-O'Loughlin, 2014). Single study examining fears of children and adolescents in Turkey with regard to age groups suggested highest level of fear scores for the youngest age group (8 years old) for total fears and fear factors. The least fearful groups for different types of fears were found at ages changing between 12 and 18.

Differently, originated from experiments utilizing animals, behaviorist theorists initially focused on the role of conditioning (both classical and operant) on fear learning (e.g. Pavlov, 1903), but then the environmental effects provoking learning through observational and communication were included (e.g. Bandura, 1977).

Covering all three ways of fear learning, Rachman (1977) suggested three-pathway theory and then many studies were conducted to prove the role of conditioning experiences, vicarious learning and negative information transmission on fear learning (e.g. Reynolds, Wasely, Dunne & Askew, 2017).

In comparison with the aforementioned theories, Bronfenbrenner (1979; 1989; 2005) developed a more comprehensive one involving physical environment, time, cultural practices, societal changes and economical tendencies, besides the personal characteristics. In the same manner, Elder (1998) suggested a model focusing on historical time and place effect on child development. Depending on this model, it can be concluded that fears of children and adolescents are influenced by the cultural norms in which they grow and by events occurred because of the physical conditions including the location of the country in which they live and the structure of the society in which they are nurtured.

Considering the societal, economic and cultural changes the new era brings, examining fears of children in line with the ideas mentioned by contextual approaches might provide a more comprehensive source for mental health professionals. However, it might not be possible to explain fears of children and adolescents by only one theoretical orientation (Ollendick, 1979). So, fears of children and adolescents should be handled regarding two dimensions; individual characteristics (e.g. genetics, age, gender) and contextual factors (i.e. experiences originated from the interaction with the surroundings depending on time and place variables).

In this study, for the first dimension, individual characteristics, children's fears will be examined with regard to age and gender variables. For the second dimension, contextual factors, relationship of fears of children and adolescents to socioeconomic status and specific life events will be searched which will be discussed taking time and place factors into consideration.

CHAPTER 3

METHOD

3.1. Overall Research Design of the Study

Carrying the goal to examine the effects of age, cohort (birth) and time of measurement in a single research design, a sequential design which is the combination of longitudinal, cross-sectional, and time-lag components (Schaie, 1968) and allows to observe the change in a shorter time period than longitudinal design (Miller, 1998) was used in this study. To be able to describe the real function of age which has great impact on the development of attitudes and behavior, a combination of cross-sectional and longitudinal data collections should be used (Schaie & Baltes, 1975). Baltes, Cornelius and Nesselroade (1979) claimed that for some cases cohort (birth) can be more comprehensive way of explaining the changes in attitudes and behaviors than age by three influences; normative age-graded (chronological age including the biological maturation and socialization), normative history graded (culturally based processes that are presumed to affect most members of a cohort like entering school) and non-normative (processes that do not affect most members of a cohort like divorce). On the other hand, Kosloski (1986) argued that supposing that the participants from the same birth cohort shared the same experiences simply because they were born in the same time period would be ignoring the cohort effect, so historical time would play an important role in explaining the behavioral and attitudinal changes. Since historical time in other words time of measurement provides the information about the context of development (Schaie, 1986) and answers the question about the underlying psychological conditions (Caspi & Bem, 1990), Schaie (1984) suggested to examine the time of measurement to be able to conclude the impact of societal changes in technology, customs and cultural stereotypes.

There are several different kinds of sequential design. To reach the goals of the current study, a time-sequential design, which is consisted of two (or more) cross-sectional studies carried out at different times of measurement (Schaie, 1994), was used. In time-sequential designs, at least two age levels should be assessed at least two times of measure and narrow age ranges should be invested to minimize history and selection effects (Schaie, 1994). Miller (1998) suggested that the samples of different measurement times might be either independent or the same, meaning that it is not obligatory to follow up the original participants for all of the measurements, which overwhelms the selective dropout limitation of longitudinal design.

In this study, changes in fears of children and adolescents in seven years by two groups were investigated by two data sets from 2010 and 2017; the first one included children and adolescents in the same ages (from 8 to 18) and the second one included children and adolescents between the ages of 8 to 11 in 2010 who are between the ages of 15 to 18 in 2017 (Figure 1). Turkish version of Fear Survey Schedule for Children (Serim, 2010) and life events checklist formed for this study were utilized to participants in addition to a demographic form.

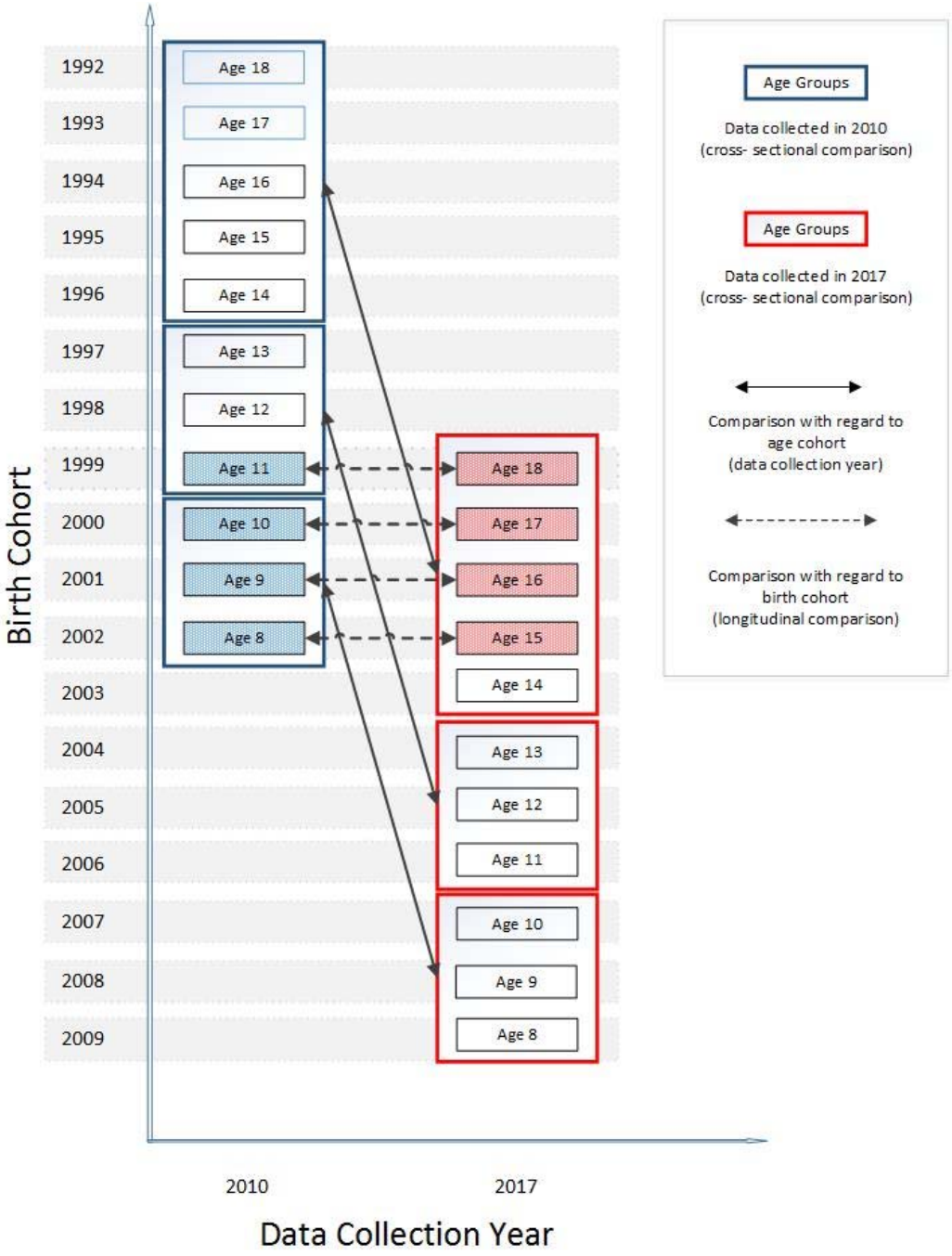


Figure 1. Time-sequential design comparison plan for age groups

3.2. Sampling Procedure and Participants

Two different data sets were used. The first data set was collected by Serim (2010) from selected primary, elementary and high schools in Ankara by convenience sampling method (Fraenkel, Wallen & Hyun, 2012) in 2009-2010 academic year. The second data set was collected in 2017 from the same schools the first data was collected and to be able to compare the fear scores of children and adolescent in 2010 and 2017 measurement, number of participants was tried to be kept approximately the same for age, gender and socioeconomic status groups, but they are not completely the same children and adolescents.

3.2.1 Participants

For the first data set, questionnaires were distributed to 1710 primary, elementary and high school students in predetermined schools. A total of 1514 questionnaires were received with a return rate of 88.5%. For the second data set, questionnaires were distributed to 1702 children and adolescents in the same schools with the previous data and 1434 of them were received with a return rate of 84.3%. After listwise deletion of missing data for the first data set 1315 and for the second data set 1248 children and adolescents were left.

Participants were grouped into three depending on their ages; first group is children between the ages of 8 to 10, second group is preadolescents between the ages of 11 to 13 and third group is adolescents between the ages of 14 to 18.

For the first data set, of the participants 8.7% were 8 years old, 9% were 9 years old, 7.8% were 10 years old, 8.4% were 11 years old, 9.5% were 12 years old, 9.5% were 13 years old, 9% were 14 years old, 8.9% were 15 years old, 8.9% were 16 years old, 11% were 17 years old and 9.6% were 18 years old.

For the second data set, of the participants 9.4% were 8 years old, 9.6% were 9 years old, 8.7% were 10 years old, 7.2% were 11 years old, 8.2% were 12 years old, 9.1%

were 13 years old, 9.1% were 14 years old, 9.2% were 15 years old, 8.9% were 16 years old, 10.1% were 17 years old and 8.9% were 18 years old.

Table 1

Demographics of Data Set 1 and 2

		2010		2017	
		f	%	*f*	%
Gender					
	Female	642	48.8	611	49
	Male	673	51.2	637	51
Age					
	Children	336	25.5	345	27.8
	Preadolescents	335	26.9	305	24.6
	Adolescents	624	47.4	592	47.6
SES					
	Low	632	48.1	672	53.6
	Middle	683	51.9	576	46.2
	Total	1315	100	1248	100

3.3. Data Collection Instruments

To collect data Turkish version of Fear Survey Schedule for Children, a checklist of life events and a demographic form were utilized to participants. Socioeconomic status of the participants was determined by using Kuppuswamy's Socioeconomic Status Scale.

3.3.1. Turkish Version of Fear Survey Schedule for Children (FSSC-TR)

Fear Survey Schedule for Children is the most commonly used fear survey schedule among all fear surveys designed for children (Gullone, 1999). Since fears of children and adolescents may change according to culture and current social and political atmosphere in a society lived in (e.g. Burnham, 2005), the original form of the survey have become different by new added contemporary items and deleted outdated ones.

Based on the adult version by Wolpe and Lange (1964), 80 itemed 5 point Likert type (1= none and 5= very much) Fear Survey Schedule for Children was designed by Scherer and Nakamura (1968). Then a 3 point scale (1= none and 3= a lot) revised version (FSSC-R) was introduced (Ollendick, 1983). Till Gullone and King (1992) added contemporary items and introduced FSSC-II, the item content had not been changed since it was introduced first, although many new fears of children raised after changes occurring all over the world. Reason for the same, Burnham (1995) added 20 items that are more contemporary and introduced FSSC-AM with 98 items. After that FSSC has been used with children and adolescents at a broad age range in different countries of the world (e.g. Riso et al., 2013) for different purposes such as providing information about the fears of children (e.g. Burnham, 2009), discriminating normal fear from clinical fear (anxiety, phobia etc.) (e.g. Muris & Ollendick, 2002), evaluating treatments for disorders related to fear (e.g. Gullone, King, Tonge, Heyne & Ollendick, 2000), comparing fears of children in different countries (e.g. Burnham & Gullone, 1997), comparing fears of children in different mental and physical skill levels (e.g. Tippey, 2009) and effects of events such as natural disasters on the fear development of children (Burnham, 2005).

Since fears of children and adolescents change depending on the cultural, political and societal events happening in the country they live, many research studies were conducted to clarify changing factor structure of FSSC and one-, five-, six- and seven-factor solutions were suggested. Exploratory and confirmatory factor analyses with same or different data and versions of the survey suggested varying results for some cases.

In Turkey, firstly Fear Survey Schedule for Children was adapted into Turkish by Erol, Şahin and Özcebe (1990). A revised version of the survey by Yule and Rowland (1987) was added new items related to religious fears, attachment relevant items and traffic accidents after interviews with children. Totally 110 itemed and 5 point Likert type Fear Survey Schedule for Children administered to children between the ages of 8 and 13 living in Turkey. Results of reliability and validity analyses concluded that Fear Survey Schedule for Children was a valid and reliable instrument to assess fears of children and preadolescents between the ages of 8 and 13 in Turkey with a six-factor solution; non-specific general fear, death, natural disaster and religious fears, fear of the unknown, social fears, failure and criticism and medical fears and illness.

For the present study, FSSC- AM (Burnham, 2005), a 3-point Likert type scale (1= *not scared,* 2= *scared*, 3= *very scared*)with total 123 items which have not been tested till it was translated and adapted into Turkish by Serim (2010) was used. In the translation and adaptation process six steps of guideline by International Test Commission on translating and adapting tests (2017) were followed. In the pre-condition phase, firstly permission from the holder of the intellectual property rights of FSSC-AM (Burnham, 2005) was obtained through personal communication by e-mail. Then, two different versions of the survey were analyzed. First one was designed for adolescent between the ages of 14 and 18 and included 123 items. From the second one, which was designed for children between the ages of 8 and 13, 5 items ("cults/satanic worship/voodoo", "my getting pregnant or my girlfriend getting pregnant", "being raped", "sex" and "sexually transmitted diseases") were excluded because of the developmental inappropriateness.

In the test development phase, the translation and back-translation of the questionnaire was done by three counselors advanced in English and an English teacher studying counseling psychology. After all of the translations were completed, Turkish form of the questionnaire was evaluated by two independent counseling psychology experts and two independent child psychology experts. Then, two Turkish literature teachers checked the Turkish version of FSSC. Lastly, a pilot study was conducted for reliability and validity analyses. Before the administration phase, appropriateness of the answer sheets and time given for the administration for specific age groups were checked. To improve the motivations of the participants, small gifts were given.

In the score-scales and interpretation phase, inter-group differences were considered. After the administration, in the documentation phase, the data collection and analyses procedures were explained in detail like a technical manual for researchers of future studies. In the confirmation phase, two different data sets were used to check validity and reliability of Turkish version of FSSC. The first data set was comprised of 173 females (48.7%) and 182 males (51.3%) with total 355 participants aged between 8 and 18 (M=12.66; SD=3.05) and used for test-retest reliability and convergent validity analyses. The second data set was comprised of 642 females (48.8%) and 673 males (51.2%) with a total 1315 participants aged between 8 and 18 (M=13.15; SD=3.18) and used for examining factor structure and internal reliability.

To check convergent validity Fear Experiences Questionnaire (FEQ) developed by Gullone, King and Ollendick (2000) and translated to Turkish by Saçkes, Yurdugül and Çırak (2007) was utilized. The Pearson correlation coefficient between FSSC and FEQ was found as r = -64 (p < .01) for the first application and r = -.67 (p < .01) for the second application which shows a strong correlation (Green, Salkin, & Akey, 2000).

Results of exploratory factor analyses suggested a five-factor solution; fear of death and danger, fear of unknown, fear of animals, medical and situational fears and school and social fears. In order to examine the test-retest reliability, the scale was administered to the same participants with three weeks interval and Pearson correlation coefficients was found to be as r = .97 (p<.01). The internal consistency of the items

was tested through Cronbach alpha coefficient. For the total scale alpha coefficient obtained was .97. Results suggested an internal consistency of .96 for Factor 1 (Fear of Death and Danger), of .89 for Factor 2 (Fear of Unknown), of .87 for Factor 3 (School and Social Stress Fears), of .89 for Factor 4 (Fear of Animals) and of .74 for Factor 5 (Medical and Situational Fears).As it was mentioned before, with or without revisions, reliability and validity of FSSC was checked many times in various age, socioeconomic status and culture groups and results showed variability (e.g. Muris & Ollendick, 2002). Results gave rise to the thought that FSSC is a sample, age, socioeconomic status and culture sensitive survey. Results of some studies suggested differences between the factor structures of FSSC even with samples from same culture (e.g. Di Riso, Salcuni, Chessa & Lis, 2010; Di Ruso et al., 2013). For that reason, although all the findings of the previous study supported the reliability and the validity of new version of Fear Survey Schedule for Children to be use with Turkish children and adolescent sample, validity and reliability analyses for Turkish version of FSSC were conducted again (Serim & Erdur- Baker, 2013).

Similar with the previous study, a five factor solution with a few differences in item distribution was suggested; medical and situational fears (Factor 1, α= .78), fear of death and danger (Factor 2, α= .96), school and social stress fears (Factor 3, α= .89), fear of unknown (Factor 4, α= .87) and fear of animals (Factor 5, α= .89). The CFA results revealed an adequate model fit for the five-factor structure of the FSSC, $\chi 2(199, N = 639) = 684.45$, $p = .00$; $\chi 2/df$ ratio = 3.43; TLI = .95, CFI = .96, RMSEA = .062, SRMR = .037. Therefore, the goodness-of-fit indexes (TLI, CFI, RMSEA, and SRMR) suggested that the model fit was adequate and the findings confirmed the five-factorial nature of the instrument.

3.3.1.1. Confirmatory Factor Analysis FSSC-TR

For the present study, previously defined factor structure of FSSC-TR was intended to be confirmed through Confirmatory Factor Analysis as it was suggested in guidelines by ITC (2017).

Prior to Confirmatory Factor Analysis, assumptions of CFA suggested by Kline (2015) were checked. They are (1) sample size and missing data, (2) normality, (3) outliers, (4) linearity, and (5) multicollinearity. Firstly, the data were screened for incorrect or missing values. There were no incorrect values, then, missing cases were considered. According to results of Little's MCAR test (Little & Rubin, 1987), non-significant Chi –square indicated a random pattern for missing data. Since listwise deletion was robust to violation of missing at random assumption (Allison, 2002) and if the missing data is less than 5%, any technique would result in similar results (Tabachnick & Fidell, 2013). Considering the large sample size and rate of missing value less than 5% for data collected in 2017 (3%), listwise deletion was done. After deletion, sample size counted up 1248 which was large enough for conducting CFA as it was suggested to be larger than 200 (Kline, 2015).

Secondly, through skewness and kurtosis, Kolmogorov-Smirnov and Shapiro-Wilk values, histograms, Q-Q plots and boxplots univariate normality assumption was checked. Some of the variables showed non-normal patterns as skewness and kurtosis values were not between -3 and +3 (e.g. item 107), but as Tabachnick and Fidell (2013) suggested significant skewness and kurtosis values are ignorable since they do not cause much deviation from normality, if the sample size is large enough. Shapiro-Wilk's W test and Kolmogorv- Smirnov D test were significant and visual inspection of both histograms and normality plots indicated that there is a normal distribution of scores. Mardia's coefficient test was used to check the multivariate normality of the data (Tabachnick & Fidell, 2013) and results suggested a non-normal distribution for almost all of the variables. Since meeting normality assumption is not common (Byrne, 2016), to be able to eliminate the effects of non-normality, bootstrapping which is the way of "resampling" was used (Kline, 2015, p.60).

Thirdly, for univariate outliers z-scores and for multivariate outliers Mahalanobis distances were calculated. Z-scores of a few cases were out of the range of ± 3.29 which are defined as univariate outliers (Tabachnick & Fidell, 2013). To calculate Mahalanobis distance the critical $\chi 2$ value was checked for df = 3, $p < .001$ and found as 16.27 (Tabachnick & Fidell, 2013). None of the cases were exceeding the critical

value. Although multivariate normality assumption was met, univariate normality was violated so all the analyses were conducted separately with two data sets; with and without outliers. Since results showed any difference, outliers were kept for the rest of the study.

Fourthly, visual inspection of scatterplots and residual plots are used to check the linearity of the data. Lastly, multicollinearity assumption was checked. To meet the multicollinearity assumption correlations between the variables are suggested to be less than $\alpha = .90$ (Tabachnick & Fidell, 2013), variance inflation factors (VIF) [1/ (1- R^2)] should be less than 10 and tolerances (1- R^2) should be more than .10 (Kline, 2015). For the collected data criteria set for multicollinearity assumption were met.

To evaluate the fitness of model in Confirmatory Factor Analyses, the fit statistics of the Tucker- Lewis Index (TLI), the ratio of Chi square and degrees of freedom (X^2/df), Comparative Fit Index (CFI), the Root Mean Square Error of Approximation (RMSEA) and the Standardized Root Mean Square Error of Approximation (SRMR) have been selected. Tucker-Lewis Index (TLI) which is also known as Non-Normed Fit Index (NNFI) is expected to be between values of 0 and 1 and values higher than .95 indicates good fit (Hu & Bentler, 1999).

Model Chi-Square ($\chi 2$) which is the basic model test statistic, for perfect fit a value of 0 with a non-significant p value is expected. However, Chi-square value is sensitive to sample size which have tendency to be statistically significant. Since for both 2010 and 2017 data large samples were utilized, normed Chi-square (ratio of χ 2 to its expected value that is degree of freedom-df) is used with criterion defined by Kline (2015) as $X^2/df < 3$.

The Bentler Comparative Fit Index (CFI) evaluates the goodness of proposed model by comparing the proposed model and a baseline model (independence model). The range of the fit index is between 0 and 1 where higher scores indicate a good fit. (Kline, 2015). According to Hu and Bentler (1999), values higher than .95 indicate a good fit.

Root Mean Square of Error of Approximation (RMSEA) which evaluates badness-of-fit and and a value close to 0 indicates a good fit. According to Hu and Bentler (1999), values close to .06 shows a good fit.

Standardized Root Mean Square Residual (SRMR) is difference between the observed and predicted correlations (Kline, 2015). According to Hu and Bentler (1999) a value that is lower than .08 indicates good fit.

Previously, a five-factor-solution; Fear of Death and Danger as Factor 1 with 49 items, Fear of Unknown as Factor 2 with 18 items, School and Social Stress Fears as Factor 3 with 20 items, Fear of Animals as Factor 4 with 13 items and Medical and Situational Fears as Factor 5 with 9 items was suggested (Serim, 2010). In order to test the five-factor solution suggested for FSSC-TR with data collected in 2017, Confirmatory Factor Analysis (CFA) were conducted in LISREL Version 8.80 software (Jöreskog & Sörbom, 2015). Maximum likelihood was used as the estimation method.

The CFA results of the five factor confirmatory factor analysis revealed an adequate model fit, χ^2 (5220) = 9941.42, p=.00; X^2/df ratio= 1.90; TLI= .98; CFI= .98; RMSEA= .03; SRMR= .04. Path diagram was given in Figure 2.

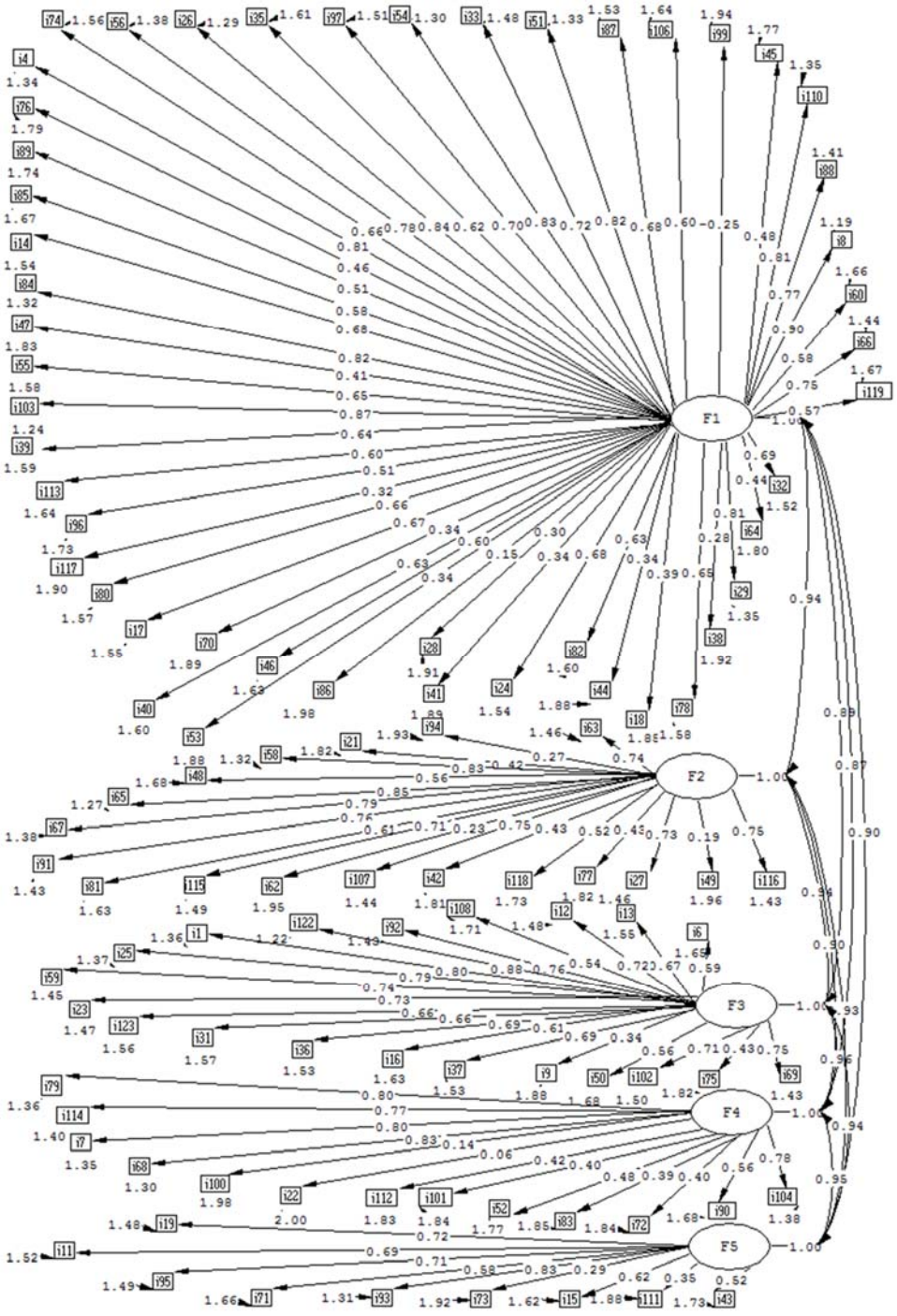


Figure 2. Five factor model of FSSC-TR

3.3.2. Checklist of Life Events

To examine the impact of specific life events on the fears of children and adolescents, caregivers were asked to check if they have experienced the given life events in their family within 5 years. Some of the events presented are “death of someone in my family”, “someone in my family having an important exam”, “bombing attack”.

3.3.3. Demographic Form

Gender, age, mother and father education level (1 = Illiterate, 2 = elementary school, 3 = Secondary School, 4 = High School, 5=University), mother and father occupation (1= not working, 2= civil servant, 3= worker, 4= others) , family income (1= 0-500 TL, 2= 501- 1000 TL, 3= 1001- 2000 TL, 4=2001-3000 TL, 5= 3001-4000 TL, 6= 4001-5000 TL, 7= 5001-6000 TL, 8= 6001-7000 TL, 9= 7001 and more) were asked by a demographic information form.

3.3.4. Kuppuswamy’s Socioeconomic Status Scale

Kuppuswamy’s Socioeconomic Status Scale provides socioeconomic status score which ranges between 3 and 29 by using total score of monthly income, education of the head of the family and profession of the head (Table 2). For this study, for both sample one and two, lower and upper lower socioeconomic status are called as low SES, lower middle and upper middle are called as middle SES and upper is called as high SES.

Table 2

Kuppuswamy's Socioeconomic Status Scale

Education Score	
Status	*Point*
Professional or Honours	7
Graduate or Post-Graduate	6
Intermediate or Post-High-School Diploma	5
High School Certificate	4
Middle School Certificate	3
Primary School or literate	2
Illiterate	1
Occupation Score	
Status	*Point*
Profession	10
Semi-Profession	6
Clerical, Shop-owner, Farmer	5
Skilled worker	4
Semi-skilled worker	3
Unskilled worker	2
Unemployed	1

Table 2 (continued)

Family Income Per Month (in TL) Score	
Status	*Point*
>7000	12
6001-7000 TL	11
5001-6000 TL	10
4001-5000 TL	8
3001-4000 TL	6
2001-3000 TL	4
1001-2000 TL	3
501- 1000 TL	2
0-500 TL	1
Total Score Socioeconomic Class	*Point*
Upper	26-29
Upper middle	16-25
Lower middle	11-15
Upper lower	5-10
Lower	<5

3.4. Data Collection Procedure

Before starting to collect data the approval from Middle East Technical University Human Subjects Ethics Committee and permission for data collection from Ankara Provincial Directorate of National Education were received (Appendix A). Secondly, school principals were visited to inform about the aim and procedure of the study. After they agreed to attend the study, both in 2010 and 2017 all of the children and adolescents were invited to participate in the study by informed consents which were sent to parents. Data were collected from children and adolescents who are volunteer and permitted to attend the study by their parents. Questionnaires were administered to the participants in one class hour (40 min) and a break (10 min).

3.5. Description of Variables

Fear: In this study the content, frequency and intensity of fear was measured by the total scores obtained from Turkish version of Fear Survey Schedule for Children.
Gender: A dichotomous variable with categories of (1) female and (2) male.
Age: Children and adolescents between the ages 8 and 18 were attended in this study.
Socioeconomic status: SES of children and adolescents were defined by Kuppuswamy's (1981) Socioeconomic Status Scale.
Life events: Experience of given life events in their family within 5 years.

3.6. Data Analysis Procedure

To reach the aims of the study, before main analyses, confirmatory factor analyses for Turkish version of Fear Survey Schedule for Children were conducted by following previously suggested factor structure (Serim, 2010). As main analyses contemporary fears of Turkish children and adolescents with regard to gender, age and socioeconomic status; change in the fears of children and adolescents with regard to measurement year (2010 and 2017); most and least common fears separately for age, gender and SES groups; change in the fears of children and adolescents with regard to birth cohorts (1999-2002) and relationship of children's and adolescents' fears to life

events they have experienced were examined. Assumption were checked before each of the analyses.

3.7. Limitations

As well as the strength of the study, it carries some limitations of being a quantitative time-sequential study. The findings should be interpreted by considering these limitations. Some of them are listed.

Firstly, the assessment of children's fears were examined by self-report measures. Generally, self-report tools carry the limitation of social desirability and this may confound the results. To eliminate this limitation beside self-report, information from different sources such as parents, teachers and peers should be gathered. Secondly, data were collected from the children living in Ankara via convenience sampling method. Therefore, the generalizability of the results is limited to the children from the participating schools in Ankara. Lastly, because of practical reasons, fears of children and adolescents were monitored with 7 years interval through a time-sequential design which concluded developmental trends by looking for commonalities across birth cohorts and age populations, on the contrary to longitudinal studies examining change through observations in individual level.

CHAPTER 4

RESULTS

4.1. Contemporary Fears of Turkish Children and Adolescents

The first research question was "Is there any significant difference between fear scores (for total and five factors) of children and adolescents across age (children, preadolescents and adolescents), gender and SES (low and middle) groups?"

In order to examine contemporary fears of children, preadolescents and adolescents a 2 (gender) X 3 (age) X 2 (socioeconomic status) between-subjects multivariate analysis of variance (MANOVA) was performed on five dependent variables: Factor 1 (Fear of Death and Danger), Factor 2 (Fear of Unknown), Factor 3 (School and Social Stress Fears), Factor 4 (Fear of Animals) and Factor 5 (Medical and Situational Fears). After that, as follow up study a 2 (gender) X 3 (age) X 2 (socioeconomic status) between-subjects univariate analysis of variance (ANOVA) was performed for each type of fear.

Prior to MANOVA, assumptions suggested by Green and Salkind (2016) were checked. Homogeneity of variance matrix for dependent variable was tested through Levene's test. It was found that the error variance of the dependent variable is not equal across the groups. Thus, homogeneity of variance assumption was not met. Alpha level was set as .01 for determining the significance of variables. Homogeneity of covariance matrix assumption was violated, as indicated by significant Box's M test, so Pillai's trace which is more conservative than Wilk's Lambda was selected for interpretation of multivariate results.

MANOVA revealed a significant main effect for gender (Pillai's trace= .10, F (5, 1232) = 29.47, p= .000, $\eta 2$=.10, medium effect), age (Pillai's trace= .30, F (10, 2466)

= 43.93, p= .000, η2=.15, medium effect) and socioeconomic status (SES) (Pillai's trace= .56, F (5, 1232) = 316.22, p= .000, η2=.56, large effect). A significant interaction between gender and age (Pillai's trace= .03, F (10, 2466) = 4.04, p= .000, η2=.01, small effect), gender and SES (Pillai's trace= .04, F (5, 1232) = 9.71, p= .000, η2=.04, small effect), age and SES (Pillai's trace= .10, F (10, 2466) = 13.86, p= .000, η2=.05, small effect) and age, gender and SES (Pillai's trace= .11, F (10, 2466) = 14.96, p= .000, η2=.06, small effect) were also found.

For univariate analysis, a significant main effect of gender (F (1,1236) = 29.13, p = .000 , η2=.02, small effect), age (F (2,1236) = 93.24, p= .000, η2=.13, medium effect) and SES (F (1,1236) = 1339.03, p= .000, η2=.52, large effect) were observed on Factor 1 (Fear of Death and Danger); of gender (F (1,1236) = 9.37, p= .000, η2=.01, small effect), age (F (2,1236) = 121.90 , p =.000, η2=.17, medium effect) and SES (F (1,1236) = 867.15 , p =.000, η2=.41, large effect) on Factor 2 (Fear of Unknown); of gender (F (1,1236) = 18.62 , p= .000, η2=.01, small effect), age (F (2,1236) = 27.29 , p =.000, η2=.04, small effect) and SES (F (1,1236) = 135.64 , p= .000, η2=.10, medium effect) on Factor 3 (School and Social Stress Fears); of gender (F (1,1236) = 80.36, p= .000, η2=.06, small effect), age (F (2,1236) = 38.14 , p =.000, η2=.05, small effect) and SES (F (1,1236) = 698.37 , p =.000, η2=.37, large effect) on Factor 4 (Fear of Animals) and of age (F (2,1236) = 7.69 , p= .000, η2=.01, small effect) and SES (F (1,1236) = 320.88 , p= .000, η2=.20, medium effect) on Factor 5 (Medical and Situational Fears). For total score, a significant main effect of gender (F (1, 1236) = 29.16, p= .000, η2=.02, small effect), age (F (2, 1236) = 93.24, p =.000, η2=.13, medium effect) and SES (F (1, 1236) = 1339.03, p= .000, η2=.52, large effect) were observed.

Since there is a significant three-way interaction effect of age, gender and socioeconomic status on Factor 3 (School and Social Stress Fears) and Factor 4 (Fear of Animals) main effects of age and gender, interaction effects of age-gender and age-socioeconomic status were not reported. For scores of Factor 1 (Fear of death and Danger),Factor 5 (Medical and Situational Fears) and total fear scores a significant interaction effect of age, gender and SES together was not observed instead interaction

effects of gender-age and age-socioeconomic status and main effects of independent variables were reported. For Factor 2 (School and Social Stress Fears) any significant interaction effect was observed, so main effects of gender, age and SES were reported.

For Factor 1 (Fear of Death and Danger) an interaction effect of age-SES ($F(2, 1236) = 4.90$, $p = .000$, $\eta 2 = .01$, small effect) (Figure 3) and main effect of gender ($F(1, 126) = 52.54$, $p = .000$, $\eta 2 = .04$, small effect) were observed.

Considering age and SES interaction, preadolescents from low SES background reported the highest scores (*M:* 2.56, *SD:* .17) while least fearful group was adolescents from middle SES background (*M:* 1.69, *SD:* .26). Overall a decrease in Fear of Death and Danger scores with increasing age was observed (Table 3). When fear scores compared with regard to gender groups it was found that female participants had higher scores (*M:* 2.37, *SD:* .34) than their male counterparts (*M:* 1.96, *SD:* .43).

Table 3

Descriptive statistics of age and SES interaction

	Low SES			Middle SES		
	M	*SD*	N	*M*	*SD*	N
Children	2.55	.20	268	2.01	.24	77
Preadolescents	2.56	.17	161	1.91	.26	144
Adolescents	2.39	.24	243	1.69	.26	355
Total	2.50	.22	672	1.79	.28	576

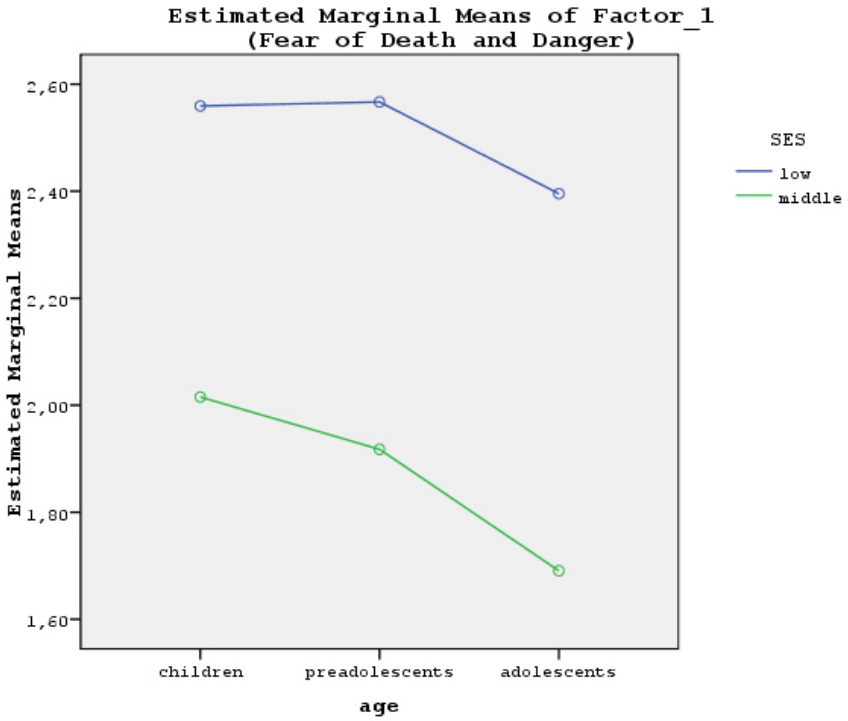


Figure 3. Fear of death and danger scores of children, preadolescents and adolescents with regard to age and SES groups

For Factor 2 (Fear of Unknown) main effect of age (F (2, 1236) =101.64, p =.000, η2=.14, medium effect) gender (F (1, 1236) =9.37, p =.002, η2=.02, small effect) and SES (F (1, 1236) =867.15, p =.000, η2=.41, large effect) were observed. Female participants reported higher scores (*M:* 1.91, *SD:* .33) than males (*M:* 1.65, *SD:* .33).

Children (*M:* 2.04, *SD:* .30) reported higher scores than preadolescents (*M:* 1.84, *SD:* .33) and adolescents (*M:* 1.61, *SD:* .28) which showed the tendency of Fear of Unknown scores to decrease with increasing age. Participants from low SES background (*M:* 2.03, *SD:* .27) reported higher scores than middle ones (*M:* 1.50, *SD:* .84).

For Factor 3 (School and Social Stress Fears), an interaction effect of age, gender and SES was observed (F (2, 1236) =38.73, p =.000, η2=.06, small effect) (Figure 4-5).

Among all participants, highest and lowest scores were reported by the ones from middle socioeconomic background. Male preadolescents reported the highest fear score (*M:* 2.17, *SD:* .11), while the lowest score was reported by female children (*M:* 1.46, *SD:* .23). Descriptive statistics of all participants for school and social stress fears were given in Table 4.

Table 4

Descriptive statistics of age, gender and SES interaction

		Female			Male		
		M	*SD*	N	*M*	*SD*	N
Low SES	Children	1.88	.30	167	1.88	.28	101
	Preadolescents	1.98	.33	140	1.78	.02	21
	Adolescents	1.84	.32	160	2.04	.42	83
	Total	1.89	.32	467	1.93	.34	205
Middle SES	Children	1.46	.23	24	1.55	.28	53
	Preadolescents	1.65	.27	51	2.17	.11	93
	Adolescents	1.49	.33	95	1.48	.32	260
	Total	1.59	.31	170	1.65	.40	406

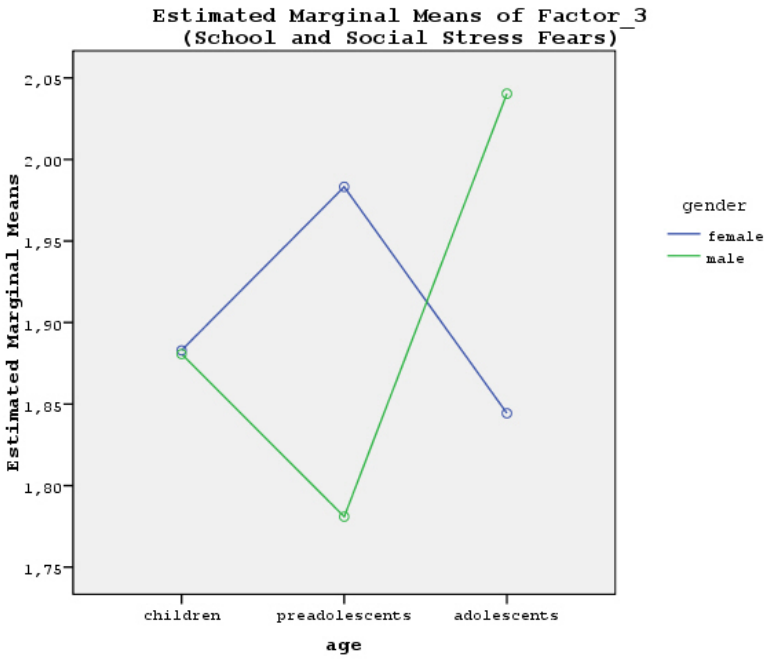


Figure 4. School and social stress fears of children, preadolescents and adolescents from low SES

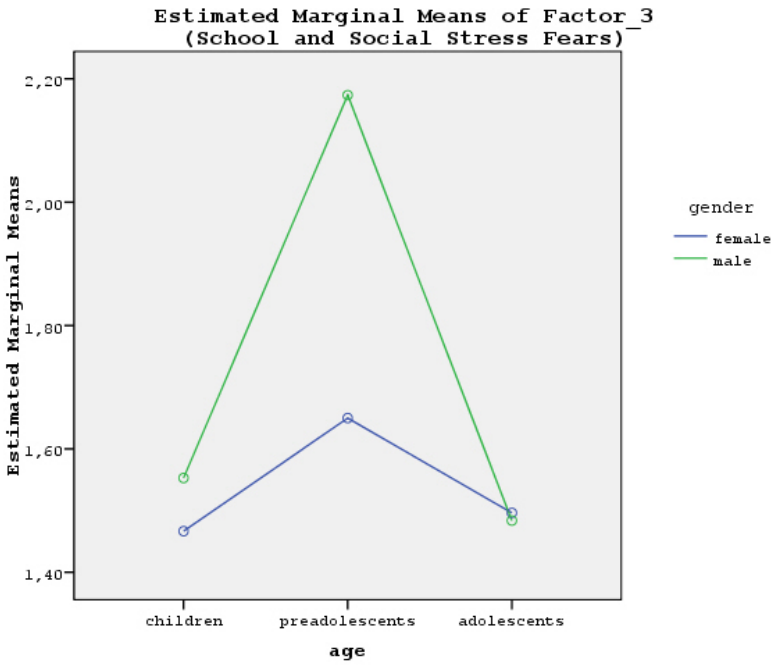


Figure 5. School and social stress fears of children, preadolescents and adolescents from middle SES

For Factor 4 (Fear of Animals), an interaction effect of age, gender and SES was observed (F (2, 1236) =5.25, p =.000, η2=.04, small effect) (Figure 6-7).

Among all children, both lowest and highest scores were reported by preadolescents from middle SES background. The most fearful group was female preadolescents from middle SES background (*M:* 2.30, *SD:* .00) while the lowest score was reported by male preadolescents from middle SES background (*M:* 1.23, *SD:* .23). Descriptive statistics of participants for fear of animals were given in Table 5.

Table 5

Descriptive statistics of age, gender and SES interaction

		Female			Male		
		M	*SD*	N	*M*	*SD*	N
Low SES	Children	2.18	.36	167	1.70	.30	24
	Preadolescents	2.29	.36	140	1.81	.36	51
	Adolescents	2.18	.40	160	1.44	.33	95
	Total	2.21	.37	467	1.59	.37	170
Middle SES	Children	2.10	.36	101	1.48	.27	53
	Preadolescents	2.30	.00	21	1.23	.23	93
	Adolescents	1.84	.39	83	1.29	.28	260
	Total	2.02	.38	205	1.30	.28	406

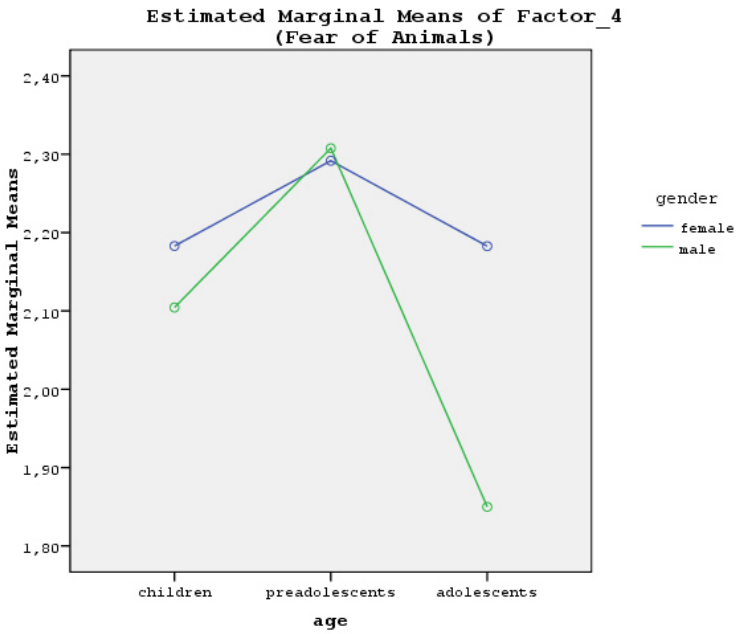


Figure 6. Fear of animals of children, preadolescents and adolescents from low SES

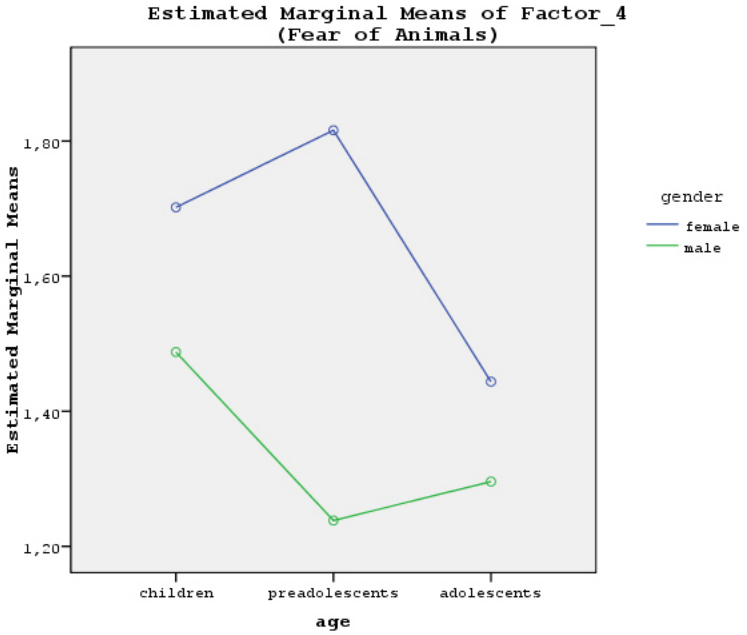


Figure 7. Fear of animals of children, preadolescents and adolescents from middle SES

For Factor 5 (Medical and Situational Fears) an interaction effect of gender-age (F (2, 1236) =8.34, p =.000, η2=.01, small effect) (Figure 8) and main effect of SES (F (1, 1236) =320.88, p =.000, η2=.20, medium effect) were observed.

Considering gender-age interaction, it was found that the most fearful group was female children (*M:* 1.60, *SD:* .37) while male preadolescents were the least fearful group (*M:* 1.16, *SD:* .15). Among all participants, children from low SES background (*M:* 1.63, *SD:* .36) reported higher scores than their counterparts from middle SES status (*M:* 1.19, *SD:* .19). Descriptive statistics of the participants for medical and situational fears were given in Table 6.

Table 6

Descriptive statistics of age and gender interaction

	Female			Male		
	M	*SD*	N	*M*	*SD*	N
Children	1.60	.37	191	1.55	.37	154
Preadolescents	1.54	.38	191	1.61	.15	114
Adolescents	1.45	.36	255	1.28	.30	343
Total	1.52	.38	637	1.33	.33	611

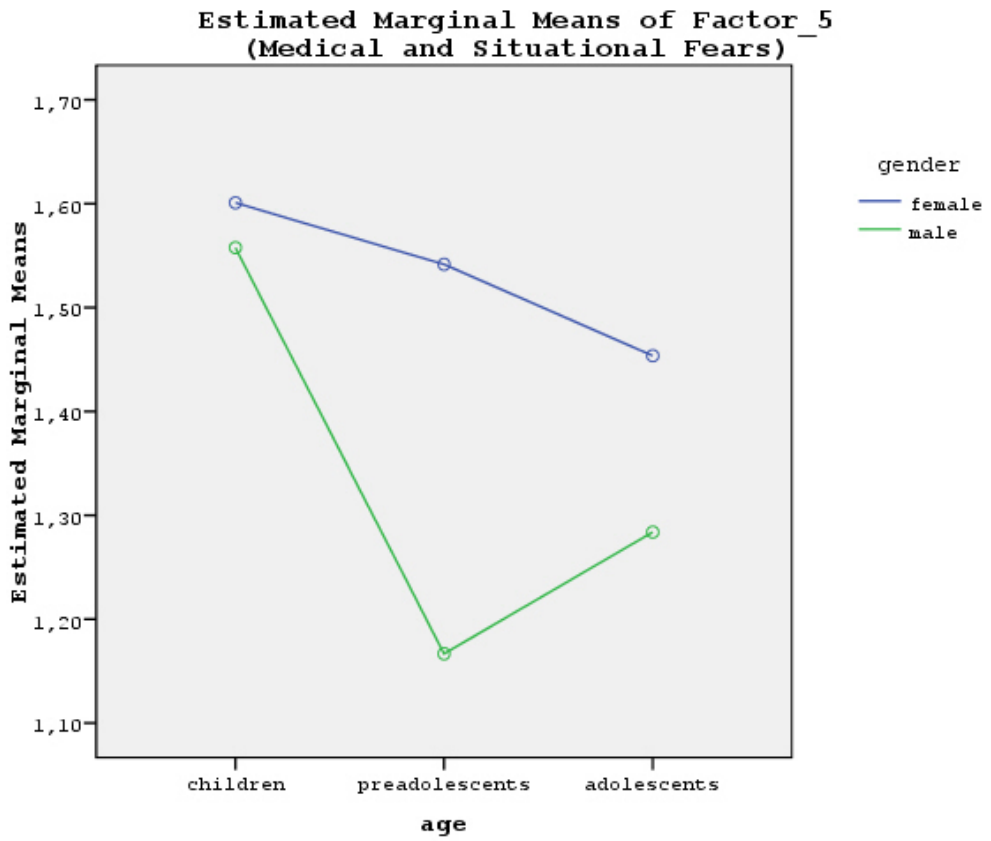


Figure 8. Medical and situational fears of participants with regard to age and gender groups

Lastly for total scores, an interaction effect of age-SES (F (2, 1236) =5.47, p =.004, η2=.01, small effect) (Figure 9) and main effect of gender (F (1, 1206) =29.13, p =.000, η2=.02, small effect) were observed.

Among age and SES groups, preadolescents from low SES background had the highest score (*M:* 2.26, *SD:* .18) and the lowest score was belonged to adolescents from middle SES background (*M:* 1.52, *SD:* .19). Also, total fear scores of girls (*M:* 2.08, *SD:* .29) was found higher than boys (*M:* 1.77, *SD:* .35). Descriptive statistics of participants for total scores were given in Table 7.

Table 7

Descriptive statistics of age and SES interaction

	Low SES			Middle SES		
	M	*SD*	N	*M*	*SD*	N
Children	2.24	.18	268	1.75	.17	77
Preadolescents	2.26	.18	161	1.75	.18	144
Adolescents	2.11	.20	243	1.52	.19	355
Total	2.20	.20	672	1.61	.21	576

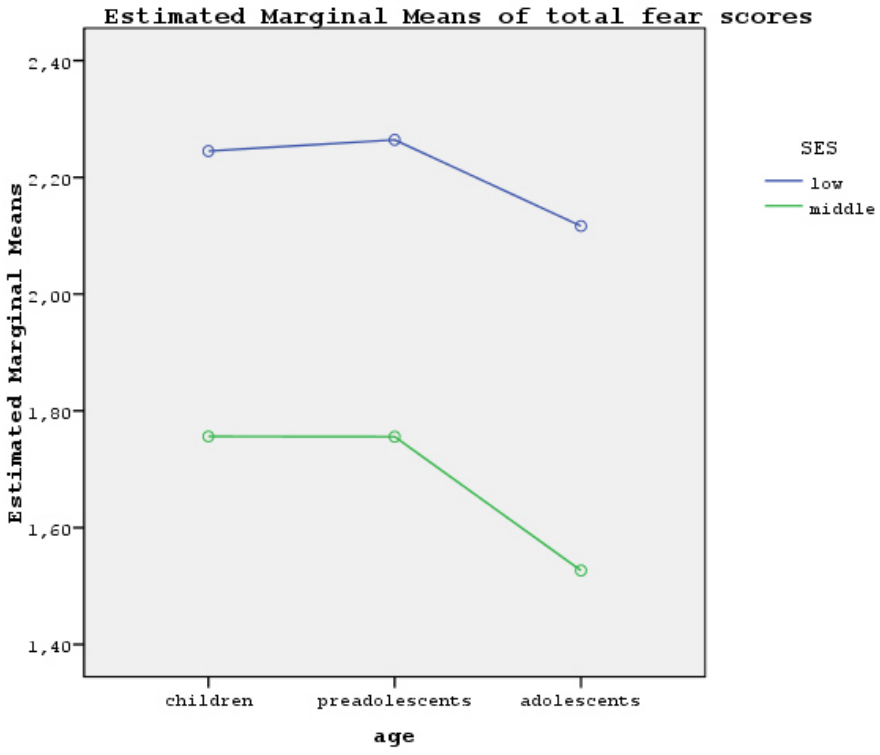


Figure 9. Total fear scores of participants with regard to age and SES groups

4.2. Comparison of Children's and Adolescents' Fears with Regards to Data Collection Year

Change in the fears of children and adolescents are presented in two ways; most and least common fears of children and adolescents in 2010 and 2017 with regard to age, gender and SES and change in the fears scores (total and types of fears scores) of children and adolescents from 2010 to 2017.

4.2.1. Most and Least Common Fears of Children and Adolescents

The second research question was "What are the most commonly endorsed fears in 2010 and 2017 among age, gender and SES groups as well as the total sample?"

Most common fears of children and adolescents were found by calculating the fear items with the highest means as it was suggested in Burnham (2009). Overall most commonly endorsed 20 fears in 2017 were (1)Riots, (2)Going to Hell, (3)Someone in my family dying, (4)God, (5)Someone in my family having an accident, (6)Our country being invaded by enemies, (7)Terrorist attacks, (8)Abuse, (9)Death of a close person (grandparent, best friend), (10)My parents separating or getting divorced, (11)Shootings, (12)Nuclear war, (13)Failing school, (14)Going to the juvenile system, (15)Strange looking people, (16)Gangs, (17)Strangers, (18)Drive-by shootings, (19)Someone in my family getting sick, (20)Going to jail. Comparison of most common 20 fears in 2010 and in 2017 is given in Table 8.

Overall 20 least common fears in 2017 were (1)Riding in a car or bus, (2)Having to talk in front of my class, (3)Clowns, (4)Going to the doctor, (5)Cats, (6)Teachers, (7)Driving, (8)Meeting someone for the first time, (9)Getting my report card, (10)Having to go to the hospital, (11)Being teased, (12)Taking a test, (13)Having to go to school, (14)Getting a shot from a nurse or doctor, (15)Flying in a plane, (16) Going to the dentist, (17) Not having enough money, (18) Thunder, (19) The sight of blood, (20) Being put down or criticized by others. Comparison of most common 20 fears in 2010 and in 2017 is given in Table 9.

Overall most commonly endorsed 10 fears of females in 2017 were (1)Riots, (2)Going to Hell, (3)God, (4)Someone in my family dying, (5)Someone in my family having an accident, (6)Our country being invaded by enemies, (7)Failing school, (8)Death of a close person (grandparent, best friend), (9)My parents separating or getting divorced, (10)Terrorist attacks. Overall most commonly endorsed 10 fears of males in 2017 were (1)Riots, (2) Someone in my family dying, (3)Going to Hell, (4) Abuse, (5)Terrorist attacks, (6)Someone in my family having an accident, (7)Our country being invaded by enemies, (8)God, (9) Shootings, (10) Death of a close person (grandparent, best friend). Comparison of most common 10 fears of females and males in 2010 and in 2017 is given in Table 10.

Overall most commonly endorsed 10 fears of children in 2017 were (1) Riots, (2) Someone in my family dying, (3) Going to Hell, (4) Our country being invaded by enemies, (5) Someone in my family having an accident, (6) Terrorist attacks, (7) Abuse, (8) My parents separating or getting divorced, (9) Going to the juvenile system, (10) Failing school. Overall most commonly endorsed 10 fears of adolescents in 2017 were (1)Riots, (2)Going to Hell, (3)God, (4)Someone in my family dying, (5)Someone in my family having an accident, (6)Our country being invaded by enemies, (7)Terrorist attacks, (8)Death of a close person, (9)Nuclear war, (10)Shootings. Comparison of most common 10 fears of children and adolescents in 2010 and in 2017 is given in Table 11.

Overall most commonly endorsed 10 fears of participants from low SES background in 2017 were (1)Someone in my family dying, (2) Riots, (3)Going to Hell, (4)Terrorist attacks,(5)Abuse, (6)Someone in my family having an accident, (7)Our country being invaded by enemies, (8) Shootings, (9) Drive-by shootings, (10) Being kidnapped. Overall most commonly endorsed 10 fears of participants from middle SES background in 2017 were (1)Riots, (2)Going to Hell, (3) God, (4) Someone in my family dying, (5)Our country being invaded by enemies, (6)Someone in my family having an accident, (7) Death of a close person, (8) Nuclear war, (9) My parents separating or getting divorced, (10)Failing school. Comparison of most common 10 fears of participants from low and middle SES background in 2010 and in 2017 is given in Table 12.

Table 8
Comparison of overall most commonly endorsed fears in 2010 and 2017

2010			2017		
Fear item	*M*	*SD*	Fear item	*M*	*SD*
Someone in my family dying	2.70	.54	*Riots**	2.91	.27
Going to Hell	2.72	.58	Going to Hell	2.76	.52
God	2.62	.70	Someone in my family dying	2.73	.53
Death of a close person	2.60	.64	God	2.62	.66
Someone in my family having an accident	2.53	.61	Someone in my family having an accident	2.57	.58
Failing school	2.47	.70	Our country being invaded by enemies	2.56	.49
My parents separating or getting divorced	2.45	.74	Terrorist attacks	2.52	.49
AIDS	2.36	.77	Abuse	2.48	.73
Abuse	2.35	.77	Death of a close person	2.47	.69
Our country being invaded by enemies	2.34	.75	My parents separating or getting divorced	2.46	.69
Not being able to breathe	2.29	.74	*Shootings*	2.45	.49
My parents losing their jobs	2.28	.68	*Nuclear war*	2.42	.49
Getting a serious illness	2.26	.73	Failing school	2.41	.72
Drowning	2.26	.74	Going to the juvenile system	2.36	.74
Car wreck/car accident	2.25	.71	*Strange looking people*	2.34	.47
Someone in my family getting sick	2.25	.65	*Gangs*	2.32	.46
Going to the juvenile system	2.25	.78	*Strangers*	2.30	.46
Terrorist attacks	2.23	.79	*Drive-by shootings*	2.28	.75
Going to jail	2.21	.79	Someone in my family getting sick	2.28	.62
Being hit by a car or truck	2.21	.73	Going to jail	2.26	.74

*Fear items least commonly endorsed only in 2010 or 2017 were given in Italics.

Table 9

Comparison of overall least commonly endorsed fears in 2010 and 2017

2010			2017		
Fear item	*M*	*SD*	Fear item	*M*	*SD*
Riding in a car or bus	1.07	.29	Riding in a car or bus	1.07	.26
Clowns	1.11	.41	Having to talk in front of my class	1.09	.33
Going to the doctor	1.16	.43	Clowns	1.13	.45
Having to talk in front of my class	1.16	.44	Going to the doctor	1.16	.44
Cats	1.19	.51	Cats	1.18	.49
Driving	1.23	.53	Teachers	1.22	.52
Meeting someone for the first time	1.23	.51	Driving	1.23	.48
Having to go to school	1.24	.55	Meeting someone for the first time	1.23	.49
Flying in a plane	1.26	.57	Getting my report card	1.26	.57
Thunder	1.29	.58	Getting a shot from a nurse or doctor	1.27	.55
*Violence on TV**	1.31	.60	Being teased	1.28	.53
Being alone at home	1.31	.62	Taking a test	1.31	.59
Getting a shot from a nurse or doctor	1.32	.63	Having to go to school	1.33	.65
Having to go to the hospital	1.33	.61	Getting a shot from a nurse or doctor	1.33	.63
Getting my report card	1.34	.63	Flying in a plane	1.33	.63
Going to the dentist	1.35	.63	Going to the dentist	1.35	.62
Rides like the Scream Machine	1.35	.61	*Not having enough money*	1.37	.59
Being teased	1.37	.60	Thunder	1.40	.66
Taking a test	1.38	.65	*The sight of blood*	1.45	.73
Teachers	1.41	.63	*Being put down or criticized by others*	1.47	.63

*Fear items least commonly endorsed only in 2010 or 2017 were given in Italics.

Table 10

Comparison of overall most commonly endorsed fears of females and males in 2010 and 2017

Female		Male	
2010	2017	2010	**2017**
Someone in my family dying	*Riots*	Someone in my family dying	*Riots**
Going to Hell	Going to Hell	Going to Hell	Someone in my family dying
Death of a close person	God	God	Going to Hell
Abuse	Someone in my family dying	Death of a close person	*Abuse*
Someone in my family having	Someone in my family	Someone in my family	Terrorist attacks
Failing school	*Our country being invaded*	*My parents separating or*	Someone in my family
God	Failing school	*Failing school*	Our country being invaded
AIDS	Death of a close person	Our country being invaded	God
Terrorist attacks	My parents separating or	*My parents losing their jobs*	*Shootings*
My parents separating or	Terrorist attacks	*Not being able to breathe*	Death of a close person

*Fear items most commonly endorsed only in 2010 or 2017 among gender groups were given in Italics.

Table 11

Comparison of overall most commonly endorsed fears of children (8-13) and adolescents (14-18) in 2010 and 2017

Children		Adolescents	
2010	2017	2010	2017
Someone in my family dying	*Riots**	Someone in my family dying	*Riots*
Going to Hell	Someone in my family dying	Going to Hell	Going to Hell
Death of a close person	Going to Hell	God	God
My parents separating or	*Our country being invaded by*	Death of a close person	Someone in my family dying
God	Someone in my family having	Someone in my family having	Someone in my family
Someone in my family having	*Terrorist attacks*	*Failing school*	Our country being invaded
Failing school	Abuse	*AIDS*	*Terrorist attacks*
Abuse	My parents separating or	Our country being	Death of a close person
AIDS	*Going to the juvenile system*	*Someone in my family getting ill*	*Nuclear war*
Being kidnapped	Failing school	*My parents separating or*	*Shootings*

*Fear items most commonly endorsed only in 2010 or 2017 among age groups were given in Italics.

Table 12

Comparison of overall most commonly endorsed fears of participants from low and middle SES background in 2010 and 2017

Low SES		Middle SES	
2010	2017	2010	2017
Going to Hell	Someone in my family dying	Someone in my family dying	*Riots**
Someone in my family dying	*Riots*	Going to Hell	Going to Hell
God	Going to Hell	Death of a close person	God
Death of a close person	*Terrorist attacks*	God	Someone in my family dying
Someone in my family having	Abuse	Someone in my family	Our country being invaded
Failing school	Someone in my family	Failing school	Someone in my family
My parents separating or	Our country being invaded	My parents separating or	Death of a close person
Abuse	Shootings	*AIDS*	*Nuclear war*
Our country being invaded by	*Drive-by shootings*	*Abuse*	My parents separating or
AIDS	*Being kidnapped*	Our country being invaded	Failing school

*Fear items most commonly endorsed only in 2010 or 2017 among SES groups were given in Italics.

4.2.2. Fears of Children, Preadolescents and Adolescents with Regard to Age and Gender Groups by Controlling SES

The third research question was "Is there any significant difference between fear scores gathered in 2010 and in 2017 across age and gender groups after SES controlled?"

As it was mentioned before, sample of data collected in 2010 and 2017 are not completely independent of each other, so it is not possible to conclude the significance of mean differences, but the change in fears of children and adolescents can be defined with regard to data collection year according to graphs drawn considering gender and age differences by controlling SES.

Results showed inconsistency, but in both data collection years (2010 and 2017) for most cases a decrease in fears of children, preadolescents and adolescents for total fear scores and all of the fear factors are observed by years. For the most part, except some cases fear scores of children and adolescents in 2010 are higher than in 2017. Moreover, for nearly all of the comparisons, highest fear scores were reported by children, then preadolescents and adolescents followed them, respectively. Also, among all participants for total fear scores and types of fears, females reported higher fear scores than their male counterparts. Change in fears of children and adolescents with regard to measurement year are given in figures according to age and gender groups after controlling SES.

4.2.2.1.Total Fear Scores

Among all participants, for total fear scores, in both 2010 and 2017, female children reported higher scores than males across age groups after SES controlled. Total fear scores of participants according to data collection year is given in Table 13.

Table 13

Total Fear Scores (Estimated Means) with Regard to Gender and Age Groups According to Data Collection Year

	2010						2017					
	Female			Male			Female			Male		
	M	*SE*	N	*M*	*SE*	N	*M*	*SE*	N	*M*	*SE*	N
C	2.35	.02	164	2.10	.02	172	2.01	.02	191	1.91	.02	154
P	2.09	.02	169	1.82	.02	186	1.99	.02	191	1.76	.02	114
A	2.01	.01	309	1.62	.02	315	1.80	.02	255	1.58	.01	343
Total	2.15	.01	642	1.87	.01	673	1.93	.01	637	1.75	.01	611

C=Children, P=Preadolescents, A=Adolescents

Among female participants, highest fear scores were reported by children in 2010 (*M:* 2.35, *SE:* .02) and in 2017 (*M:* 2.01, *SE:* .02). Also, the lowest scores were belonged to adolescents in 2010 (*M:* 2.01, *SE:* .01) and in 2017 (*M:* 1.80, *SE:* .02).. Total fear scores of female children, preadolescents and adolescents showed decrease by years (Figure 10).

Among male participants, highest fear scores of 2010 (*M:* 2.10, *SE:* .02) and 2017 (*M:* 1.91, *SE:* .029) were reported by children. Lowest fears scores were belonged to adolescents both in 2010 (*M:* 1.62, *SE:* .02) and in 2017 (*M:* 1.58, *SE:* .01). Total fear scores of male children, preadolescents and adolescents decreased by years (Figure 11).

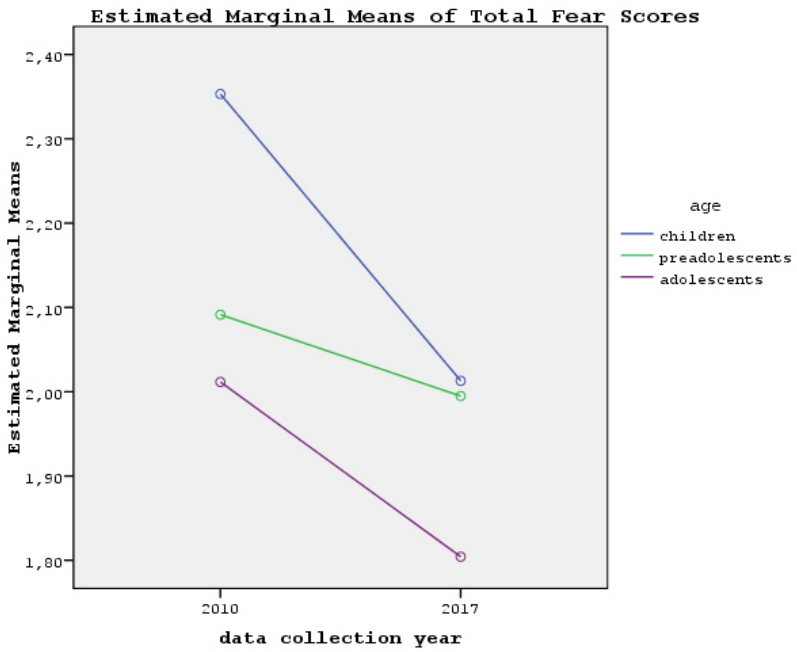


Figure 10. Total fear scores of female children, preadolescents and adolescents with regard to data collection year

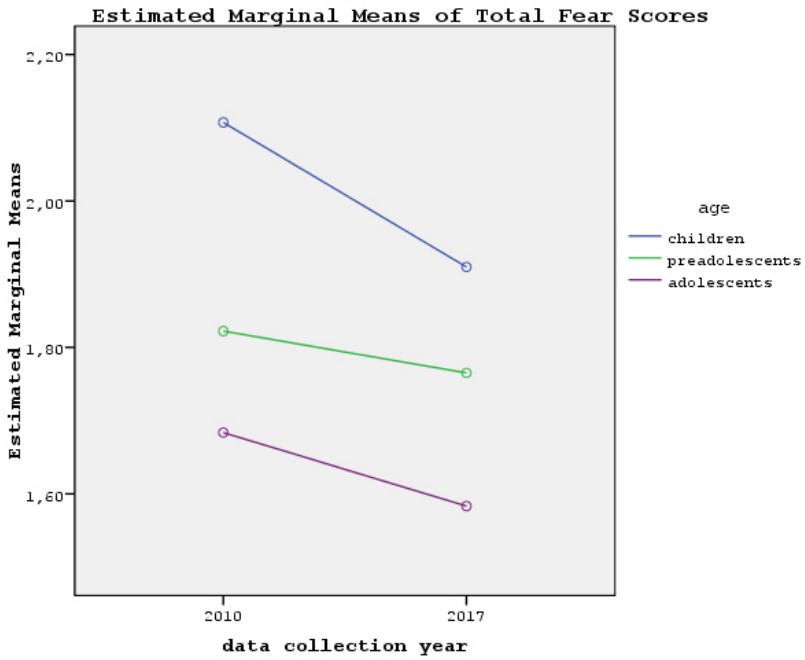


Figure 11. Total fear scores of male children, preadolescents and adolescents with regard to data collection year

4.2.2.2.Fear of Death and Danger Scores

Among all participants, for fear of death and danger scores, in both 2010 and 2017, female children reported higher scores than males across age groups after SES controlled. Fear of death and danger scores of participants according to data collection year is given in Table 14.

Table 14

Fear of Death and Danger Scores (Estimated Means) with Regard to Gender and Age Groups According to Data Collection Year

	2010						2017					
	Female			Male			Female			Male		
	M	*SE*	N	*M*	SE	N	*M*	*SE*	N	*M*	*SE*	N
C	2.69	.02	164	2.44	.02	172	2.30	.02	191	2.17	.02	154
P	2.38	.02	169	2.07	.02	186	2.25	.02	191	1.92	.03	114
A	2.30	.02	309	1.87	.02	315	2.05	.02	255	1.74	.01	343
Total	2.45	.01	642	2.13	.01	673	2.20	.02	637	1.94	.01	611

C=Children, P=Preadolescents, A=Adolescents

Among female participants, highest fear scores of 2010 (*M:* 2.69, *SE:* .02) and 2017 (*M:* 2.30, *SE:* .02) were reported by children. Lowest fears scores were belonged to adolescents in both 2010 (*M:* 2.30, *SE:* .02) and in 2017 (*M:* 2.05, *SE:* .02). Fear of death and danger scores of female children, preadolescents and adolescents decreased by years (Figure 12).

Among male participants, highest fear scores were reported by children in 2010 (*M:* 2.44, *SE:* .02) and in 2017 (*M:* 2.27, *SE:* .023). Also, for both 2010 (*M:* 1.87, *SE:* .02) and 2017 (*M:* 1.74, *SE:* .01) adolescents had the lowest fear score. Fear of death and danger scores of male children, preadolescents and adolescents decreased by years (Figure 13).

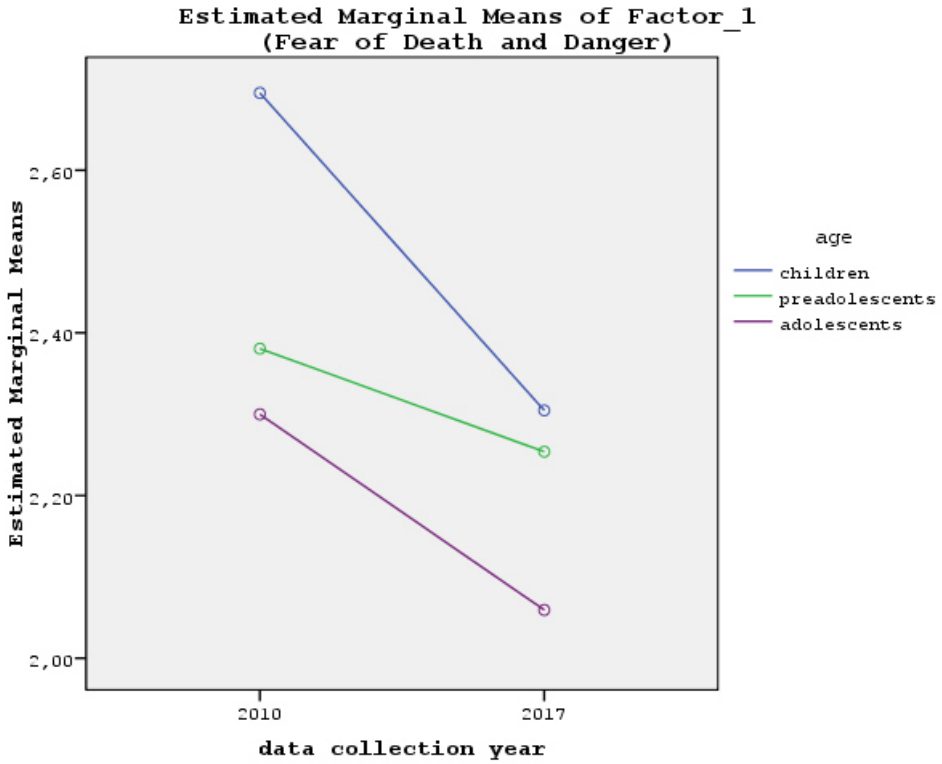


Figure 12. Fear of death and danger (Factor 1) scores of female children, preadolescents and adolescents with regard to data collection year

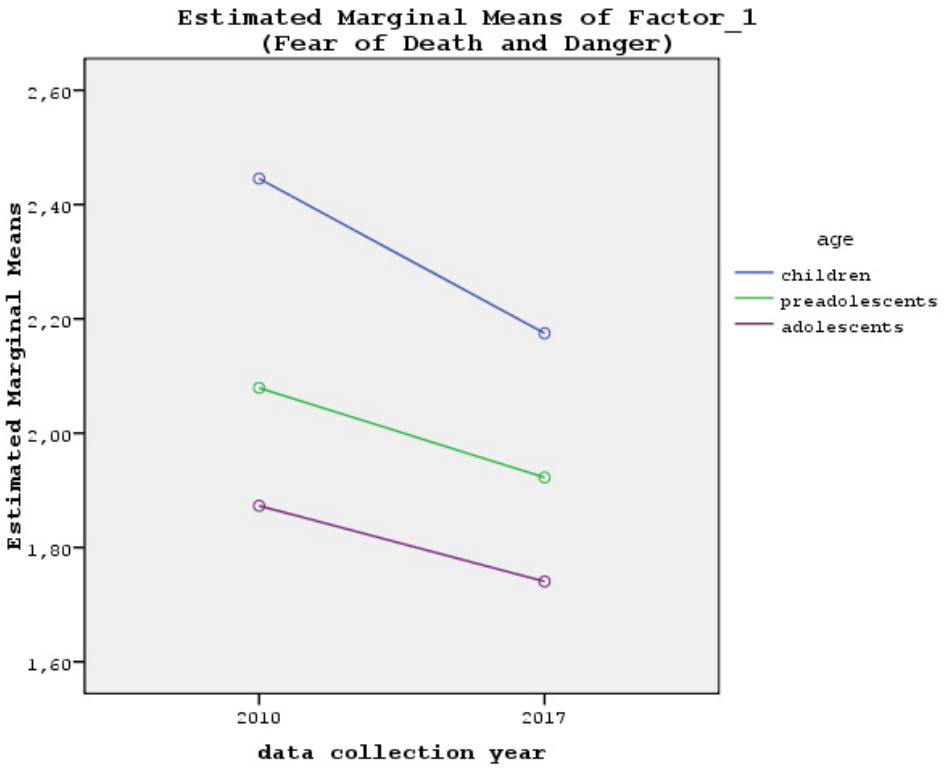


Figure 13. Fear of death and danger (Factor 1) scores of male children, preadolescents and adolescents with regard to data collection year

4.2.2.3.Fear of Unknown Scores

Among all participants, for fear of unknown scores, in both 2010 and 2017, female children reported higher scores than males across age groups after SES controlled. Fear of unknown scores of participants according to data collection year is given in Table 15.

Table 15

Fear of Unknown Scores (Estimated Means) with Regard to Gender and Age Groups According to Data Collection Year

	2010						2017					
	Female			Male			Female			Male		
	M	*SE*	N	*M*	*SE*	N	*M*	*SE*	N	*M*	*SE*	N
C	2.11	.02	164	1.87	.02	172	1.94	.02	191	1.83	.02	154
P	1.75	.02	169	1.53	.02	186	1.83	.02	191	1.58	.02	114
A	1.55	.01	309	1.36	.01	315	1.59	.02	255	1.48	.01	343
Total	1.80	.01	642	1.59	.01	673	1.79	.01	637	1.63	.01	611

C=Children, P=Preadolescents, A=Adolescents

Among female participants, highest fear scores were reported by children in 2010 (*M:* 2.11, *SE:* .02) and in 2017 (*M:* 1.94, *SE:* .02). Also, both in 2010 (*M:* 1.55, *SE:* .01) and 2017 (*M:* 1.59, *SE:* .02) adolescents had the lowest fear score. Fear of unknown scores of female children decreased by years while preadolescents and adolescents reported higher level of fears in 2017 than 2010 (Figure 14).

Among male participants, highest fear scores of 2010 (*M:* 1.87, *SE:* .02) and 2017 (*M:* 1.83, *SE:* .02) were reported by children. Lowest fear scores were belonged to adolescents in both 2010 (*M:* 1.36, *SE:* .01) and 2017 (*M:* 1.48, *SE:* .01). Fear of unknown scores of male children decreased while scores of preadolescents and adolescents increased by years (Figure 15).

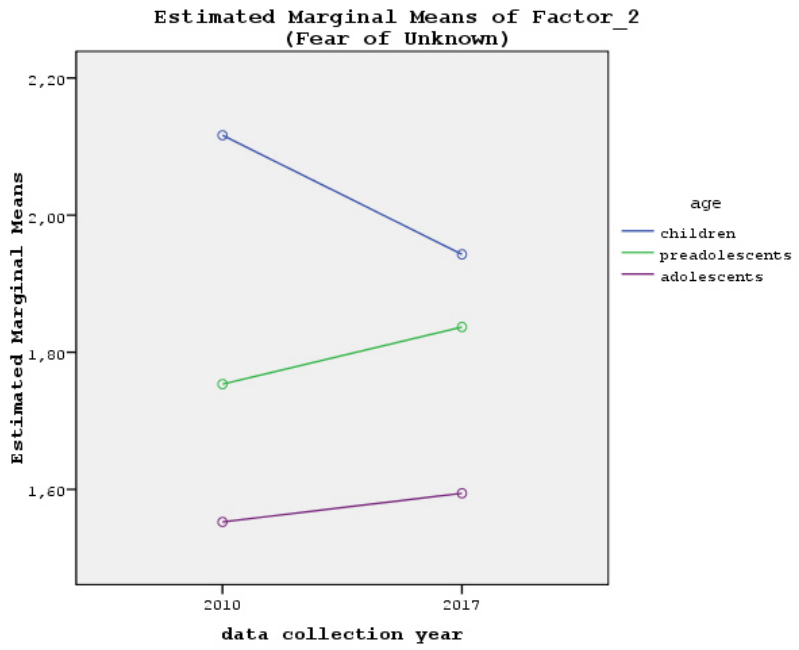


Figure 14. Fear of unknown (Factor 2) scores of female children, preadolescents and adolescents with regard to data collection year

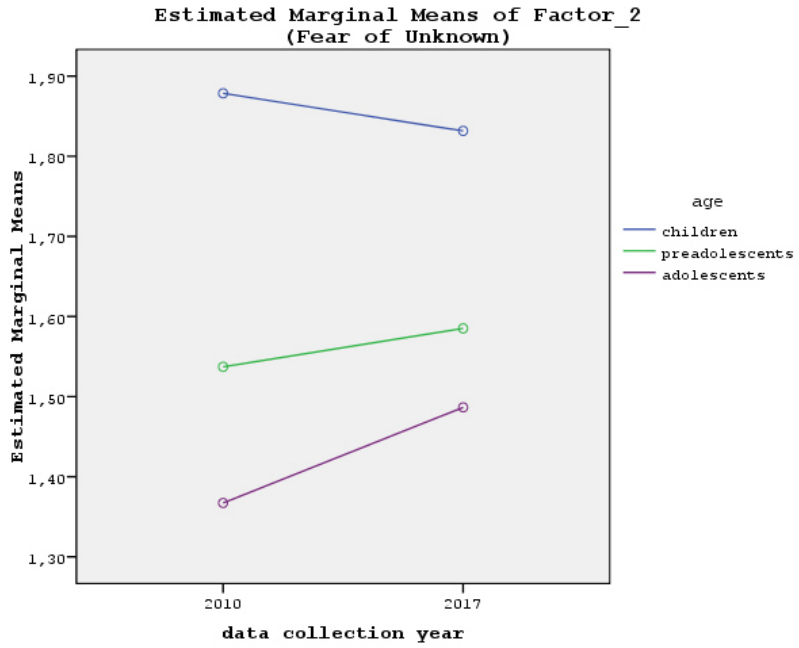


Figure 15. Fear of unknown (Factor 2) scores of male children, preadolescents and adolescents with regard to data collection year

4.2.2.4.School and Social Stress Fears Scores

Among all participants, for school and social stress fears scores, in both 2010 and 2017, female children reported higher scores than males across age groups after SES controlled. School and social stress fears scores of participants according to data collection year is given in Table 16.

Table 16

School and Social Stress Scores (Estimated Means) with Regard to Gender and Age Groups According to Data Collection Year

	2010						2017					
	Female			Male			Female			Male		
	M	*SE*	N	*M*	*SE*	N	*M*	*SE*	N	*M*	*SE*	N
C	2.09	.03	164	1.97	.03	172	1.71	.03	191	1.68	.03	154
P	2.00	.03	169	1.85	.03	186	1.79	.03	191	2.07	.03	114
A	1.98	.02	309	1.76	.02	315	1.63	.02	255	1.58	.02	343
Total	2.02	.01	642	1.86	.01	673	1.71	.02	637	1.74	.01	611

C=Children, P=Preadolescents, A=Adolescents

Among female participants, highest fear scores were reported by children (*M:* 2.09, *SE:* .03) in 2010 and by preadolescents (*M:* 1.79, *SE:* .03) in 2017. Lowest fears scores were belonged to adolescents in both 2010 (*M:* 1.98, *SE:* .02) and 2017 (*M:* 1.63, *SE:* .02). School and social stress fears scores of female participants across all age groups (children, preadolescents and adolescents) showed decrease by years (Figure 16). Among male participants, highest fear scores were reported by children in 2010 (*M:*

1.97, *SE:* .03) and by preadolescents in 2017 (*M:* 2.07, *SE:* .038). Also, adolescents both in 2010 (*M:* 1.76, *SE:* .02) and in 2017 (*M:* 1.58, *SE:* .02) had the lowest fear score. School and social stress fear scores of male children and adolescents decreased by years while it was vice versa for preadolescents (Figure 17).

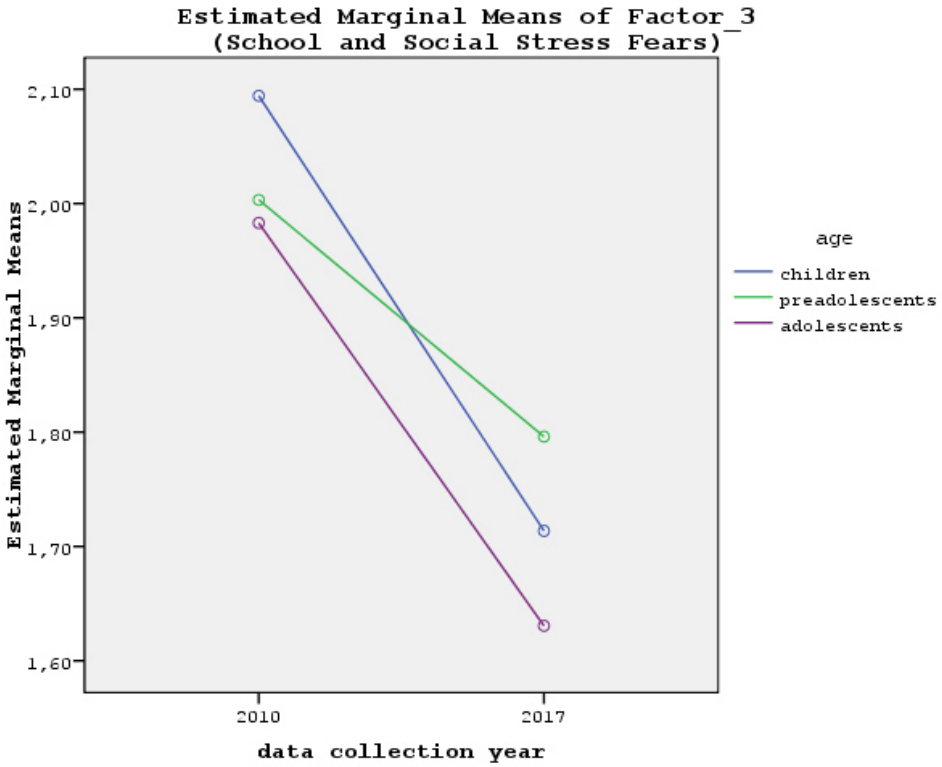


Figure 16. School and social stress fears (Factor 3) scores of female children, preadolescents and adolescents with regard to data collection year

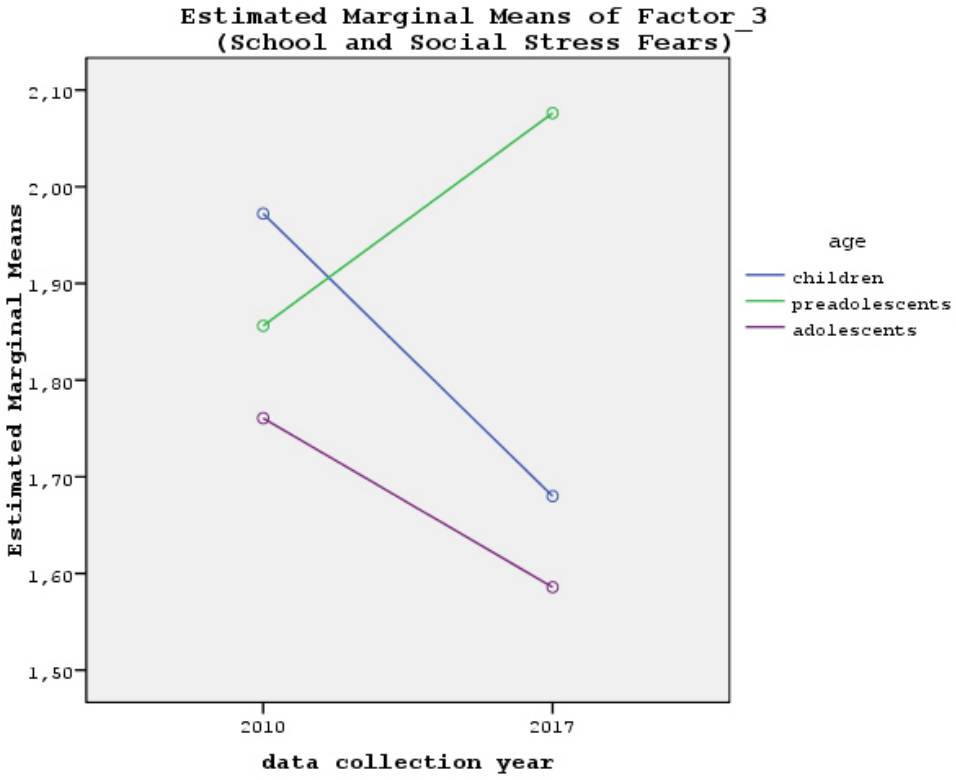


Figure 17. School and social stress fears (Factor 3) scores of male children, preadolescents and adolescents with regard to data collection year

4.2.2.5.Fear of Animal Scores

Among all participants, for fear of animal scores, in both 2010 and 2017, female children reported higher scores than males across age groups after SES controlled. Fear of animal scores of participants according to data collection year is given in Table 17.

Table 17

Fear of Animal Scores (Estimated Means) with Regard to Gender and Age Groups According to Data Collection Year

	2010						2017					
	Female			Male			Female			Male		
	M	*SE*	N	*M*	*SE*	N	*M*	*SE*	N	*M*	*SE*	N
C	2.27	.03	164	1.78	.03	172	1.86	.03	191	1.70	.03	154
P	2.00	.03	169	1.53	.03	186	1.95	.03	191	1.38	.03	114
A	1.91	.02	309	1.48	.02	315	1.72	.02	255	1.35	.02	343
Total	2.06	.02	642	1.60	.02	673	1.84	.02	637	1.48	.02	611

C=Children, P=Preadolescents, A=Adolescents

Among female participants, highest fear scores were reported by children in 2010 (*M:* 2.27, *SE:* .03) and by preadolescents in 2017 (*M:* 1.86, *SE:* .03). Also, adolescents in both 2010 (*M:* 1.91, *SE:* .02) and 2017 (*M:* 1.72, *SE:* .02) had the lowest fear score. Fear of animal scores of female participants across all age groups (children, preadolescents and adolescents) showed decrease by years (Figure 18).

Among male participants, highest fear scores of both 2010 (*M:* 1.78, *SE:* .03) and 2017 (*M:* 1.70, *SE:* .03) were reported by children. Lowest fears scores were belonged to adolescents in both 2010 (*M:* 1.48, *SE:* .02) and to 2017 (*M:* 1.35, *SE:* .02). Fear of animal scores of male participants across age groups (children, preadolescents and adolescents) decreased by years (Figure 19).

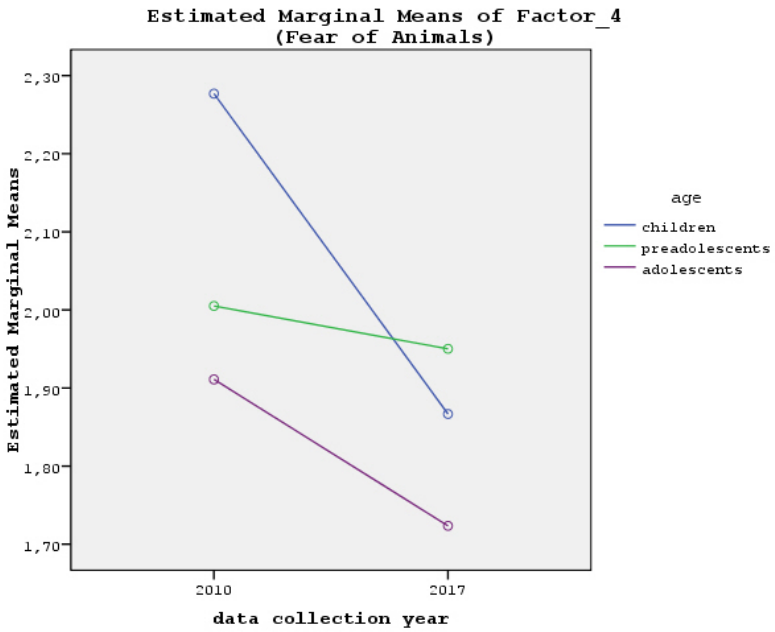


Figure 18. Fear of animals (Factor 4) scores of female children, preadolescents and adolescents with regard to data collection year

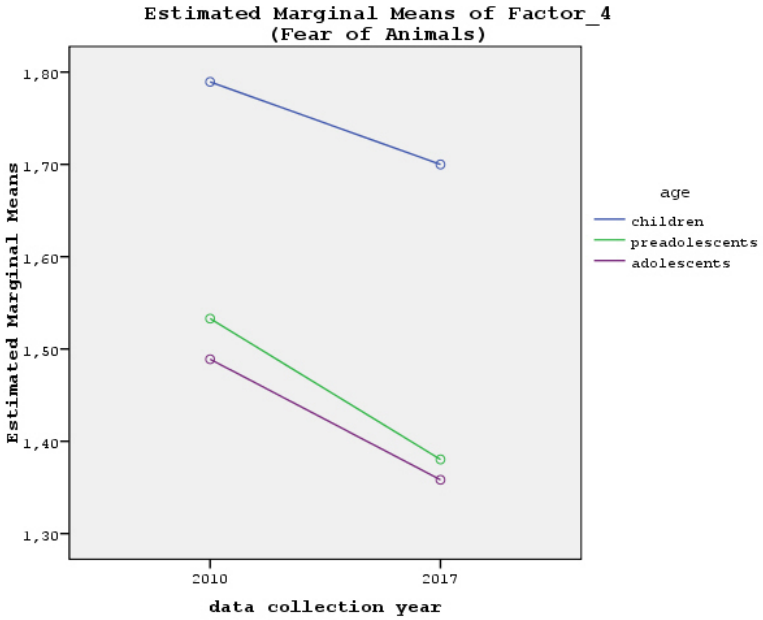


Figure 19. Fear of animals (Factor 4) scores of male children, preadolescents and adolescents with regard to data collection year

4.2.2.6. Medical and Situational Fears Scores

Among all participants, for medical and situational fears scores, in both 2010 and 2017, female children reported higher scores than males across age groups after SES controlled. Medical and situational fears scores of participants according to data collection year is given in Table 18.

Table 18

Medical and Situational Fears (Estimated Means) Scores with Regard to Gender and Age Groups According to Data Collection Year

	2010						2017					
	Female			Male			Female			Male		
	M	*SE*	N	*M*	*SE*	N	*M*	*SE*	N	*M*	*SE*	N
C	1.65	.02	164	1.48	.02	172	1.44	.02	191	1.43	.02	154
P	1.51	.02	169	1.33	.02	186	1.40	.02	191	1.13	.02	114
A	1.57	.02	309	1.39	.02	315	1.33	.02	255	1.23	.02	343
Total	1.57	.01	642	1.40	.01	673	1.39	.01	637	1.26	.01	611

C=Children, P=Preadolescents, A=Adolescents

Among female participants, highest fear scores were reported by children in both 2010 (*M:* 1.65, *SE:* .02) and 2017 (*M:* 1.44, *SE:* .02). Lowest fear scores were belonged to preadolescents in 2010 (*M:* 1.51, *SE:* .02) and to adolescents in 2017 (*M:* 1.33, *SE:* .02). Medical and situational fears scores of female participants across all age groups (children, preadolescents and adolescents) decreased by years (Figure 20).

Among male participants, highest fear scores were reported by children in both 2010 (*M:* 1.48, *SE:* .02) and 2017 (*M:* 1.43, *SE:* .02). Also, preadolescents both in 2010 (*M:*

1.33, *SE:* .02) and 2017 (*M:* 1.13, *SE:* .03) had the lowest fear score. Medical and situational fears scores of male participants across all age groups (children, preadolescents and adolescents) showed decrease by years (Figure 21).

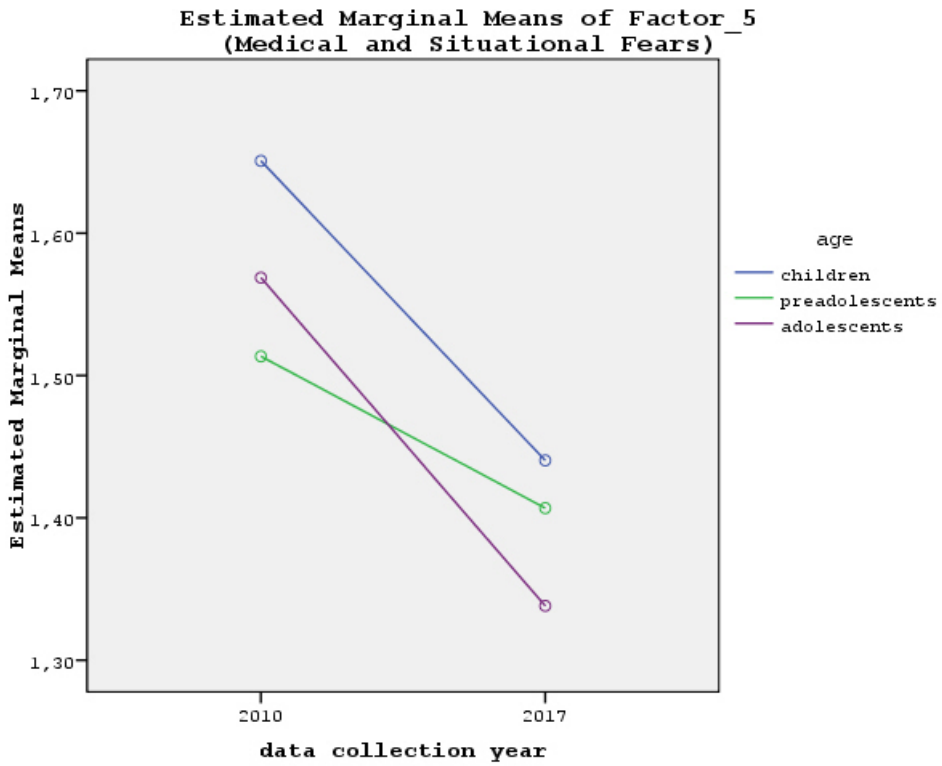


Figure 20. Medical and situational fears (Factor 5) scores of female children, preadolescents and adolescents with regard to data collection year

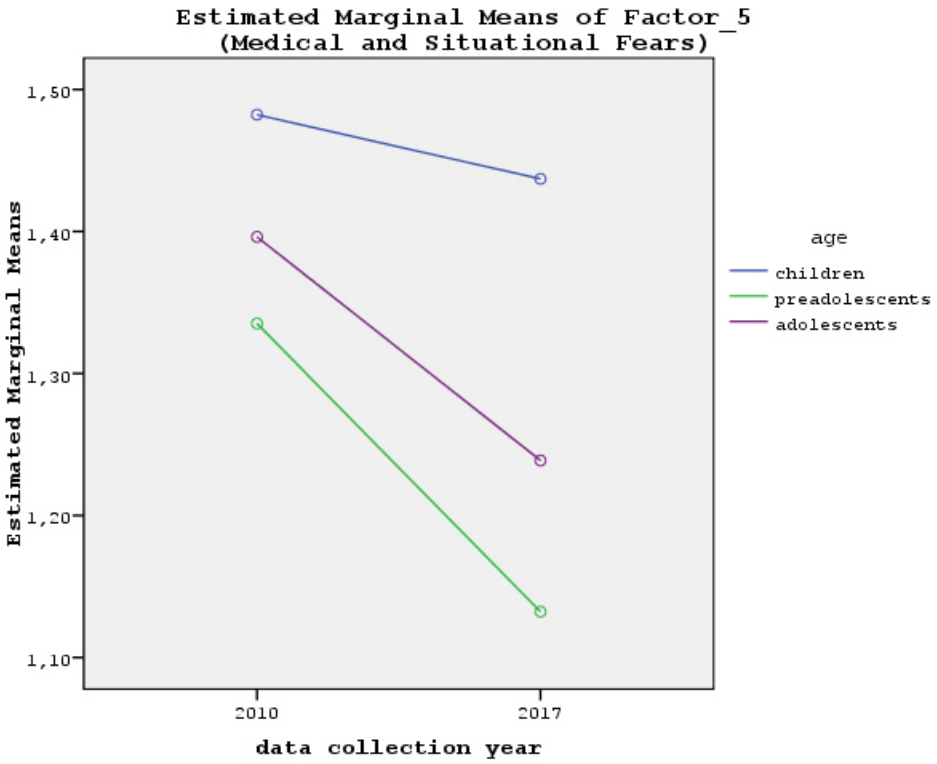


Figure 21. Medical and situational fears (Factor 5) scores of male children, preadolescents and adolescents with regard to data collection year

4.3. Comparison of Children's and Adolescents' Fears with Regard to Birth Cohort

The fourth research question was "Is there any significant difference between fear scores of birth cohorts between the years of 1999 to 2002 across gender groups after SES controlled?"

Utilizing two samples from the observations in 2010 and 2017 which carry similar characteristics, the comparison of children's and adolescent's fears with regard to birth cohorts between 1999 and 2002 were examined by visual inspection of graphs.

For all of the fear scores (total fear score and fear factor scores) female children and adolescents reported higher fears than male children and adolescents at same age. For both genders a decrease at a degree was observed by increasing age.

4.3.1. Fears of Birth Cohort 2002

Children from the birth cohort 2002 were 8 years old in the first data collection (2010). For this birth cohort, in the first observation, highest score was fear of death and danger score of female children (*M:* 2.75, *SE:* .04) and male children reported the lowest score for medical and situational fears (*M:* 1.51, *SE:* .04). In the second data collection (2017) children from the birth cohort 2002 were adolescents at age 15. Highest score was reported by female adolescents for fear of death and danger (*M:* 2.13, *SE:* .05) while lowest score belonged to male preadolescents for medical and situational fears (*M:* 1.19, *SE:* .03). Fear scores of birth cohort 2002 are given in Table 19. Changes in the fears of birth cohort 2002 were given in Figure 22-27.

Table 19

Fear Scores of Birth Cohort 2002

	8 years old (*N*:114)		15 years old (*N*:126)	
	M	*SE*	*M*	*SE*
Factor 1 (Fear of Death and Danger)	2.61	.03	1.92	.03
Factor 2 (Fear of Unknown)	2.13	.03	1.56	.03
Factor 3 (School and Social Stress Fears)	2.16	.04	1.47	.04
Factor 4 (Fear of Animals)	2.09	.04	1.55	.04
Factor 5 (Medical and Situational Fears)	1.63	.03	1.27	.03
Total Fear Scores	2.30	.03	1.48	.03

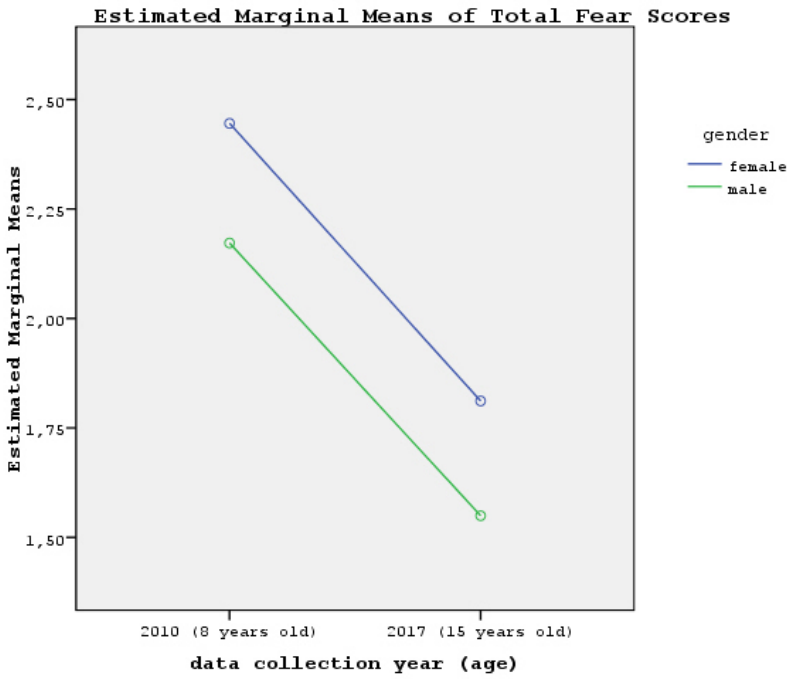


Figure 22. Total fear scores of birth cohort 2002

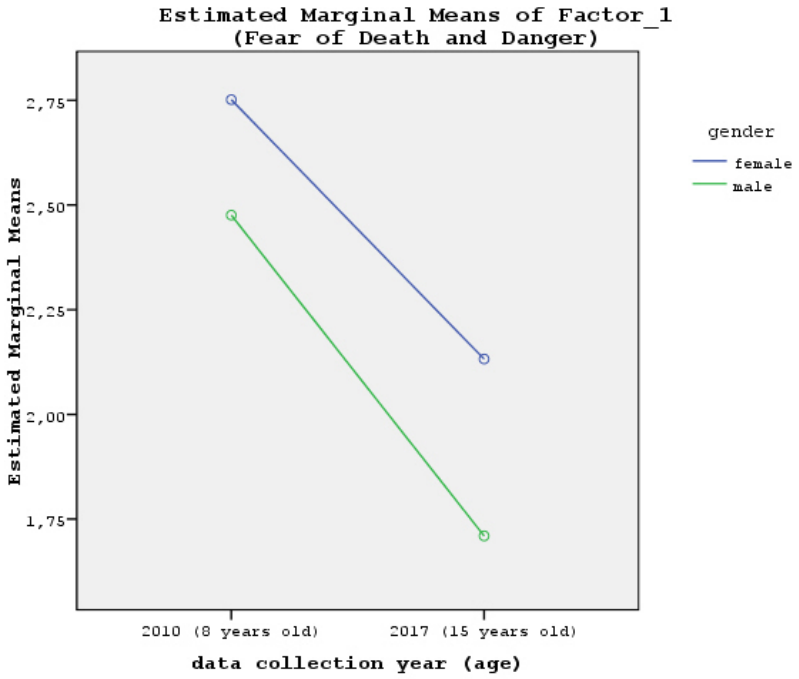


Figure 23. Fear of death and danger scores (factor 1) of birth cohort 2002

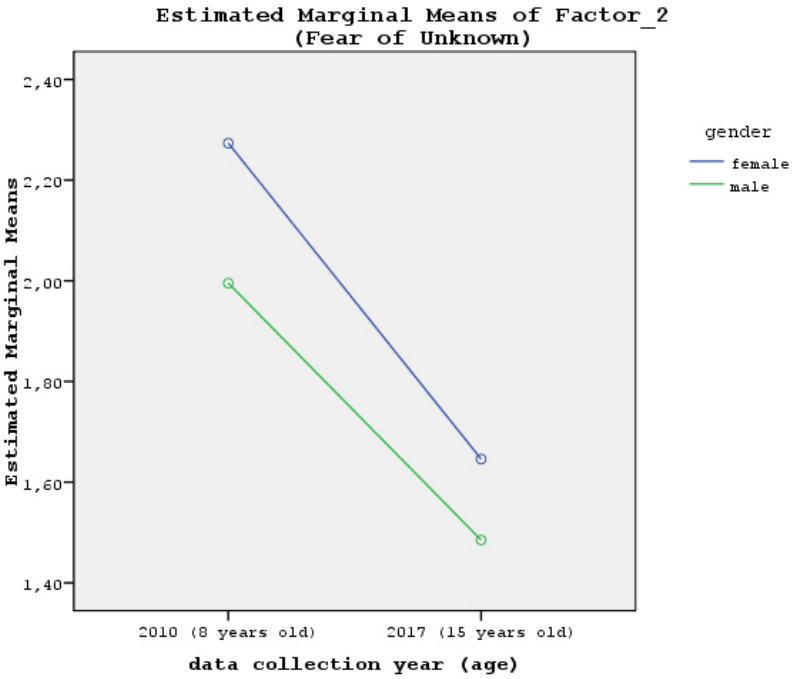


Figure 24. Fear of unknown score (factor 2) of birth cohort 2002

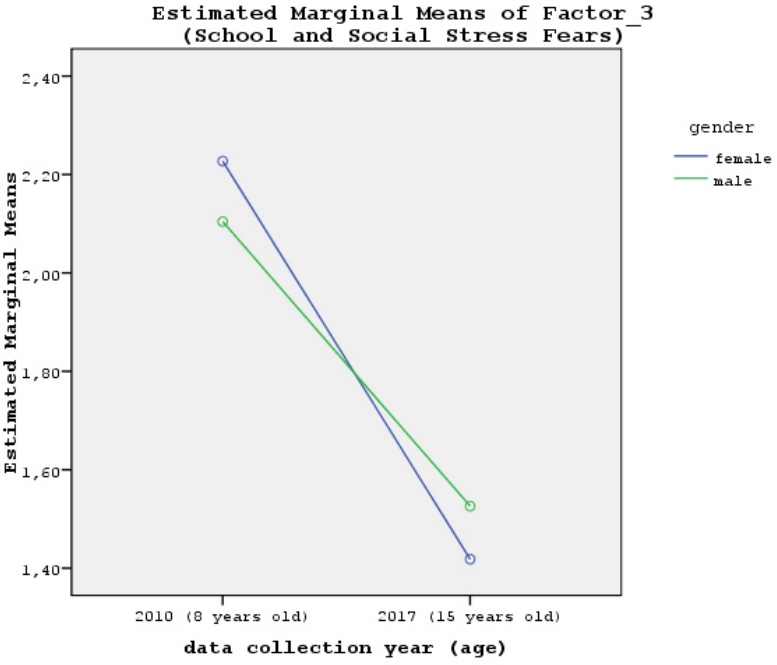


Figure 25. School and social stress fear scores (factor 3) of birth cohort 2002

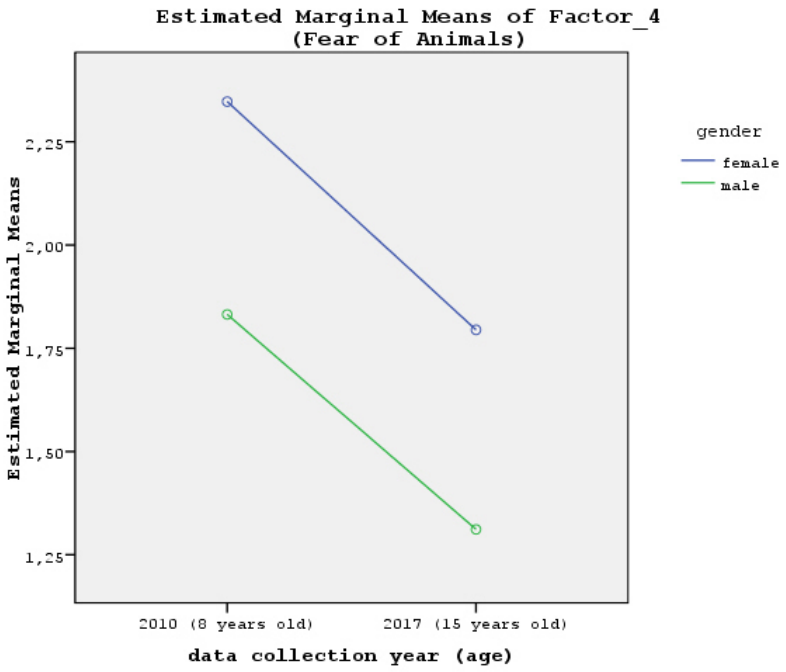


Figure 26. Fear of animals score (factor 4) of birth cohort 2002

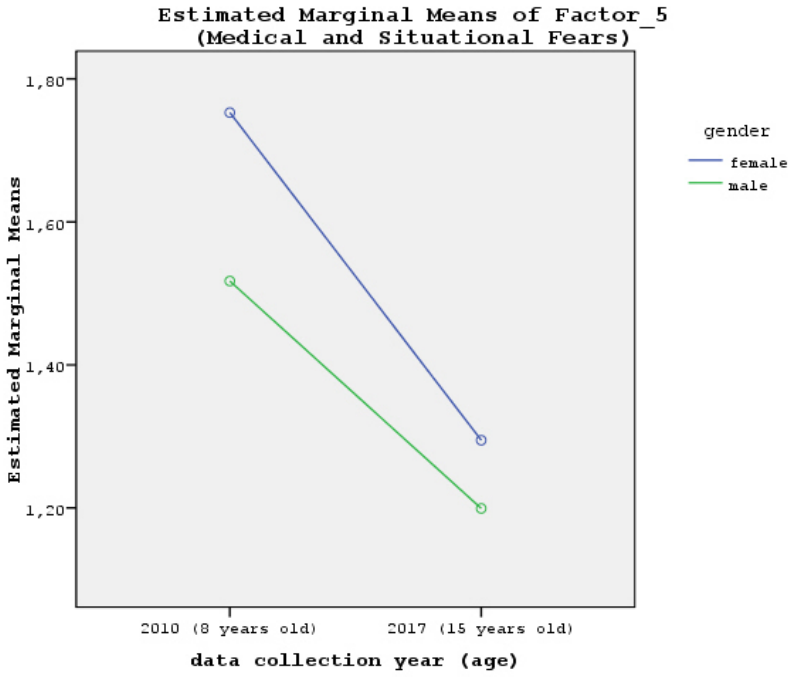


Figure 27. Medical and situational fear scores (factor 5) of birth cohort 2002

4.3.2. Fears of Birth Cohort 2001

Children from the birth cohort 2001 were 9 years old in the first data collection (2010). Highest score was fear of death and danger score of female children (*M:* 2.60, *SE:* .04) and male children reported the lowest score for medical and situational fears (*M:* 1.45, *SE:* .05). In the second data collection (2017) children from the birth cohort 2001 were adolescents at age 16. Highest score was reported by female adolescents for fear of death and danger (*M:* 2.17, *SE:* .07) while lowest score belonged to male preadolescents for medical and situational fears (*M:* 1.18, *SE:* .04). Fear scores of birth cohort 2001 are given in Table 20. Changes in the fears of birth cohort 2001 were given in Figure 38-33.

Table 20

Fear Scores of Birth Cohort 2001

	9 years old (*N*:119)		16 years old (*N*:123)	
	M	*SE*	*M*	*SE*
Factor 1 (Fear of Death and Danger)	2.50	.03	1.93	.04
Factor 2 (Fear of Unknown)	1.93	.03	1.52	.04
Factor 3 (School and Social Stress Fears)	1.99	.03	1.61	.04
Factor 4 (Fear of Animals)	1.94	.04	1.56	.05
Factor 5 (Medical and Situational Fears)	1.49	.03	1.30	.04
Total Fear Scores	2.16	.03	1.71	.03

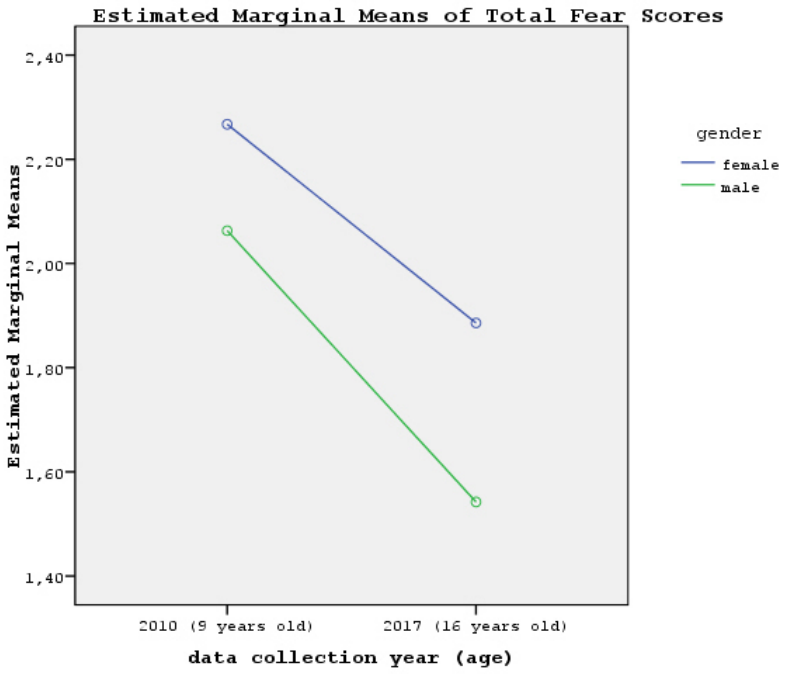


Figure 28. Total fear scores of birth cohort 2001

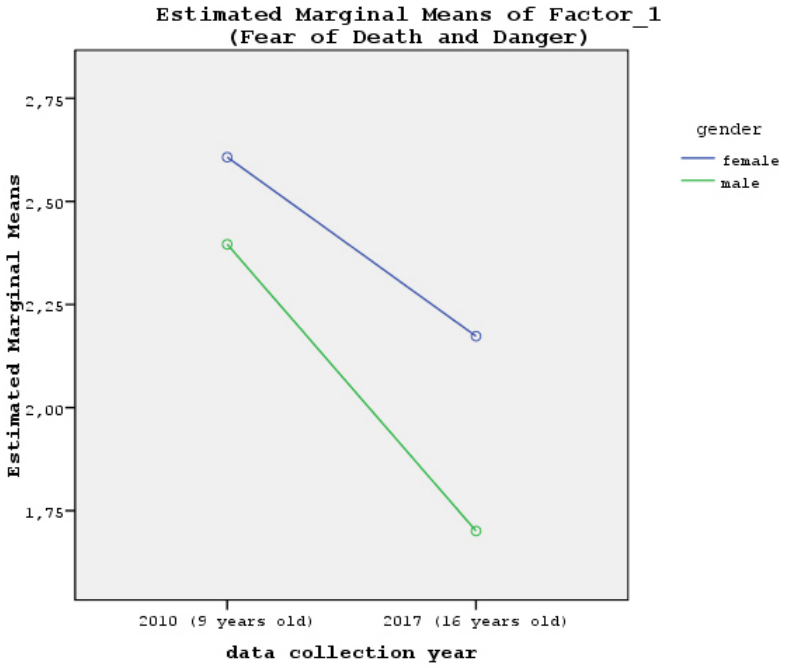


Figure 29. Fear of death and danger scores (Factor 1) of birth cohort 2001

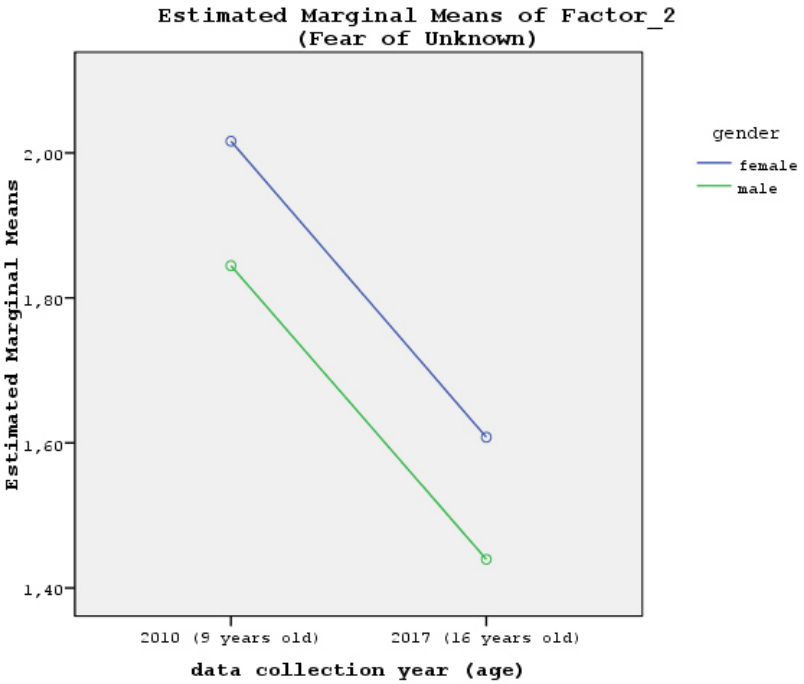


Figure 30. Fear of unknown scores (Factor 2) of birth cohort 2001

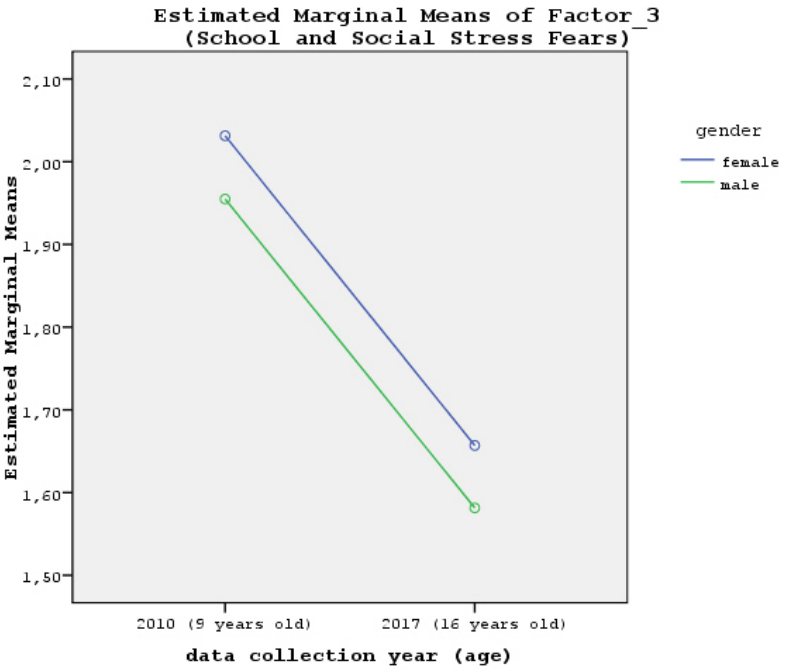


Figure 31. School and social stress fear scores (Factor 3) of birth cohort 2001

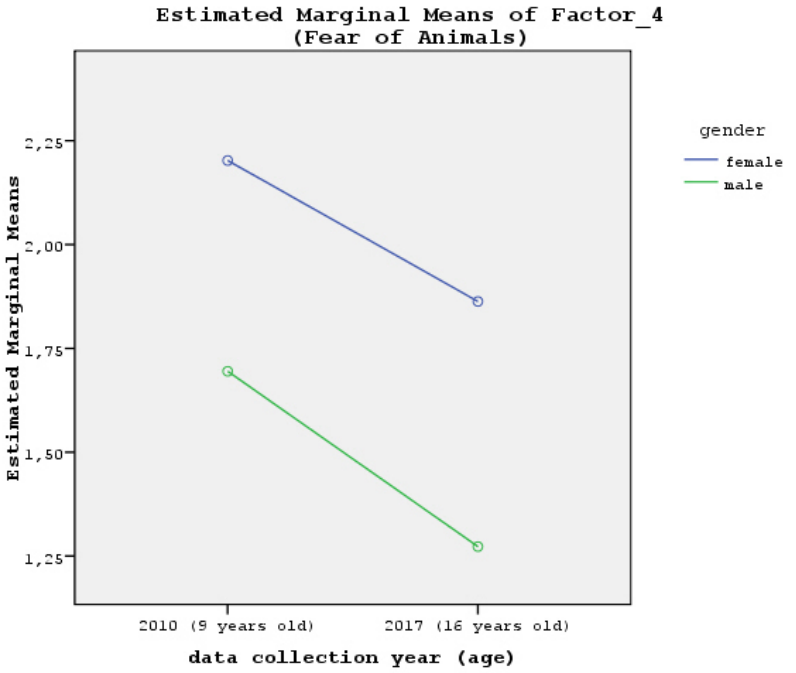


Figure 32. Fear of animals scores (Factor 4) of birth cohort 2001

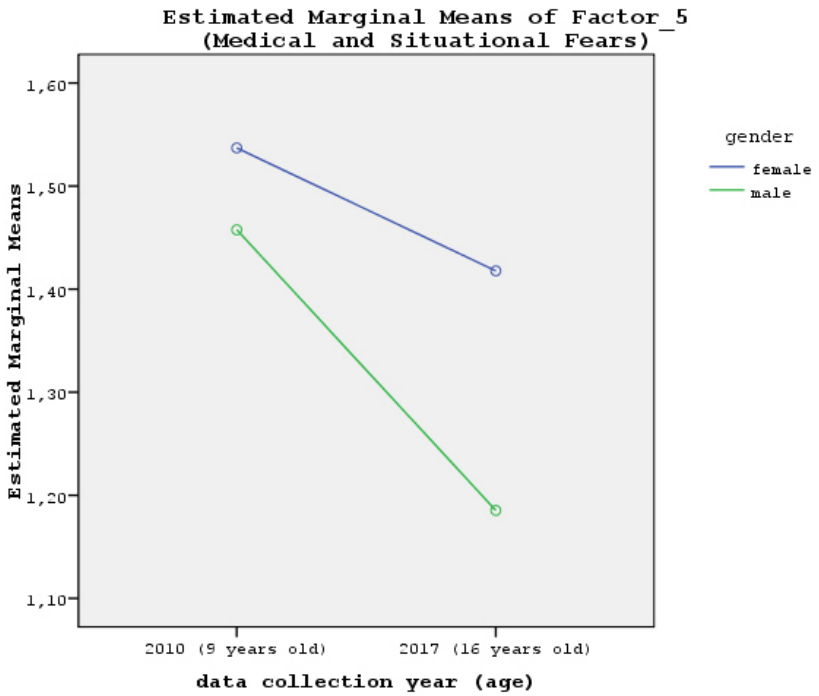


Figure 33. Medical and situational fears scores (Factor 5) of birth cohort 2001

4.3.3. Fears of Birth Cohort 2000

Children from the birth cohort 2000 were 10 years old in the first data collection (2010). Highest score was fear of death and danger score of female children (*M:* 2.65, *SE:* .05) and male children reported the lowest score for medical and situational fears (*M:* 1.50, *SE:* .05). In the second data collection (2017) children from the birth cohort 2000 were adolescents at age 17. Highest score was reported by female adolescents for fear of death and danger (*M:* 2.08, *SE:* .05) while lowest score belonged to male preadolescents for medical and situational fears (*M:* 1.23, *SE:* .05). Fear scores of birth cohort 2000 are given in Table 21. Changes in the fears of birth cohort 2001 were given in Figure 34-39.

Table 21

Fear Scores of Birth Cohort 2000

	10 years old (*N*:103)		17 years old (*N*:123)	
	M	*SE*	*M*	*SE*
Factor 1 (Fear of Death and Danger)	2.52	.04	1.86	.04
Factor 2 (Fear of Unknown)	1.91	.03	1.52	.03
Factor 3 (School and Social Stress Fears)	2.02	.04	1.59	.04
Factor 4 (Fear of Animals)	2.04	.05	1.50	.04
Factor 5 (Medical and Situational Fears)	1.59	.04	1.28	.03
Total Fear Scores	2.19	.03	1.66	.03

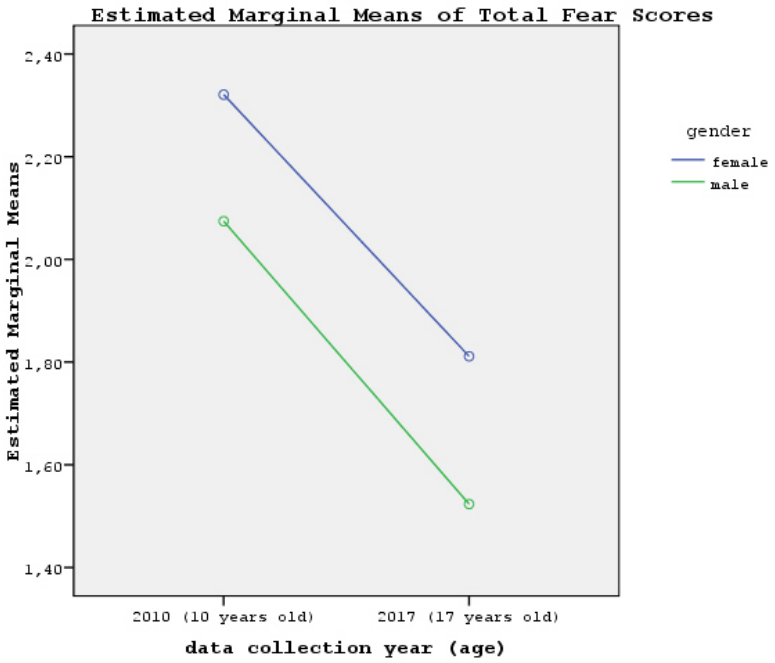


Figure 34. Total fear scores of birth cohort 2000

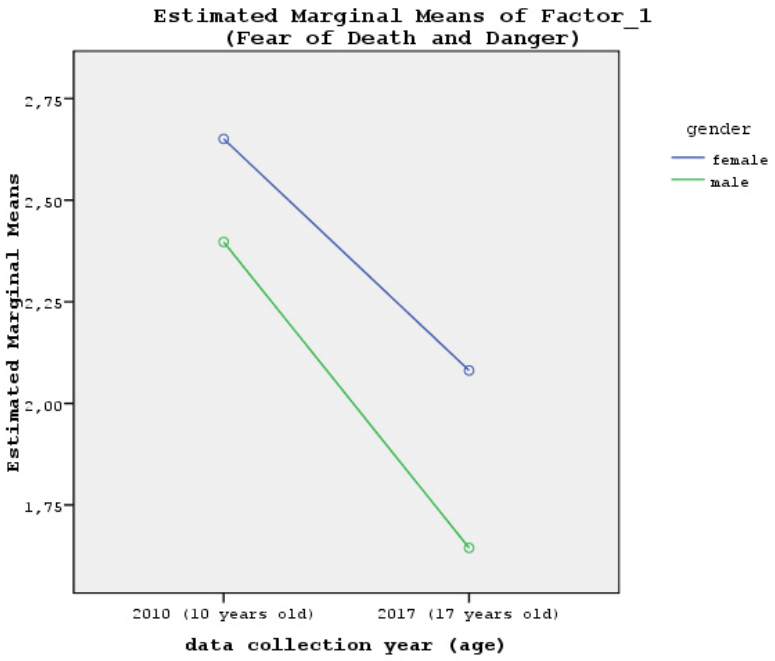


Figure 35. Fear of death and danger scores (Factor 1) of birth cohort 2000

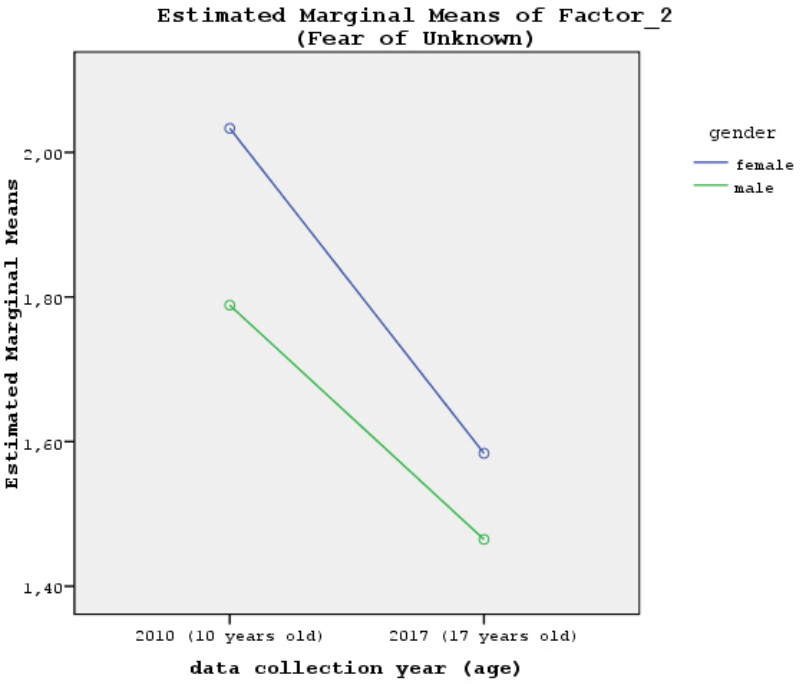


Figure 36. Fear of unknown scores (Factor 2) of birth cohort 2000

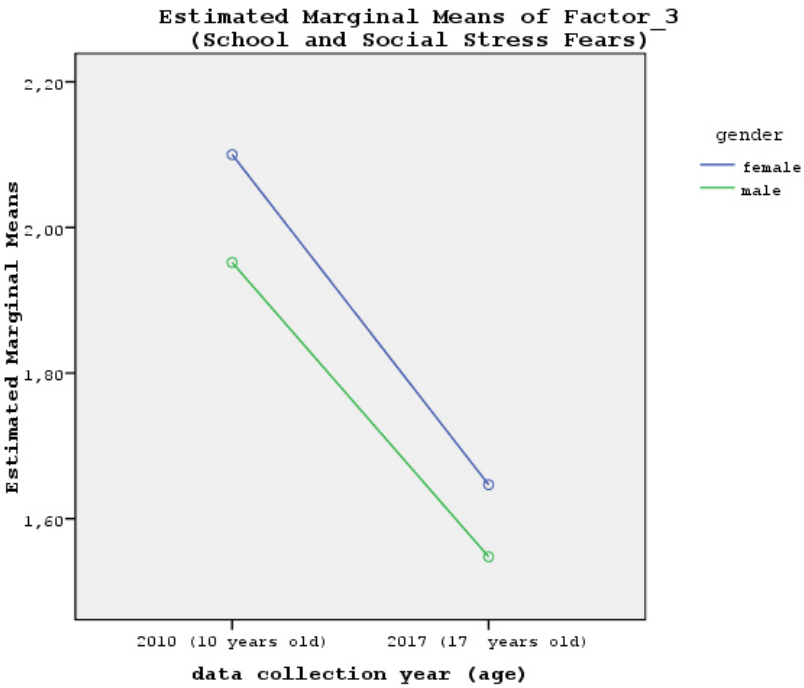


Figure 37. School and social stress fears (Factor 3) of birth cohort 2000

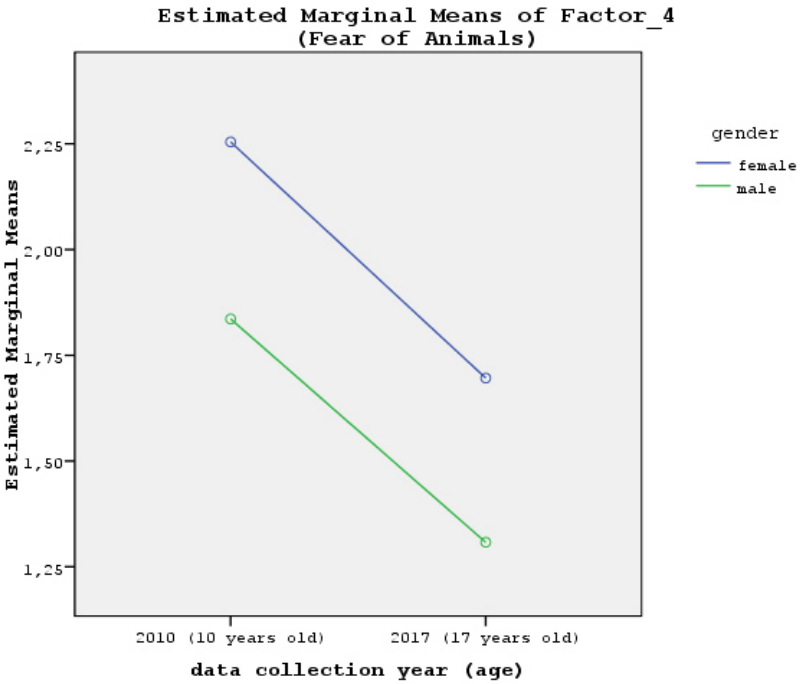


Figure 38. Fear of animals scores (Factor 4) of birth cohort 2000

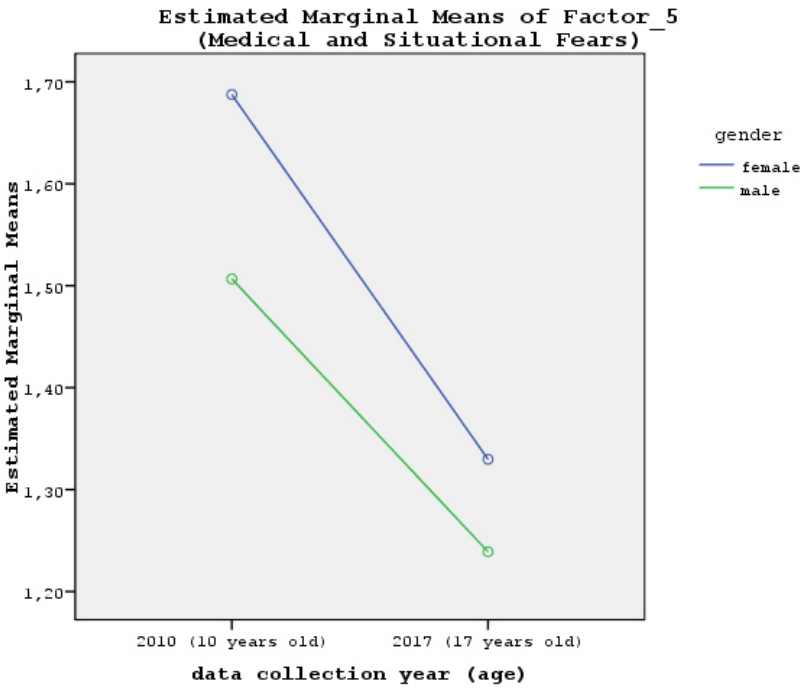


Figure 39. Medical and situational fears scores (Factor 5) of birth cohort 2000

4.3.4. Fears of Birth Cohort 1999

In the first data collection (2010) preadolescents in the birth cohort 1999 were 11 years old. Highest score was fear of death and danger score of female children (*M:* 2.46, *SE:* .06) and male children reported the lowest score for medical and situational fears (*M:* 1.40, *SE:* .05). In the second data collection (2017) children from the birth cohort 1999 were adolescents at age 18. Highest score was reported by female adolescents for fear of death and danger (*M:* 1.98, *SE:* .07) while lowest score belonged to male preadolescents for medical and situational fears (*M:* 1.21, *SE:* .05). Fear scores of birth cohort 1999 are given in Table 22. Changes in the fears of birth cohort 2001 were given in Figure 40-45.

Table 22

Fear Scores of Birth Cohort 1999

	11 years old		18 years old	
	M	*SE*	*M*	*SE*
Factor 1 (Fear of Death and Danger)	2.35	.04	1.84	.05
Factor 2 (Fear of Unknown)	1.78	.04	1.47	.04
Factor 3 (School and Social Stress Fears)	2.00	.04	1.51	.04
Factor 4 (Fear of Animals)	1.80	.05	1.41	.05
Factor 5 (Medical and Situational Fears)	1.49	.04	1.24	.05
Total Fear Scores	2.05	.04	1.62	.04

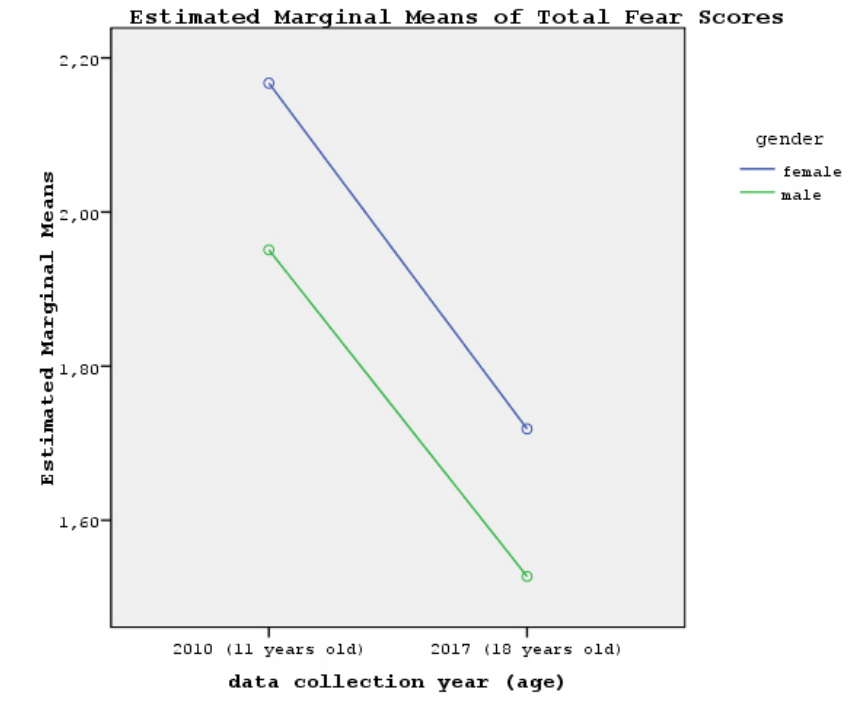


Figure 40. Total fear scores of birth cohort 1999

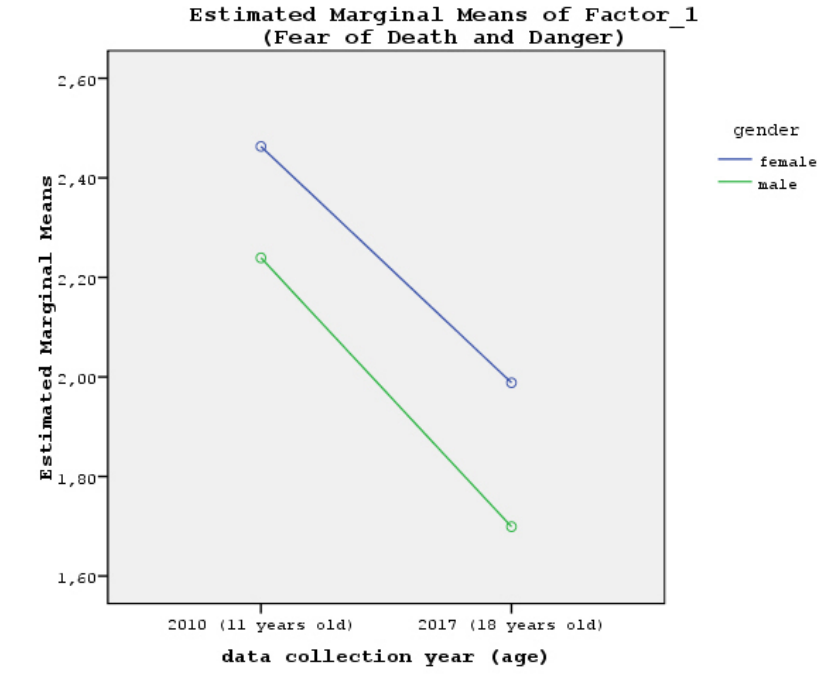


Figure 41. Fear of death and danger scores (Factor 1) of birth cohort 1999

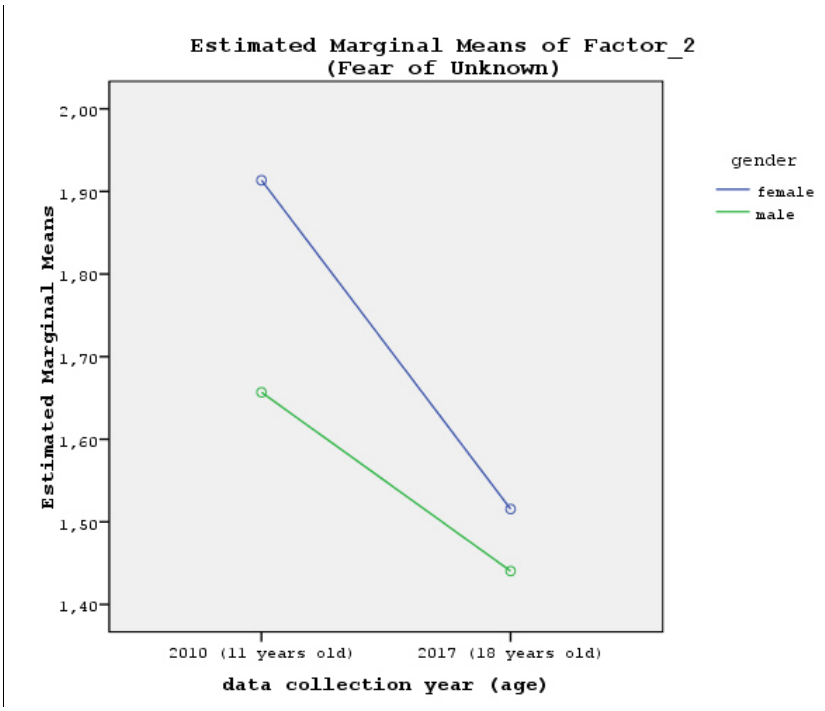


Figure 42. Fear of unknown scores (Factor 2) of birth cohort 1999

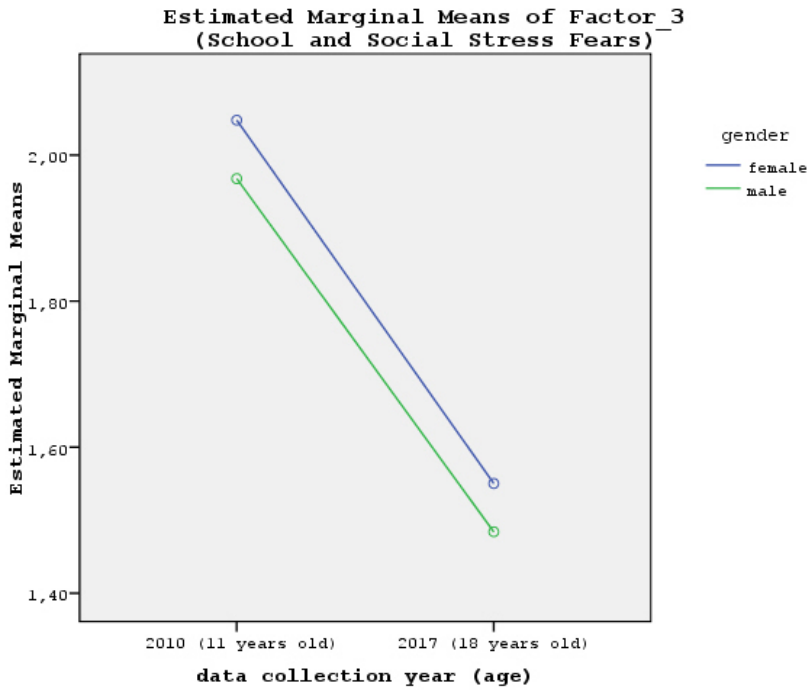


Figure 43. School and social stress fears scores (Factor 3) of birth cohort 1999

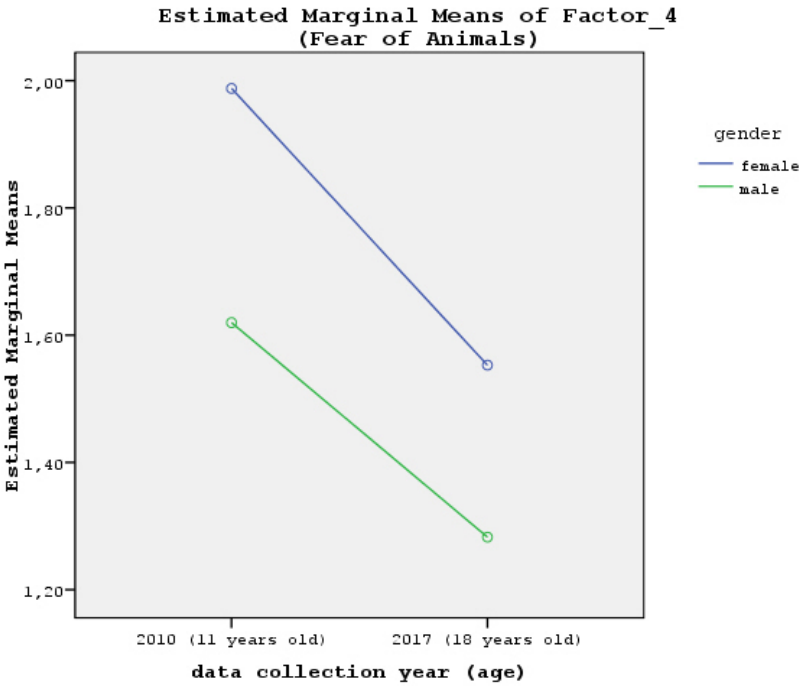


Figure 44. Fear of animals scores (Factor 4) of birth cohort 1999

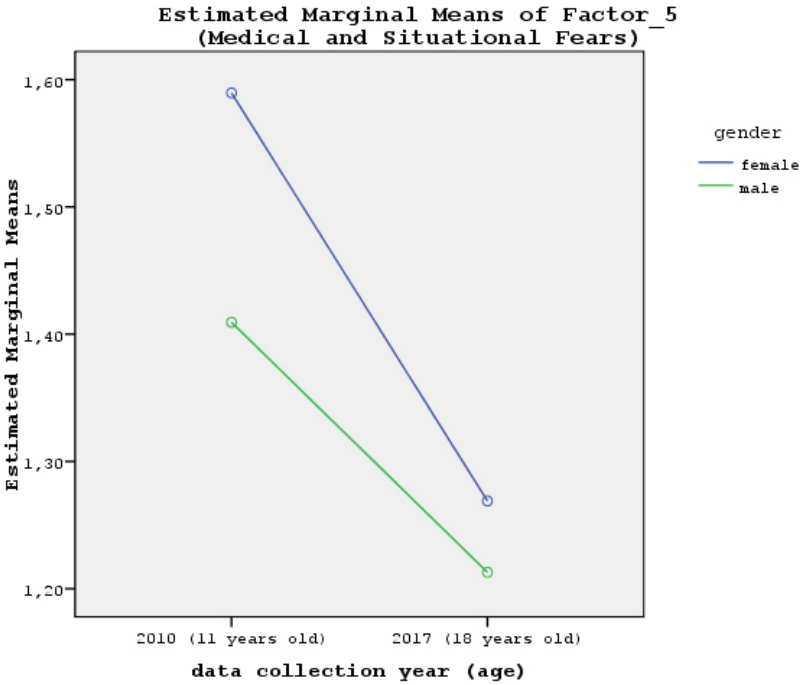


Figure 45. Medical and situational fears scores (Factor 5) of birth cohort 1999

4.4. Relationship of Life Events to Fears of Children and Adolescents

The fifth research question was "Is there any relation between the fears (fear of death and danger, school and social stress fears, medical and situational fears) and related negative life experiences of children and adolescents?"

To examine relationship of life events to specific types of fears of children and adolescents, three different total scores were calculated for their exposure to negative life events. The first one included the experiences related to death and danger issues (e.g. death of a close person, fire in the house, burglar in the house, bombing attacks, earthquake or flood), the second one included the experiences related to school and social stress issues (e.g. having an important exam, meeting new people, being teased by friends, changing school) and the last one included the experiences related to medical issues (e.g. breaking a bone, having an important illness, having a damaging accident).

A one-way between-groups analysis of variance was conducted to explore the impact of experiences related to death and danger issues on levels of total fear scores and fear of death and danger scores. Before conducting the main analysis assumptions were checked. Firstly, the scores of the participants on the variables were independent of each other so independence of observation assumption was met. Secondly, through skewness and kurtosis values, histograms and Q-Q plots, Shapiro- Wilk's W test, Kolmogorov- Smirnov D tests univariate normality assumption was checked. Although some of the variables showed non-normal patterns as skewness and kurtosis values were not between -3 and +3, Tabachnick and Fidell (2013) suggested significant skewness and kurtosis values are ignorable since they do not cause much deviation from normality, if the sample size is large enough. Shapiro- Wilk's W test and Kolmogorv- Smirnov D test were significant and visual inspection of both histograms and normality plots indicated that there is a normal distribution of scores. Lastly, homogeneity of variance matrix for dependent variables were tested through Leven's test. For fear of death and danger [$F(9, 1238) = 19.84$, $p < .05$], for school and social stress fears [$F(6, 1241) = 3.78$, $p < .05$], for medical and situational fears [$F(4, 1243) = 2.91$, $p < .05$] and for total scores [$F(9, 1238) = 13.90$; $F(6, 1241) = 60.33$; $F(4,$

1243) = 15.26, p < .05] results were found significant indicating that the error variance of the dependent variables are not equal across the groups. Since F test is robust to violation of homogeneity of variance assumption, analyses were conducted after setting the alpha level at α = .01.

Results of ANOVA suggested a statistically significant difference at the p < .01 level in total fear scores [F (9, 1238) = 16.56, p = .00, η2=.10, medium effect] and fear of death and danger scores [F (9, 1238) = 17.73, p = .00, η2=.11, medium effect] between children depending on the number of negative life events they were exposed to. Post-hoc comparisons using the Dunnet's C test indicated that the mean scores for the groups exposed to least and most number of negative life events was significantly different than each other for both total scores (Figure 46) and fear of death and danger scores (Figure 47) and results suggested an increase in total fear scores with increasing number of exposed negative life events.

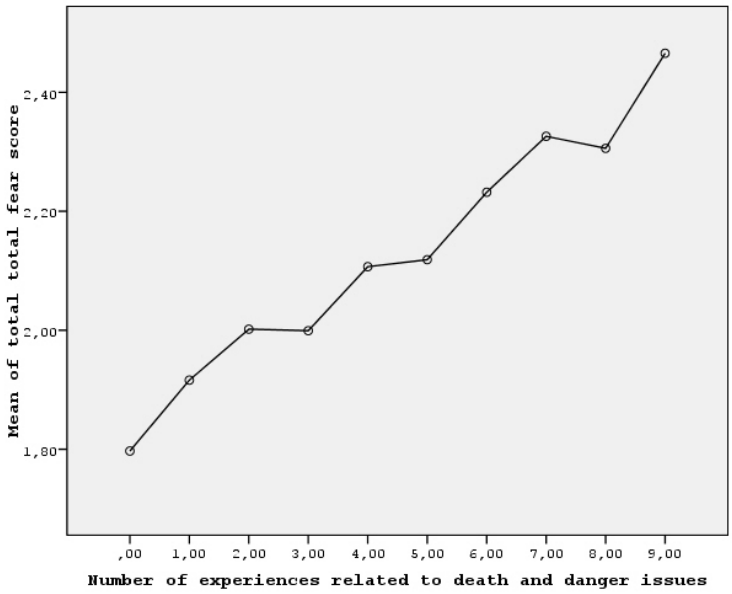


Figure 46. Relationship of experiences related to death and danger issues to total fears scores

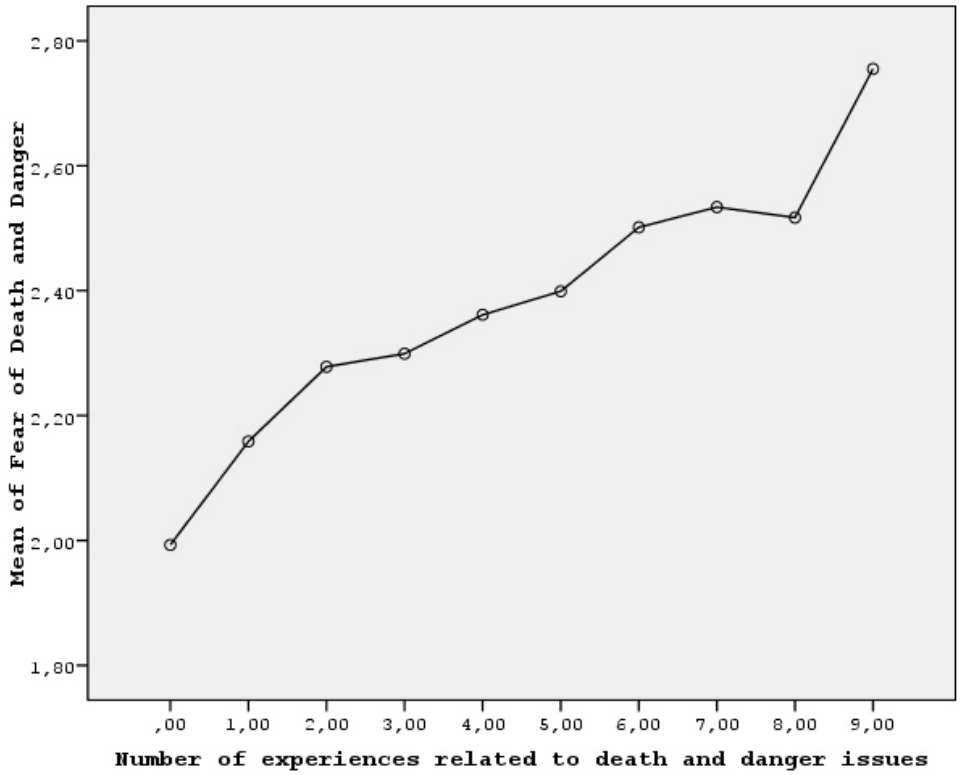


Figure 47. Relationship of experiences related to death and danger issues to fear of death and danger scores

A one-way between-groups analysis of variance was conducted to explore the impact of experiences related to school and social stress issues on levels of total fear scores and fear of school and social stress scores. There was a statistically significant difference at the $p < .01$ level in total fear scores [$F (5, 1242) = 64.01$, $p = .00$, $\eta 2 = .20$, large effect] and fear of school and social stress scores [$F (5, 1242) = 57.66$, $p = .00$, $\eta 2 = .18$, large effect] between children depending on the number of negative life events they were exposed to. Post-hoc comparisons using the Dunnet's C test indicated that the mean scores for the groups exposed to least and most number of negative life events was significantly different than each other for both total scores (Figure 48) and fear of school and social stress scores (Figure 49) and results suggested an increase in total fear scores with increasing number of exposed negative life events.

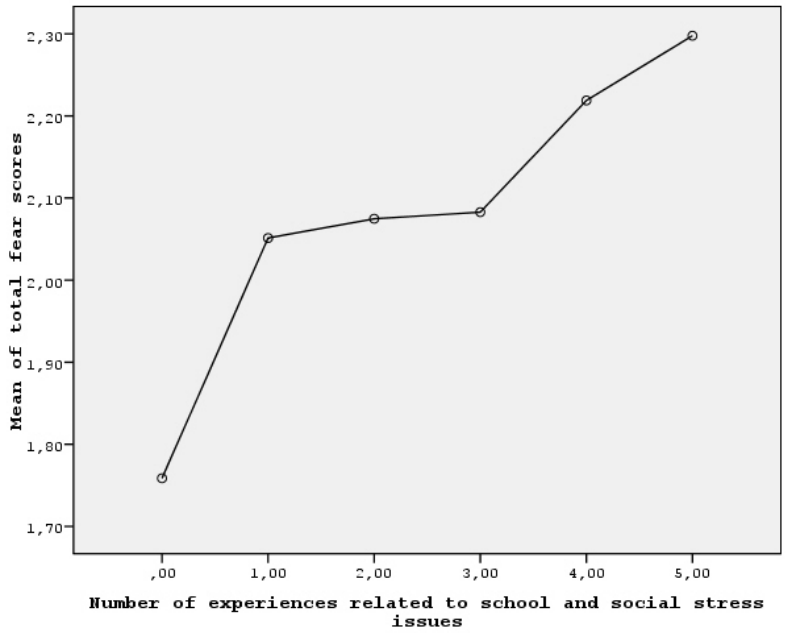


Figure 48. Relationship of experiences related to school and social stress issues to total fears scores

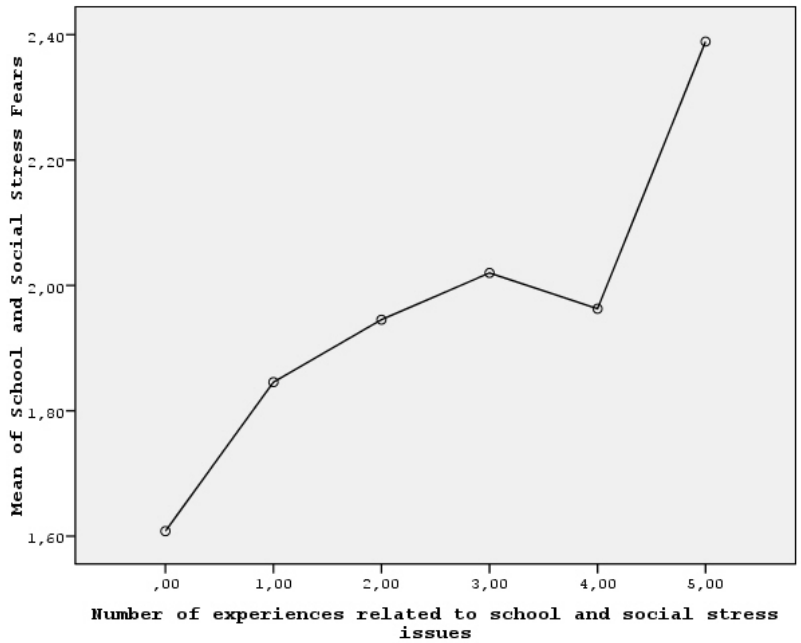


Figure 49. Relationship of experiences related to school and social stress issues to school and social stress fears scores

A one-way between-groups analysis of variance was conducted to explore the impact of experiences related to medical issues on levels of total fear scores and medical and situational fears scores. There was a statistically significant difference at the $p < .01$ level in total fear scores [$F (3, 1244) = 31.88$, $p = .00$, $\eta 2 = .07$, small effect] and medical and situational fears scores [$F (3, 1244) = 16.49$, $p = .00$, $\eta 2 = .03$, small effect] between children depending on the number of negative life events they were exposed to. Post-hoc comparisons using the Dunnet's C test indicated that the mean scores for the groups exposed to least and most number of negative life events was significantly different than each other for both total scores (Figure 50) and medical and situational fears scores (Figure 51) and results suggested an increase in total fear scores with increasing number of exposed negative life events.

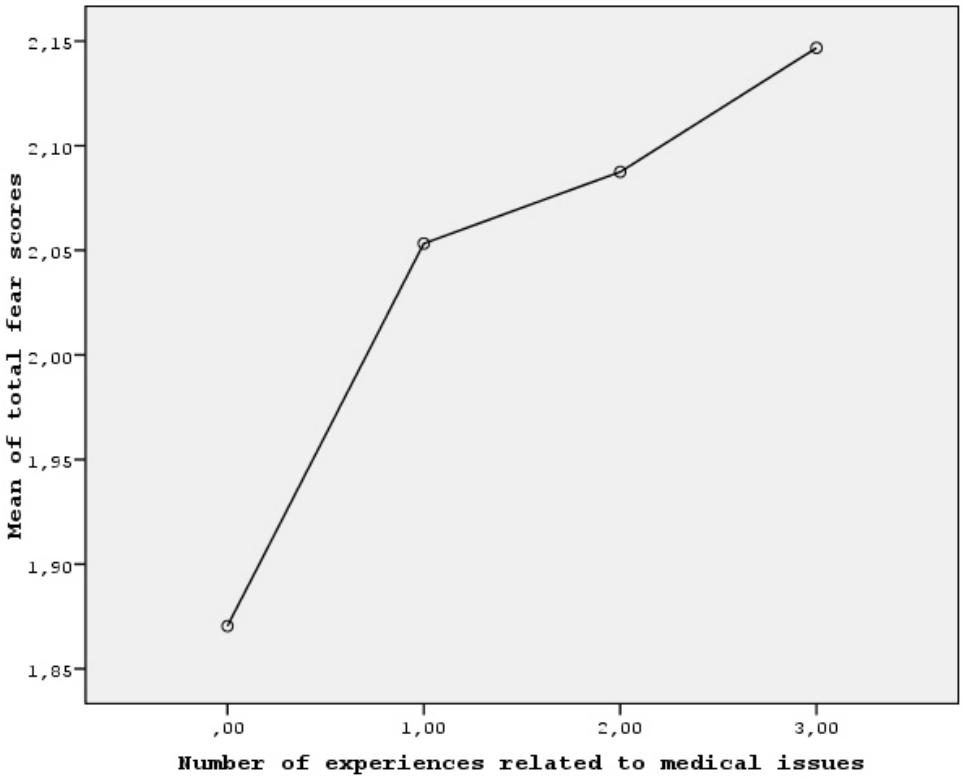


Figure 50. Relationship of experiences related to medical issues to total fears scores

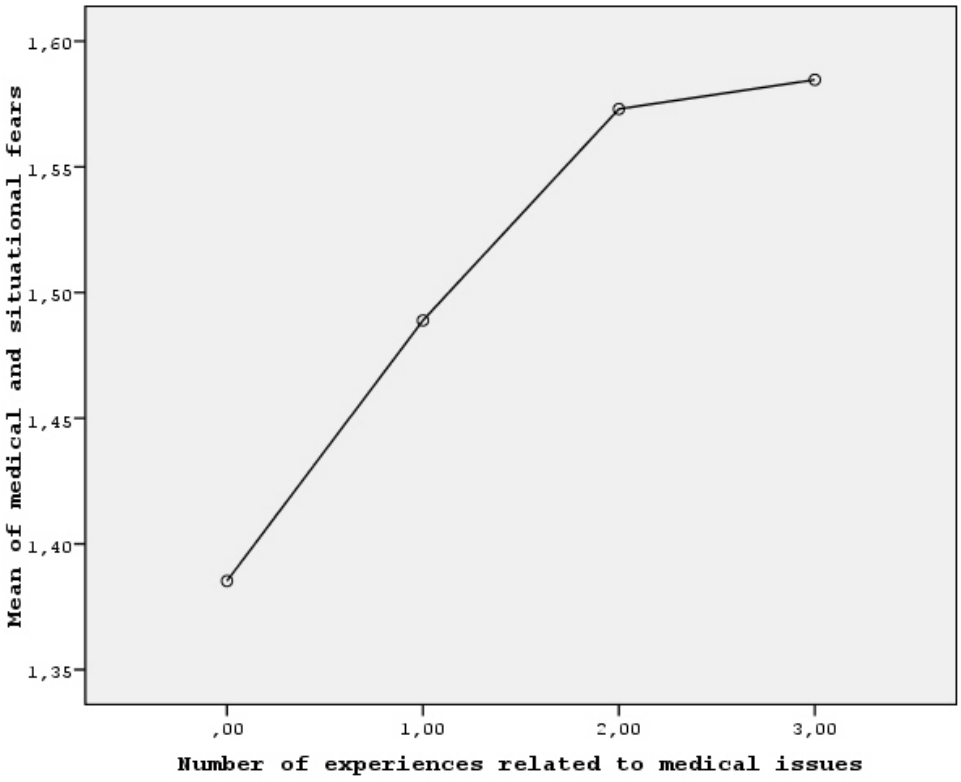


Figure 51. Relationship of experiences related to medical issues to medical and situational fears scores

4.5. Summary

Contemporary fears of children and adolescents were examined through data collected in 2017. In most cases, being female, younger and from low SES background was found to be related to higher level of fears. Also, although some cases showed inconsistency, a decrease with increasing age was observed in fear scores. Among five, for four of the factors (except school and social stress fears) and total fear scores, the highest fear scores were reported by females while the lowest were belonged to male participants. For three fear factors (fear of death and danger, fear of unknown, medical and situational fears) and total fear scores, children, preadolescents and adolescents from low SES background reported the highest fear scores, while their counterparts from middle SES background reported the lowest scores. For both school and social stress fears and fear of animal scores, highest and

lowest scores belonged to participants from middle SES background. Fears of children with regard to age groups showed variability from childhood to adolescence, but in most cases a decrease in fear scores was observed.

Among 20 most commonly endorsed fears, fear of AIDS, not being able to breathe, my parents losing their jobs, getting a serious illness, drowning, car wreck/car accident, being hit by a car or truck were reported in 2010, but not reported in 2017 anymore. In addition, fear of riots, shootings, nuclear war, strange looking people, gangs, strangers, drive-by-shootings are new in most common fears list of children and adolescents.

Similarly, fear of violence on TV, being alone at home and rides like the Scream Machine were not in the least common fears list anymore, instead, fear of not having enough money, the sight of blood, being put down or criticized by others are now among the least fearful things. Still, terror-related items (e.g. our country being invaded by enemies, terrorist attacks), religious fears (e.g. God, going to Hell) and fears related to health of self and significant others (e.g. death of a close person) are common among children and adolescents.

All of the new fears reported most commonly by children and adolescents from all age, gender and SES groups, are terror-related fears. Comparing contemporary fears of gender groups, in 2017, among most common fears, fear of failing school and my parents getting separating or getting divorce were only reported by females while, only male participants reported fear of abuse and shootings. Fear of abuse is not a most common fear among female participant anymore, while it is reported by male children and adolescents only in 2017. Fear of our country being invaded by enemies is now one of the most common fears among females, but it was already in the list of male children and adolescents.

Comparing contemporary fears of children and adolescents, in 2017, among most common fears fear of abuse, going to juvenile system and failing school were only reported by children, while only adolescents reported fear of God, death of a close person, nuclear war and shootings. Fear of death of a close person, God, AIDS and

being kidnapped are not most common fears among children anymore, while fear of failing school, AIDS, someone in my family getting illness and my parents separating or getting divorced are not common as much as it was in 2010 among adolescent participants, in 2017. Fear of riots and terrorist attacks are new in most common fears list for both children and adolescents. In addition, children added fear of our country being invaded by enemies and going to juvenile system, adolescents added fear of nuclear war and shootings to most common fears.

Examining change in most commonly endorsed fears of children from low and middle SES background, it can be summarized that fear of riots is new in list of both groups, while fear of AIDS is not in the list of two SES groups anymore. Although all of the new added items to the most common fears list of two SES groups are terror-related items, they showed variability across groups, such as fear of terrorist attacks are added to the list of children from low SES background while, fear of nuclear wars is new in the list of children from middle SES background. Moreover, comparing contemporary fears of children and adolescents from different SES groups, it can be concluded that items related to personal safety such as abuse, or being kidnapped are only reported by children from low SES background in the most commonly endorsed fears list while, school performance realted fears like fear of failing school or fears related to safety of significant others such as death of a close person are most commonşy reported only by children from middle SES background.

When compared, nearly for all of the fear types, in most cases fear scores of children, preadolescents and adolescents across gender groups after controlling SES reported in 2010 are higher than in 2017. Fear of unknown scores of preadolescents and adolescents for both genders and school and social stress fears of male preadolescents increased by years. By visual inspection of graphs, it can be concluded that fears of children, preadolescents and adolescents have a tendency to decrease with increasing age, except some cases in which scores increased such as medical and situational fears scores of adolescents in both genders are higher than preadolescents.

Comparing fears of birth cohorts across gender groups after controlling SES, it can be concluded that for all observations, highest fear scores belonged to females. Fears

of children has decreased at a degree with increasing age (e.g. fears of children born in 2002, who were 8 years old in 2010 and 15 years old in 2017). The highest fear scores of children were reported for fear of death and danger scores while lowest scores were for medical and situational fears.

The content of the fears of children and adolescents changed depending on the exposure to negative life events. Children and adolescents who are exposed to negative life events more reported higher level of fears depending the type of negative life event (e.g. negative life event related to death and danger are correlated to fear of death and danger).

In sum, utilizing Turkish version of Fear Survey Schedule for Children, it was found that, content of contemporary fears of children and adolescents have changed from it was last measured in 2010. Mostly terror related items (e.g. riots) were added to the most commonly endorsed fears list. Male children perceive abuse as a threat, now. Still, female children are more feared than their male counterparts and children are the most fearful group among other age groups. Being from low SES is correlated to higher level of fear. Level of fears of children and adolescent are higher than 2017 in 2010. Fears of children, preadolescents and adolescents carrying same characteristics have tendency to decrease with their increasing age.

CHAPTER 5

DISCUSSION

Fear is a basic emotion (Izard, 2007), although, by involving cognitive evaluations for future reactions, it is considered to be different from the other five basic emotions. As having a survival value for individuals especially for children and adolescents who still try to understand the world and their place in it (Slee & Cross, 1989) by protecting from danger, fear is accepted to be adaptive and a normal part of development (Gullone, 1999).

On the other hand, from very early years, fear has taken attention of researchers (e.g. Allebe, 1845; Kooistra, 1894; Hall, 1897) because of its close relationship to negative emotions interfering with daily functioning like anxiety, phobia and worry which caused fear to be known as the most dangerous of all emotions (Kalatzkaya, 2015). In line with this idea, correlation between some specific types of fear (e.g. fear of unknown), anxiety (e.g. separation anxiety), phobia (e.g. social phobia), worry and depression has been discussed in the literature (e.g. Muris & Ollendick, 2002). In addition, negative effects of fear on mind capacity, sleep patterns and personality characteristics have been concluded (e.g. Kalar et al., 2013). Hence, researchers from various countries of the world (Italy, Brazil, Iran etc.) have focused on the classification of children's and adolescent's fears which were found to vary depending on characteristics of the groups such as age, gender, socioeconomic status, geographical conditions of the living area and even the shared experiences with the society a result of specific life events. On the basis of several theories from biological to contextual perspective, two dimensions determining the differences between fears of children and adolescents stand out; individual characteristics (e.g. genetics, age, gender) and contextual factors (i.e. experiences originated from the interaction with the surroundings depending on time and place variables).

However, little research has been conducted to examine fears of Turkish children and adolescents. Since, early studies focused narrower scopes of children's and adolescents' fears (e.g. Erol & Şahin, 1995), a need for a comprehensive one covering groups demographically different than each other was raised. In 2010, to be able to conclude fears of Turkish children and adolescents, Fear Survey Schedule for Children which is known as the most commonly used fear survey schedule designed for children (Gullone, 1999) was adapted into Turkish utilizing children and adolescents between the ages of 8 and 18 (Serim, 2010). Thus, fears of Turkish children and adolescents were investigated covering the first dimension, the individual characteristics, which were age, gender and socioeconomic status for that study. Nevertheless, the second dimension, the contextual factors, having impact on the fears of Turkish children and adolescents was still missing. As it was concluded that specific life events (e.g. bombing attacks) have impact on fears of children and adolescents, to fill that gap, the effect of the experiences on fears of Turkish children and adolescents who have been exposed to many negative events (e.g. coup attempt) should have been investigated. In line with this idea, in the present study, data collected in 2010 and 2017, utilizing children and adolescents between the ages of 8 and 18, were compared with regard to data collection year and birth cohorts (1999-2002) which provided information about the changes in the fears of children and adolescents by years specific for age, gender, SES groups and generations.

In the final chapter, the results of the study, which were presented in the previous chapter, are discussed in three sections. Firstly, the findings of the study are summarized and discussed in the light of literature. Then, interpretations to use the findings for adults having close contact with children and adolescents, which could be teachers, parents or mental health professionals, are provided. Lastly, recommendations for future studies are suggested.

5.1. Discussion of the Findings

Since, fears of children and adolescents vary depending on the events happening in the country they live (e.g. Burnham, 2009), which might also lead to cultural, political and societal changes, FSSC was translated and adapted to different cultures (e.g. Italy, Brazil, Iran) to examine culture specific fears of children and adolescents. As being the most commonly used survey to examine fears of children and adolescents (Gullone, 1999), the main measurement tool of the present study is the Turkish version of Fear Survey Schedule for Children (FSSC). Previously, FSSC was translated and adapted to Turkish (Serim, 2010) and test-retest reliability, internal reliability and convergent validity analyses of the scores suggested adequate results. In addition, results of exploratory factor analysis suggested a five-factor structure; fear of death and danger, fear of unknown, school and social stress fears, fear of animals, medical and situational fears.

As it was mentioned before, fear, which may damage cognitive and emotional developmental patterns, has a close relationship to later anxiety disorders as well as phobia, worry and depression. Moreover, fears of children and adolescents show variability by years as a result of societal, economic and cultural changes (e.g. Burnham, 2009). For that reason, fears of children and adolescents should be monitored regularly with valid and reliable measurement tools. For the present study, to check the validity of FSSC, confirmatory factor analysis was conducted and results confirmed the previously suggested factor structure. Thus, it can be concluded that Turkish version of Fear Survey Schedule for Children is a valid and reliable instrument to examine fears of Turkish children and adolescents between the ages of 8 and 18.

Before starting comparisons with regard to data collection year and birth cohorts, contemporary fears of children, preadolescents and adolescents were examined. Depending on the previously conducted studies on fears of children between the ages of 8 and 18 (e.g. Muris et al., 2014), level of fears were expected to decrease with increasing age. Based on this idea, children were expected to report the lowest level of fears, while preadolescents and adolescents were expected to follow them, respectively, but fear scores of some age groups showed inconsistency with the

expectations of the researcher. Beginning with school and social stress fears of preadolescents which was found higher than of children, two perspectives can be discussed.

Firstly, this result reminded the study of Muris and Ollendick (2002) by which fear of failure and criticism was divided into two separate factors as aversive social fears and school performance fears because of two different contents appropriate to two different age groups (children and preadolescents). This difference in fear contents can be explained from various aspects. To begin with the psychosocial developmental stages suggested by Erikson (1959), it can be concluded that content of fear of failure might be different for children and preadolescents, because, children between the ages of 6 and 11, who attended school and are expected to be developing in reading, writing and maths skills, might be experiencing the conflict between industry vs. inferiority, while adolescents between the ages of 12 and 18 focus on their physical appearance and being a member of a peer group which leads to the conflict between identity vs. role confusion. Furthermore, as Piaget (1970) stated, by emerging cognitive abilities, such as developing problem-solving skills and understanding of others ideas and manipulating them, for adolescents social interactions become more important than for children who are still concrete thinkers. Thus, school performance fears could be more common among children, while aversive social fears are reported more by preadolescents. Secondly, considering the education system in Turkey which requires entrance exams for both elementary and high school students for next educational level, higher level of school and social stress fears could be consistent with the circumstances of preadolescents and adolescents boning for central exams to enter prestigious schools. In line with this idea, as Bokhorst et al. (2008) suggested the increase in school and social fears of children after adolescence period might be because of increased cognitive abilities which brings developed understanding of others' opinions, ability of evaluating opinions of others, emotional tendency to give importance to relationship with peers and tendency to increase school performance.

Beside school and social stress fears, the inconsistency in fear of animal scores of three previously defined age groups is noteworthy. Both the lowest and highest fear scores

were reported by preadolescents contrary to expectations as children having the highest and adolescents having the lowest level of fear of animals depending on the results of previously conducted studies (e.g. Di Riso et al., 2013). As being one of the fears which were defined as inherited fears carrying survival value for individuals (Darwin, 1877), fear of animals was also suggested to be both induced and reduced by avoidance behavior in two-factor theory of Mowrer (1951) focusing on the impact of direct learning experiences on fear acquisition. Moreover, fear of animals has become a subject for many studies examining the role of indirect learning experiences. Results of the studies suggested that vicarious learning sources and verbal information provided by significant others (e.g. parents, peers, and teachers) have impact on acquisition as well as the reduction of fear of animals (e.g. Reynolds et al., 2013). Especially children and preadolescents between the ages of 7 and 13 were found to have tendency to report various different level of fear of animals depending on type of information transmission (negative, ambiguous, positive) from people around (e.g. Ooi et al., 2016). Thus, carrying the possibility of being effected by both direct and indirect learning experiences, it can be concluded that children, preadolescent and adolescent may report different content and level of fear of animals depending on conditioning, modelling or information gathering experiences.

Following with the results concluding gender differences, except school and social stress fears, for other four types of fear, consistent with previous studies (e.g. Burnham et al., 2012) it was found that female participants reported higher level of fears than males. For school and social stress fears, intensity of male participants' fears were found higher, which might be related to previously mentioned impact of gender roles identified by the culture. As carrying some part of collectivistic cultural characteristics, in Turkey, male children grow up with the expectation of being the head of their future family responsible for gaining money and looking after the family (Kağıtçıbaşı, 1989; 1996). Considering the education system in Turkey in which children and adolescents are expected to be successful in a series of examinations to be able to attend well-known universities which will then lead to have high-paying jobs (Rankin & Aytaç, 2006), school performance might be more important for boys than girls which leads higher level of school and social stress fears for males.

Lastly, but not least importantly, differences between the fears of children and adolescents with regard to SES should be mentioned. For most of the fear types and total fear score, participants from low SES reported higher level of fears their counterparts from middle SES, which supports the ideas suggested by previous studies (e.g. Lin et al., 2014). Being from low SES brings many disadvantages involving both can be originated from the family and related to the children themselves. Great majority of studies examining the role of SES on emotional development of children suggested that families from low SES tend to be less sensitive to feelings of children (Hoff, Laursen & Tardiff, 2002) and have less time to spend with their kids (Fagundes & Way, 2014) which might lead to insecure attachment in childhood and to problems in close relationships in adolescence and adulthood (Murdock & Fagundes, 2017). In addition, being from low SES background has found to be correlated to lower level of self-regulation (Montroy, Bowles, Skibbe, McClelland, & Morrison, 2016) and higher level of aggression (Hay et al., 2007; McElroy, 2005) and depression (Dallaire et al., 2008) in adolescents and children. The disadvantages of being from low SES especially lack of family support (Gudonis et al., 2017) and depression (Ollendick & Yule, 1990) which were suggested to be related to high level of fears, could be speculated to be the reason of higher level of fear reported by children and adolescents from low SES background. However, unexpectedly, middle SES participants reported both the highest and lowest level of school and social stress fears scores which directs the discussion to the educational inequality issue in Turkey. Report of State Planning Organization indicated that family background, involving components such as household wealth, mother's and father's education level, their occupation type, family size and number of books at home, is one of most discriminating factors for inequality of opportunity for achievement (Ferreira & Gignoux, 2010). In line with this idea, it can be speculated that children from families of low SES status have less opportunity for education making them less bothered of being unsuccessful which leads to lower level of fears related to school achievement.

To conclude the discussion about the contemporary fears of Turkish children and adolescents by a comparison of results with the previous findings of children's and adolescents' fears (Serim, 2010), it can be said that being younger, female and from

low socioeconomic background is still correlated to high level of fears. However, results of the current study showed variability for school and social stress fears and fear of animals among age, gender and SES groups which were discussed above in the light of existing literature.

Beginning with one of the main aims of the present study, to be able to conclude changes in the fears of children and adolescents as a result of the changing societal, economic and cultural circumstances in seven years in Turkey, comparisons with regard to data collection year was made by two dimensions; comparison of most commonly endorsed fears of age, gender and SES groups and comparison of fears with regard to age and gender by controlling SES for fear types as well as the total score.

Considering overall most commonly endorsed fears, it can be concluded that fears related to physical wellbeing like fear of AIDS or not being able to breathe are not in the list anymore, instead, new items all of which are related to terrorism are added such as shootings or riots. Aforementioned terror-related events such as bombing attacks and the coup attempt, which was one of the most striking events in recent years, impacted children and adolescents negatively who watched whole process on television. Moreover, after immigration, many Syrian children attended schools with their Turkish counterparts which provided an atmosphere to share their experiences with each other. Thus, the remarkable increase in terror and war related items was an expected result. However, the increase in the endorsement of the item “riots” should be discussed from one more perspective, because this item was taken attention of participants through data collection process. In Turkish version of FSSC, this item was previously translated into Turkish as “ayaklanma” and data was collected by this version in 2010, but in 2017 participants from all age groups asked if this carry the same meaning with “coup” which is “darbe” in Turkish. This time all children and adolescents had idea about the meaning of both riots and coup, so in 2017, this item was used as “riot / coup” to avoid confusion. In conclusion, the increase in the prevalence rate of the item “riot” was because of two reasons; the direct and indirect experiences with coup attempt and the expression related to meaning of previously adapted item “riots”.

Meanwhile, comparing results of 2010 and 2017, it can be concluded that religious fears like fear of God and going to Hell are still most commonly endorsed fears of Turkish children and adolescents. As growing up in a country together with Muslim citizens with a rate of 99.8% and being raised with influences of Islamic doctrines, which frequently emphasize the forgiving but at the same time punitive power of God, high prevalence rate of fears related to God and Hell are not unexpected. Similarly, reported fears related to safety of significant others such as fear of someone in my family dying and someone in my family having an accident in the most common fears list by children and adolescents are consistent with the expectations of the researcher, because as a result of negative life events occurring in various cities of Turkey every day and of being exposed to such types of events directly or indirectly, children and adolescents would have tendency to fear safety of significant others.

Similar results were reported in separate lists of female and male children and adolescents for most common fears. Among female children and adolescents, instead of fear of abuse and AIDS, fear of riots and our country being invaded by enemies are more common according to comparison of observations in 2010 and 2017, which could be speculated to be the inevitable effect of long lasting terror events as well as the coup attempt. Male children and adolescents, also, have new items in the most common fears list. Interestingly, fear of abuse is newly added to list of male children while it is eliminated from females' most commonly endorsed fears. Since the present study is not causational, the interpretation of the findings should be made carefully and it can still be speculated that the increase in the fear of abuse among males is because of the increase in abuse cases against both female and male children and television programs showing this issue (e.g. case of children being murdered when collecting sugar in a religious festival).

Similarly, comparison of most common fears of children and adolescents with regard to age groups for observations in 2010 and 2017 showed that for both age groups (children and adolescents), all of the new added fears are related to terrorism which are fear of riots, our country being invaded by enemies, terrorist attacks and going to juvenile system for children and fear of riots, terrorist attacks, nuclear war and

shootings for adolescents. In the current most common fears list of SES groups, similarly, most of the new added items are terror-related items like riots and nuclear war. Comparison of fears of both SES groups, low and middle, suggested common items for fears related to safety of self and significant others (e.g. someone in my family dying), terror related fears (e.g. riots) and religious fears (e.g. going to Hell). On the other side, as being from different backgrounds and having several different experiences related to the material and emotional sources the environment brings to them, children from low and middle SES reported some different fears which are mostly about security for children from low SES (e.g. being kidnapped) and about school and social issues for children form middle SES (e.g. failing school).

Continuing with the comparison of fears of children and adolescents for all fear types and total score, depending on the visual inspection of the graphs, it can be concluded that for the most part, a decrease in fears of children and adolescents is observed from 2010 to 2017. However, results suggested an increase for fear of unknown and school and social stress fears scores. For fear of unknown factor, for the present study, children rated their fears related to security issues caused by unknown sources like "strangers", "violence on TV", "getting lost in crowd", "riots" and "violence near my home". Thus, as a result of direct and indirect exposure to events like bombing attacks and coup attempt occurred in Ankara, where the data was collected, and children's fears related to such threats increased by years. Similarly, the increase in school and social stress fears of children is related to their experiences related to education system in Turkey in which many regulation have been currently made. Although parallel to the previous studies (e.g. Burnham et. el., 2011), a tendency to increase is observed for some types of fears from the results of comparison of two data from 2010 and 2017 which can be speculated to be related to negative events experienced in the society, the decrease in scores of other fear types should be considered. Although results of many studies suggested that fears of children have tendency to increase by the impact of direct or indirect experiences, results of some other studies reported that fears of children might be lessened by more experiences. Considering the general health and dental screening for all children and adolescents at schools, the decrease in medical and situational fears of children might support the previously found results suggesting

a negative correlation between level of fears of children and medical experiences (e.g. Maraşuma & Eroğlu, 2012).

On the other side, the present study provided information about the relationship between fears of children and adolescents and their negative life experiences. Findings indicated that there is a correlation between the number of exposure to negative life events and the level of fears of children and adolescents. Aforementioned theory of Rachman (1977) suggested that acquisition of fears occurs through three-pathways; direct experiences, vicarious learning (observation and modelling) and negative information transmission. For the present study, findings indicating a correlation between number negative events as threat to safety of self and significant others, to social interactions and performance at school and to physical wellbeing and level of total score and fear of death and danger, school and social stress fears and medical and situational fears, respectively is an evidence of the impact of direct experiences on fear acquisition.

Although the increasing effect of the direct experiences with the threatening stimuli on fears of children and adolescents have been commonly mentioned in the literature (e.g. Rantavouri et al., 2002), distant trauma reactions, too, were investigated through utilizing victim and non-victim children and adolescents (Karaımrak &Aydın, 2008). Children having same intensity level of fear with victim children from a safe distance of traumatic event area showed the impact of media exposure (Petrovic, 2015). Considering sample of the present study as being from schools in Ankara, results of the study showed that the increase in terror related items might be because of both their direct experiences (e.g. coup attempt, bombing attacks) and the impact of television programs about other children's experiences (e.g. war in neighboring country) as an example of observational learning. Moreover, after the war, many immigrants started to live in various districts of Ankara, so children and adolescents might be exposed to negative information transmission about negative impacts of war.

The other main aim of the present study is to examine changes in fears of children and adolescents with regard to generational differences. To reach this aim, four birth cohorts, from 1999 to 2002 were utilized. Ages of children in the birth cohorts were

ranging between eight and 11 in the first measurement, while they passed to the adolescence in the second measurement with ages between 15 and 18. From the visual inspection of graphs, for all types of fears and total fears scores, it is observed that younger and female children have higher level of fears. Thus, by involving children and adolescents carrying almost same demographical characteristics to both observation groups, findings of the present study substantiated evidence for the previous findings that fears of children and adolescents decrease with increasing age. Moreover, it can be concluded that being female is disadvantageous in acquisition of fear, as female individuals are found to be more vulnerable than males. For instance, females have higher prevalence rate to develop an anxiety disorder through life span (Bruce et al., 2005) and to experience depression (Kessler, 2006) which are found to be correlated to higher levels of fear (e.g. King et al., 1992). In the literature, female individuals' tendency to emotional disorders have found to be highly correlated to their way of response to some types of stressors. Results of several studies suggested that female individuals tend to use non-adaptive emotion-focused coping strategies (e.g. rumination) (e.g. Trives et al., 2016). Moreover, as gender role identification in boys and girls can be explained from various approaches to child development, many speculations can be made on gender differences in fears of children and adolescents. Freudian perspective argued that gender role adoption is shaped by through identification with the same sex parents as well as early experiences. Rachman (1970) suggested that vicarious learning is a way of fear acquisition in children and adolescents. Considering both approaches, it can be speculated that female children having identification with their mother might have tendency to have fears of their mothers which make them more fearful compared to males. Lastly, the difference between the content and intensity of fears of female and male children should be examined from contextual perspective. As previously mentioned, in Turkey, as being under the influence of religious beliefs and collectivistic culture, parents raise their children with expectations different for both genders which makes females more stimulated against to threats outside home. Thus, girls report higher level of fears especially related to safety of self and significant other, while boys are stronger and firmer.

To sum up, about the changes in fears of children and adolescents from 2010 to 2017, two conclusions can be made. Firstly, being younger, female and from low socioeconomic background are correlated to higher level of fear scores for all fear types , although there are some exceptions such as school and social stress fears . Secondly, since the content of contemporary fears of Turkish children and adolescents are different from previously reported ones, especially the increase in the endorsement of items related to terrorism substantiated evidence to the idea that fears of children and adolescent change depending on the societal changes. Thus, negative life experiences have impact on content and intensity of fears of children and adolescents.

5.2. Implications of the Findings to Research and Practice

As it was mentioned above, fear is a part of children's emotional development which may lead to later emotional problems, the present study has several implications for parents, teachers, mental health professionals as well as fear research.

To begin with the contributions to the fear research, depending on the results of the analysis examining adequacy of previously presented Turkish version of FSSC (Serim, 2010), it can be concluded that it is a useful measurement tool primarily for researchers studying on fears of children and adolescents and then also for counselors working with children to define content, intensity and frequency of children's and adolescents' fears. Considering the close relationship of fears of children and adolescents to negative emotions like anxiety and depression, to be able to follow normality of fears, such a scale carrying strong psychometric properties is valuable for research purposes.

The results of the study provided detailed information about the contemporary fears of children and adolescents specific to their age, gender and SES background to three beneficiary; children, preadolescents and adolescents between the ages of 8 and 18, school counselors working with them, their parents and teachers.

Considering that the participants of this study were children and adolescents attending primary, secondary and high schools, by defining content and intensity of specific types of fears prevalent among Turkish children and adolescents with regard to their

age, gender and SES background, results of this study provide a source primarily for all school counselors to monitor fears of children and adolescents which are suggested to be kept in an optimal level so as not to be transferred to anxiety, phobia and depression. Carrying the advantage of having opportunity to reach parents and teachers who have chance to observe emotional development of children and adolescents closely and have crucial role in collaboration to diagnose abnormalities in acquisition and expression of fear, school counselors should provide information about normal fear acquisition patterns of children and adolescents and the role of supportive home and school environment on expressing feelings to them. As a rapidly changing and developing country, in which individuals are exposed to many negative life events, parents and teachers should be informed about the ways to handle the post event processes before children's and adolescents' fears interfere with daily functioning. Moreover, as it was mentioned above, children and adolescents learn fears by modeling, teachers and parents should be guided about emotion socialization by counselors. More specifically, they should know that their reactions against specific life events or threats have impact on children's and adolescents' way of understanding world and their place in it which brings normal or abnormal emotional reactions depending on their perception related to physical and emotional safety. Lastly, but not least importantly, as keeping in mind the fact that fear is an intrapersonal emotion, children and adolescents, themselves, should be informed about the nature of fear and its correspondence to other negative emotions to guide them about identifying their feelings in the right way which are specific to their age, gender and stage (e.g. being a disaster victim), not only in individual counseling sessions, but also in guidance hours, which is a common practice at schools in Turkey.

According to results of the present study children who are younger, female and from low SES reported higher level of fears, in other words they are risk groups for future emotional problems like anxiety or phobic disorders. Thus, they should be empowered about the adaptive coping strategies and functional emotion regulation. On the other hand, children and adolescents who reported lower level of fears might have limits about sharing emotions, so the process should include encouragement to express feelings.

In assessment, intervention and treatment planning processes, cultural factors such as child rearing practices should be considered (Madrid & Grant, 2008), thus, especially gender role expectations of the society having great impact on emotional development of children and adolescents should be taken into consideration. As previously mentioned, fear and anxiety both have emotional, cognitive and behavioral components which are similar to each other (Clark & Beck, 2010) that's why they have a close relationship. Thus, children's and adolescents' fears should not interfere with daily functioning to be defined as normal. For that reason, school counselors might plan Cognitive Behavioral Therapy and Rational Emotive Behavior Therapy for children and adolescents to examine emotional, cognitive and behavioral components of fear and anxiety. In addition, as it was previously concluded that learning experiences; conditioning, vicarious learning and information transmission, have impact on induction (Muris et al.,2009) and reduction (Muris, Huijding, Mayer, van As & van Alem, 2011) of children's and adolescents' fears as well as the installation (Muris, Zwol, Huijding & Mayer, 2010) of them, through a collaborative work of school counselors, teachers and parents, positive learning experiences about specific types of fear arousing stimulus (e.g. peer discussions including positive experiences) should be provided for children and adolescents.

As results of the study suggested that content and intensity of fears of children and adolescents might change after traumatic events when working with children and adolescents especially after negative events certain types of treatments are more likely to be effective (Jones et al., 2008). Beside individual and group counseling sessions as mentioned above, play and adjunctive family therapies have found to be effective with children and adolescents (Rhoads, Pearman & Rick, 2007). Play therapy has been a popular intervention with children after negative life events (Ogawa, 2004). Especially developing a sense of security by means of establishing a consistent and predictable therapeutic relationship is found to be correlated to faster recovery process when working with children (Jordan, Perryman & Anderson, 2013).

Lastly, as being the responsible position from psychological wellbeing of children and adolescents as well as their education, Ministry of National Education should plan in-service trainings for teachers and school counselors and workshops for parents to train them primarily about recognize their emotions and then about emotion regulation and coping skills for both themselves and children. In this process, collaboration with the researchers conducting research on emotions of children and adolescents should be made. Also, researchers should be facilitated in accessing to children and adolescents. Limitations in the utilization of surveys (e.g. elimination of certain items like fear of abuse) or implementation of developed prevention programs might cause loss of data and time.

5.3. Recommendations for Further Research

The present study has some strengths and limitations which lead recommendations for future research. Beginning with the recommendation about the design of future studies, by employing a cross-sequential design, which is a combination of longitudinal, cross-sectional, and time-lag designs (Schaie, 1968), current study concluded the changes in the fears of children and adolescents through time and cohort effect observations. In addition, by choosing time-sequential design among other types of cross-sequential designs, morbidity as one of the limitations of longitudinal designs is eliminated. Thus, it can be concluded that time-sequential design is appropriate to examine changes in fears of children and adolescents over time without carrying the limitations of both cross-sectional and longitudinal designs. Since fears of children and adolescents change over time depending on experiences, contemporary fears of children and adolescents should be monitored regularly, so new research studies should be designed to confirm results of the current study.Also, to be able to truly conclude the effects of negative life events on fears of children and adolescents, causational studies should be designed utilizing both victim and non-victim groups. In addition, to increase the generalizability of the results, participants from other cities of Turkey which might have different life experiences (e.g. earthquakes) should be used.

In the current study, fears of children and adolescents with regard to age, gender and socioeconomic status were examined. Nevertheless, as it was mentioned before,

contextual factors such as proximal processes involving interaction between child and the immediate environment (Bronfenbrenner, 2005) have impact on acquisition of fears. For that reason, some other factors related to family atmosphere, such as parenting styles which were found to be related to diversity in content and intensity of children's fears (e.g. Lin et al., 2014) and peer relationships, such as ideas of peers about certain threats (e.g. Ooi et al., 2016) should be considered in future studies.

Following with the recommendations about the measurement tools, firstly, considering the impact of societal, economic and cultural changes on fears of children, new items related to contemporary fears of Turkish children and adolescents should be added by asking children and adolescents open-ended questions about their fears. By this way, in future studies, still, it can be concluded that FSSC is a valid and reliable instrument both to measure fears of Turkish children and adolescents and also to provide opportunity to compare fears of children and adolescents from different cultures. In addition, reactions of children and adolescents during the data collection process should be observed carefully, because, as it was with the item "riots", they might guide to impacts of sociocultural changes occurring in Turkey. Lastly, as it was mentioned before, self-report measures carry the limitation of social desirability, so expressions of children should be confirmed through observations of teachers and adolescents as well as information provided by them about factors which might have influence on fears of children and adolescents such as life events experienced by family members or educational practices.

REFERENCES

28 büyük deprem felaketi yaşandı. (2011, October 23). Milliyet. Retrieved from http://www.milliyet.com.tr/28-buyuk-deprem-felaketi-yasandi--gundem-1454220/

Abdekhodaie, E., Arghabaei, M., & Ehsan, H. B. (2016). Psychometric Properties of Farsi Version of the Revised Fear Survey Schedule for Children. *The Spanish journal of psychology*, *19*. doi: 10.1017/sjp.2016.3

Acevedo, G. A., Ellison, C. G., & Yilmaz, M. (2015). Religion and child-rearing values in Turkey. *Journal of Family Issues*, *36*(12), 1595-1623. doi:10.1177/0192513x13504921

Acharya, A., Vankar, G. K., & De Sousa, A. (2016). An exploratory study of fears among adolescent students from an urban cohort in India. *International journal of adolescent medicine and health*, *30*(1). doi: 10.1515/ijamh-2016-0003

Akande, A. W. (2010). A possible role of stigma and fears in HIV infection. *Journal of International Development*, *22*(5), 556-572. doi:10.1002/jid.1590

Akçura, B. (2018, April 8). Medyanın "Suriyeli" algısı. Retrieved from http://www.milliyet.com.tr/medyanin-suriyeli-algisi/belma-akcura/pazar/yazardetay/08.04.2018/2642886/default.htm

Akgunduz, A. (2010). *Introduction to Islamic law: Islamic law in theory and practice*. IUR Press.

Allebé, Gerard A.Nn., (1845), *De ontwikkeling van het kind naar ligchaam en geest. Handleiding voor moeders.* Korte beschrijving uit: Prof. dr. M.J. van Lieburg, *Een eeuw consultatiebureau in Nederland 1901-2001*, Rotterdam: Erasmus Publishing, 2001, p 18.

Allison, P. D. (2002). *Missing data.* Thousand Oaks, CA: Sage.

Alshoraim, M. A., El-Housseiny, A. A., Farsi, N. M., Felemban, O. M., Alamoudi, N. M., & Alandejani, A. A. (2018). Effects of child characteristics and dental history on dental fear: cross-sectional study. *BMC oral health*, *18*(1), 33. doi:10.1186/s12903-018-0496-4

American Psychiatric Association. (2010). APA (2013). *Diagnostic and statistical manual of mental disorders*, *5*.

Angelino, H. & Shedd, C. (1953). Shifts in the content of fears and worries relative to chronological age. *Proceedings of the Oklahoma Academy of Science, 34,* 180-186. doi:10.1080/00223980.1955.9916169

Ankara'da feci kaza, yön direğine çarpan araçta 2 kişi öldü. (2018, October 23). Retrieved from https://www.cnnturk.com/turkiye/ankarada-feci-kaza-yon-diregine-carpan-aracta-2-kisi-oldu

Antalya'da orman yangını. (2018, September 17). Sabah. Retrieved from https://www.sabah.com.tr/galeri/yasam/antalyada-orman-yangini

Arıkan, F., Uğur, N. & Alp, A. (2013, February 1). Hürriyet. Retrieved from http://www.hurriyet.com.tr/gundem/abdnin-ankara-buyukelciliginde-canli-bomba-saldirisi-22497569

Ataca, B. (2009). Turkish family structure and functioning. *Perspectives on human development, family, and culture*, 108-125. doi:10.1017/cbo9780511720437.010

Ataca, B., Kagitcibasi, C., & Diri, A. (2005). The Turkish family and the value of children: Trends over time. *The value of children in cross-cultural perspective. Case studies from eight societies*, 91-119. doi:10.1177/1069397115598139

Atılgan, H., Saçkes, M., Yurdagül, H., & Çırak, Y. (2007). Korku Yaşantıları Ölçeğinin Türkçe'ye Uyarlanması: Geçerlik ve Güvenirlik Çalışması. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, *3*(28), 79-94.

Baltes, P. B., Cornelius, S. W., & Nesselroade, J. R. (1979). Cohort effects in developmental psychology. In J. R. Nesselroade & P. B. Baltes (eds.),

Longitudinal research in the study of behavior and development (pp. 61–87). New York: Academic Press.

Bandura, A. (1977). *Social learning theory.* Englewood Cliffs, NJ: Prentice-Hall.

Barrios, B. A., & Hartmann, D. P. (1988). Fears and anxieties. In E. J. Mash & L. G. Terdal (Eds.), *Guilford behavioral assessment series. Behavioral assessment of childhood disorders* (pp. 196-262). New York, NY, US: Guilford Press.

Bauer, P. T. (1976). *Dissent on development*. Harvard University Press.

Barlow, D.H. (1988). *Anxiety and its disorders: The nature and treatment of anxiety and panic.* New York: Guildford Press.

Bener, A., Ghuloum, S., & Dafeeah, E. E. (2011). Prevalence of common phobias and their socio-demographic correlates in children and adolescents in a traditional developing society. *African Journal of Psychiatry*, *14*(2). doi:10.4314/ajpsy.v14i2.6

Bergin, C. C., & Bergin, D. A. (2014). *Child and adolescent development in your classroom*. Nelson Education.

Berk, L. E. (2013). *Child development*. Boston: Pearson.

Bokhorst, C. L., Westenberg, P. M., Oosterlaan, J., & Heyne, D. A. (2008). Changes in social fears across childhood and adolescence: Age-related differences in the factor structure of the Fear Survey Schedule for Children-Revised. *Journal of Anxiety Disorders*, *22*(1), 135-142. doi:10.1016/j.janxdis.2007.01.014

Boon, J. C. W., & Sheridan, L. (2001). Stalker typologies: a law enforcement perspective. Journal of Threat Assessment, 1, 75–97.

Boseovski, J. J., & Thurman, S. L. (2014). Evaluating and approaching a strange animal: Children's trust in informant testimony. *Child Development*, *85*(2), 824-834. doi:10.1111/cdev.12156

Botha, A., Van Ede, D. M., Louw, A. E., Louw, D. A., & Ferns, I. (1998). Early childhood. In D. A. Louw, D. M. van Ede, & A. E. Louw (Eds.), Human development (2nd ed., pp. 233-318). Cape Town, South Africa: Kagiso Tertiary.

Boyd, D. & Bee, H. (2014). *Lifespan development* (7th ed.). London: Pearson

Broeren, S., Lester, K. J., Muris, P., & Field, A. P. (2011). They are afraid of the animal, so therefore I am too: Influence of peer modeling on fear beliefs and approach–avoidance behaviors towards animals in typically developing children. *Behaviour Research and Therapy*, *49*(1), 50-57. doi:10.1016/j.brat.2010.11.001

Bronfenbrenner, U. (1968). The changing Soviet family. *The Role and Status of Women in the Soviet Union*, 98-124. doi:10.1515/9783110818567.433

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (1989). Ecological systems theory. *Annals of Child Development. 6*, 187- 249. doi:10.1037/10518-046

Bronfenbrenner, U. (1992). Child care in the Anglo-Saxon mode. *Child care in context: Cross-cultural perspectives*, 281-291.

Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. London: SAGE.

Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nuture reconceptualized in developmental perspective: A bioecological model. *Psychological review*, *101*(4), 568. doi:10.1037/0033-295x.101.4.568

Bronfenbrenner, U., & Morris, P. A. (1998). The ecology of developmental processes. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology: Theoretical models of human development* (pp. 993-1028). Hoboken, NJ, US: John Wiley & Sons Inc.

Brooker, R. J., Buss, K. A., Lemery-Chalfant, K., Aksan, N., Davidson, R. J., & Goldsmith, H. H. (2013). The development of stranger fear in infancy and toddlerhood: normative development, individual differences, antecedents, and outcomes. *Developmental Science*, *16*(6), 864-878. doi:10.1111/desc.12058

Bryant, J., & Vorderer, P. (2006). *Psychology of entertainment*. Mahwah, NJ: Lawrence Erlbaum.

Burkhardt, K., Loxton, H., Kagee, A., & Ollendick, T. H. (2012). Construction and validation of the South African version of the Fear Survey Schedule for Children: an exploratory factor analysis. *Behavior therapy*, *43*(3), 570-582. doi:10.1016/j.beth.2012.02.001

Burnett, J.M. (2008). Aspects of middle childhood fears: Reports by children and their parents from a South African farming community. *Unpublished Master Thesis, Stellenbosch University, Stellenbosch.*

Burnham, J. J. (2005). Fears of children in the United States: An examination of the American Fear Survey Schedule with 20 new contemporary fear items. *Measurement and Evaluation in Counseling and Development*, *38*(2), 78-91. doi:10.1080/07481756.2005.11909770

Burnham, J. J. (2006). Comparing Children's Fears in Alabama: An Investigation Using Post-9/11 and Post-Invasion of Iraq Data. *Alabama Counseling Association Journal*, *32*(1), 32-46.

Burnham, J. J. (2007). Children's Fears: A Pre-9/11 and Post-9/11 Comparison Using the American Fear Survey Schedule for Children. *Journal of Counseling & Development*, *85*(4), 461-466. doi:10.1002/j.1556-6678.2007.tb00614.x

Burnham, J. J. (2009). Contemporary fears of children and adolescents: Coping and resiliency in the 21st century. *Journal of Counseling & Development*, *87*(1), 28-35. doi: 10.1002/j.1556-6678.2009.tb00546.x

Burnham, J. J., & Gullone, E. (1997). The Fear Survey Schedule for Children—II: a psychometric investigation with American data. *Behaviour research and therapy*, *35*(2), 165-173. https://doi.org/10.1016/s0005-7967(96)00089-7

Burnham, J. J., Hooper, L. M., & Ogorchock, H. N. (2011). Differences in the fears of elementary school children in North and South America: A cross-cultural

comparison. *International Journal for the Advancement of Counselling*, *33*(4), 235-251. https://doi.org/10.1007/s10447-011-9131-7

Burnham, J. J., Kim, S., Yildiz, B. S., Riechel, M. K., Erdur-Baker, Ö., Kirby, C. N., & Morgado, J. K. (2016). A Cross-Cultural Comparison of Fears in Turkish, South Korean, and American Students. *Journal of Asia Pacific Counseling*, *6*(1). https://doi.org/10.18401/2016.6.1.2

Burnham, J., & Lomax, R. (2008). Examining ethnicity and fears of children and adolescents in the United States: Differences between Caucasian, African American, and Hispanic populations. *Journal of Counseling and development*. https://doi.org/10.1002/j.1556-6678.2009.tb00122.x

Burnham, J. J., Lomax, R. G., & Hooper, L. M. (2013). Gender, age, and racial differences in self-reported fears among school-aged youth. *Journal of Child and Family Studies*, *22*(2), 268-278. https://doi.org/10.1007/s10826-012-9576-2

Byrne, B. M. (2016). *Structural equation modeling with AMOS: Basic concepts, applications, and programming*. Routledge.

Cardwell, M., & Flanagan, C. (2003). *Psychology AS: The Exam Companion AQAA'Specification*. Nelson Thornes.

Caspi, A. & Bem, D. J. (1990). Personality continuity and change across the life course. In L. Pervin (ed.), *Handbook of personality theory and research* (pp. 549–75). New York: Guilford.

Christensen, J. (2016). A Critical Reflection of Bronfenbrenner´ s Development Ecology Model. *Problems in education in the 21th century, 69*, 22-28.

Clark, D. A., & Beck, A. T. (2010). Cognitive theory and therapy of anxiety and depression: Convergence with neurobiological findings. *Trends in cognitive sciences*, *14*(9), 418-424. https://doi.org/10.1016/j.tics.2010.06.007

Coelho, C. M., & Purkis, H. (2009). The origins of specific phobias: Influential theories and current perspectives. *Review of General Psychology*, *13*(4), 335. https://doi.org/10.1037/a0017759

Curio, B. E. (1988). Behavior as a tool for management: intervention for birds. In T. M. Caro (eds.), *Behavioral Ecology and conservation biology* (pp. 163-187). New York: Oxford University Press.

Dabrowski, K. (1967). *Personality shaping through positive disintegration*. New York: Little, Brown.

Dakika dakika darbe girişimi - 15-16 Temmuz 2016. (2016, June 16). Hürriyet. Retrieved from http://www.hurriyet.com.tr/gundem/dakika-dakika-darbe-girisimi-15-16-temmuz-2016-40149409

Dallaire, D. H., Cole, D. A., Smith, T. M., Ciesla, J. A., LaGrange, B., Jacquez, F. M., ... & Folmer, A. S. (2008). Predicting children's depressive symptoms from community and individual risk factors. *Journal of youth and adolescence*, *37*(7), 830-846. https://doi.org/10.1007/s10964-008-9270-2

Darke, D. (2014). *Eastern Turkey*. Guilford: The Globe Pequot Press.

Darwin, C. (1877). A biographical sketch of an infant. *Mind*, *2*(7), 285-294.

Darwin, C. (1872), *The expression of the emotions in man and animals*, London: John International Universities Press.

Demir, F. & Emir, C. (2011, September 5). Eşi halı sahada maç yapıyordu, taradılar, ikisi de şehit oldu. Hürriyet. Retrieved from http://www.hurriyet.com.tr/gundem/esi-hali-sahada-mac-yapiyordu-taradilar-ikisi-de-sehit-oldu-18649632

Derevensky, J., & Coleman, E. B. (1989). Gifted children's fears. *Gifted Child Quarterly*, *33*(2), 65-68. https://doi.org/10.1177/001698628903300203

Di Nardo, P. A., & Barlow, D. H. (1988). *Anxiety disorders interview schedule--revised (ADIS-R)*. Phobia and Anxiety Disorders Clinic, Center for Stress and Anxiety Disorders, State University of New York at Albany.

Di Riso, D., Chessa, D., Delvecchio, E., Bobbio, A., Salcuni, S., Lis, A., & Ollendick, T. H. (2013). Structure of the Italian Fear Survey Schedule for

Children (FSSC-IT). *The Journal of psychology*, *147*(6), 577-597. https://doi.org/10.1080/00223980.2012.727890

Di Riso, D., Salcuni, S., Chessa, D., Raudino, A., Lis, A., & Altoè, G. (2010). The Strengths and Difficulties Questionnaire (SDQ). Early evidence of its reliability and validity in a community sample of Italian children. *Personality and Individual Differences*, *49*(6), 570-575. https://doi.org/10.1016/j.paid.2010.05.005

Dias, F. V., Maroco, J., Leal, I. P., & Arrindell, W. A. (2016). The hierarchic structure of fears: A cross-cultural replication with the fear survey schedule in a portuguese sample. *Clinical and Experimental Psychology*, *2*(3), 1-6. https://doi.org/10.4172/2471-2701.1000133

Dong, Q., Yang, B., & Ollendick, T. H. (1994). Fears in Chinese children and adolescents and their relations to anxiety and depression. *Journal of Child Psychology and Psychiatry*, *35*(2), 351-363. https://doi.org/10.1111/j.1469-7610.1994.tb01167.x

Du, Y. B., Lee, C. T., Christina, D., Belfer, M. L., Betancourt, T. S., O'Rourke, E. J., & Palfrey, J. S. (2012). The living environment and children's fears following the Indonesian tsunami. *Disasters*, *36*(3), 495-513. https://doi.org/10.1111/j.1467-7717.2011.01271.x

Dubi, K., Rapee, R. M., Emerton, J. L., & Schneirling, C. A. (2008). Maternal modeling and the acquisition of fear and avoidance in toddlers: Influence of stimulus preparedness and child temperament. *Journal of Abnormal Child Psychology, 36*, 499–512. https://doi.org/10.1007/s10802-007-9195-3

Dunne, G., & Askew, C. (2013). Vicarious learning and unlearning of fear in childhood via mother and stranger models. *Emotion*, *13*(5), 974. https://doi.org/10.1037/a0032994

Durkin, K. (2005). Children's understanding of gender roles in society. In Barrett, M. & Buchanan-Barrow, E. (Eds.) *Children's understanding of society*, (pp.135-167). New York: Psychology Press.

Dwairy, M. (2002). Foundations of psychosocial dynamic personality theory of collective people. *Clinical Psychology Review*, *22*(3), 343-360. https://doi.org/10.1016/s0272-7358(01)00100-3

Elder Jr, G. H. (1998). The life course as developmental theory. *Child development*, *69*(1), 1-12. https://doi.org/10.1111/j.1467-8624.1998.tb06128.x

Elder, G. H., Johnson, M. K., & Crosnoe, R. (2003). The emergence and development of life course theory. In *Handbook of the life course* (pp. 3-19). Springer, Boston, MA.

Empson JM & Nabuzoka D 2004. *Atypical child development in context*. New York: Palgrave McMillan.

Epstein, J. L., & Sanders, M. G. (2002). Family, school, and community partnerships. *Handbook of parenting: Vol. 5. Practical issues in parenting*, 407-437.

Ergener, R. (2002). *About Turkey: Geography, economy, religion and culture*. New York: Pilgrim's Process.

Erikson, E. (1963). *Children and society.* New York: Narton.

Erikson, E. H. (1950). Growth and crises of the "healthy personality." In M. J. E. Senn (Ed.), *Symposium on the healthy personality* (pp. 91-146). Oxford, England: Josiah Macy, Jr. Foundation.

Erikson, E.H. (1959). *Identity and the life cycle: selected papers.* Oxford, England.

Erol, N., & Sahin, N. (1995). Fears of children and the cultural context: the Turkish norms. *European child & adolescent psychiatry*, *4*(2), 85-93. https://doi.org/10.1007/bf01977736

Erol, N., Şahin, N., & Özcebe, H. (1990). Çocukluk korkuları-Korku tarama ölçeğinin psikometrik özellikleri ve gecekondu kesimine ilişkin norm çalışması. *Türk Psikiyatri Dergisi*, *1*(1), 31-38.

Evans, S., & Keenan, T. (2009). An introduction to child development. London: Sage Publications.

Fagundes, C. P., & Way, B. (2014). Early-life stress and adult inflammation. *Current Directions in Psychological Science*, *23*(4), 277-283. https://doi.org/10.1177/0963721414535603

Feist, J. & Feist, G.J. (2006). *Theories of Personality*. (6th ed.). NewYork: McGraw-Hill Companies.

Feldman, R. (2009). The development of regulatory functions from birth to 5 years: Insights from premature infants. *Child Development*, *80*(2), 544-561. https://doi.org/10.1111/j.1467-8624.2009.01278.x

Ferreira, F. H., & Gignoux, J. (2010). Inequality of opportunity for education: Turkey. *Equity and growth in a globalizing world*, 131. https://doi.org/10.1596/27852

Field, A. P., Lawson, J., & Banerjee, R. (2008). The verbal threat information pathway to fear in children: The longitudinal effects on fear cognitions and the immediate effects on avoidance behavior. *Journal of Abnormal Psychology*, *117*(1), 214. https://doi.org/10.1037/0021-843x.117.1.214

Fleming, J. S. (2004). Erikson's Psychosocial Developmental Stages. *In Childhood Development, 1*(1), 9-24.

Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2012). *How to design and evaluate research in education*. New York: McGraw-Hill Humanities/Social Sciences/Languages.

Freud, S. (1906). Bruchstück einer Hysterie-Analyse.(Part 1 of 2). *European Neurology, 18*(4), 285-297. https://doi.org/10.1159/000213436

Freud, S. (1909). Analyse de la phobie d'un garçon de cinq ans. *Œuvres complètes*, *9*, 42.

Freud, S. (1920). *A general introduction to psychoanalysis*. Boni and Liveright.

Gieryn, T. F. (2000). A space for place in sociology. *Annual review of sociology*, *26*(1), 463-496. https://doi.org/10.1146/annurev.soc.26.1.463

Ginsberg, G. S., & Silverman, W. (1996). Phobic and anxiety disorders in Hispanic and White youth. *Journal of Anxiety Disorders*, *10*(517528), 50887-6185. https://doi.org/10.1016/s0887-6185(96)00027-8

Gray, E. M., & Tall, D. O. (1994). Duality, ambiguity, and flexibility: A" proceptual" view of simple arithmetic. *Journal for research in Mathematics Education*, 116-140. https://doi.org/10.2307/749505

Graziano, A. M. (1971). *Behavior therapy with children.* Chicago: Aldine.

Green, S. B., Salkind, N. J., & Akey, T. M. (2000). *Using SPSS for windows. Analyzing and understanding data.* New Jersey: Practice Hall.

Gudonis, V., Kaffemanienė, I., Radzevičienė, L., Elijošius, E., & Klopota, Y. (2017). Fears of Visually Impaired Pre-School Children and Their Parents. *Pedagogika*, *128*(4). https://doi.org/10.15823/p.2017.61

Gullone, E. (1999). The assessment of normal fear in children and adolescents. *Clinical Child and Family Psychology Review*, *2*(2), 91-106. https://doi.org/10.1023/a:1021895630678

Gullone, E. (2000). The development of normal fear: A century of research. *Clinical psychology review*, *20*(4), 429-451. https://doi.org/10.1016/s0272-7358(99)00034-3

Gullone, E., & King, N. J. (1992). Psychometric evaluation of a revised fear survey schedule for children and adolescents. *Journal of child psychology and psychiatry*, *33*(6), 987-998. https://doi.org/10.1111/j.1469-7610.1992.tb00920.x

Gullone, E., King, N. J., & Cummins, R. A. (1996). Fears of youth with mental retardation: Psychometric evaluation of the Fear Survey Schedule for Children-II (FSSC-II). *Research in Developmental Disabilities*, *17*(4), 269-284. https://doi.org/10.1016/0891-4222(96)00008-x

Gullone, E., King, N. J., & Ollendick, T. H. (2000). The development and psychometric evaluation of the Fear Experiences Questionnaire: An attempt to disentangle the fear and anxiety constructs. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, *7*(1), 61-75. https://doi.org/10.1002/1099-0879(200002)7

Gullone, E., King, N. J., Tonge, B., Heyne, D., & Ollendick, T. H. (2000). The Fear Survey Schedule for Children—II (FSSC-II): Validity data as a treatment outcome measure. *Australian Psychologist*, *35*(3), 238-243. https://doi.org/10.1080/00050060008257485

Hall, G. S. (1897). A study of fears. *The American Journal of Psychology*, *8*(2), 147-249. https://doi.org/10.2307/1410940

Harley, C., & Mortimer, J. T. (2000, March). Social status and mental health in young adulthood: The mediating role of the transition to adulthood. In *Biennial Meeting of the Society for Research on Adolescence, Chicago, March*.

Harrison, G. E., & Van Haneghan, J. P. (2011). The gifted and the shadow of the night: Dabrowski's overexcitabilities and their correlation to insomnia, death anxiety, and fear of the unknown. *Journal for the Education of the Gifted*, *34*(4), 669-697. https://doi.org/10.1177/016235321103400407

Hay, C., Fortson, E. N., Hollist, D. R., Altheimer, I., & Schaible, L. M. (2007). Compounded risk: The implications for delinquency of coming from a poor family that lives in a poor community. *Journal of Youth and Adolescence*, *36*(5), 593-605. https://doi.org/10.1007/s10964-007-9175-5

Hoff, E., Laursen, B., & Tardif, T. (2002). Socioeconomic status and parenting. *Handbook of parenting Volume 2: Biology and ecology of parenting*, *8*(2), 231-252.

Hook, D. (2009). Bronfenbrenner's ecological theory of development. In *J. Watts, K. Cockcroft, & N. Duncan, Developmental Psychology*, 501-513.

Hopkins, J. R. (2011). The enduring influence of Jean Piaget. *APS Observer*, *24*(10).

Huitt, W. (2003). A systems model of human behavior. Educational Psychology Interactive. Valdosta, GA: Valdosta State University. Retrieved from: http://chiron.valdosta.edu/whuitt/materials/sysm dlo.html.

Izard, C. E. (2007). Emotion feelings stem from evolution and neurobiological development, not from conceptual acts: Corrections for Barrett et

al.(2007). *Perspectives on Psychological Science*, *2*(4), 404-405. https://doi.org/10.1111/j.1745-6916.2007.00053.x

Izard, Carroll E. (1977), Human Emotions, New York: Plenum Press.

Jersild, A. T., & Holmes, F. B. (1933). A study of children's fears. *The Journal of Experimental Education*, *2*(2), 109-118. https://doi.org/10.1080/00220973.1933.11009931

John, E. R., Chesler, P., Bartlett, F., & Victor, I. (1968). Observation learning in cats. *Science, 159*(3822), 1489-1491. https://doi.org/10.1126/science.159.3822.1489

Johnson, T., & Fendrich, M. (2005). Modeling sources of self-report bias in a survey of drug use epidemiology. *Annals of epidemiology*, *15*(5), 381-389. https://doi.org/10.1016/j.annepidem.2004.09.004

Jöreskog, K. G., & Sörbom, D. (2015). LISREL 9.20 for Windows [Computer software]. *Skokie, IL: Scientific Software International*.

Kacerguis, M. A., & Adams, G. R. (1979). Implications of sex typed child rearing practices, toys, and mass media materials in restricting occupational choices of women. *Family Coordinator*, 369-375. https://doi.org/10.2307/581951

Kagitcibasi, C. (1989). Child rearing in Turkey: Implications for immigration and intervention. *Different Cultures Same School. Amsterdam/Lisse*, 137-152. https://doi.org/10.1177/097133368900100105

Kâğıtçıbaşı, Ç. (1996). *Family and human development across cultures: A view from the other side*. Psychology Press.

Kağıtçıbaşı, Ç., & Sunar, D. (1992). Family and socialization in Turkey. *Parent-child socialization in diverse culture*, 75-88.

Kalar, M. U., Mustahsan, S. M., Ali, M., Fatima, K., Farooque, K., Batool, M., ... & Feroz, F. (2013). Understanding fear in school children. *International Journal of Collaborative Research on Internal Medicine & Public Health*, *5*(5), 268.

Kalatzkaya, N. N. (2010). Childhood fears and ways of their correction for school children. *Vestnik of Scientific center of children's life-safety*, *4*, 44-48.

Kalatzkaya, N. N. (2015). The Content of Childhood Fears of Primary School Children Living in Urban and Rural Areas. *Procedia-Social and Behavioral Sciences*, *191*, 2291-2295. https://doi.org/10.1016/j.sbspro.2015.04.158

Kandemir-Ozdinc, N., & Erdur-Baker, O. (2013). Children and television news. *Procedia-social and behavioral sciences*, *84*, 351-355. https://doi.org/10.1016/j.sbspro.2013.06.565

Karadeniz'de sel ve heyelan. (2018, October 6). Milliyet. Retrieved from http://www.milliyet.com.tr/karadeniz-de-sel-ve-heyelan-gundem-2755292/

Karairmak, Ö., & Aydin, G. (2008). Brief Report: Reducing Earthquake-Related Fears in Victim and Nonvictim Children. *The Journal of genetic psychology*, *169*(2), 177-186. https://doi.org/10.3200/gntp.169.2.177-186

Karkouti, I. M. (2014). Examining psychosocial identity development theories: A guideline for professional practice. *Education*, *135*(2), 257-263.

Karlsson, K., Rydström, I., Nyström, M., Enskär, K., & Englund, A. C. D. (2016). Consequences of needle-related medical procedures: A hermeneutic study with young children (3–7 years). *Journal of pediatric nursing*, *31*(2), e109-e118. https://doi.org/10.1016/j.pedn.2015.09.008

Kavaliers, M., Choleris, E., & Colwell, D. D. (2001). Brief exposure to female odors "emboldens" male mice by reducing predator-induced behavioral and hormonal responses. *Hormones and behavior*, *40*(4), 497-509. https://doi.org/10.1006/hbeh.2001.1714

Kayyal, M. H., & Widen, S. C. (2015). What Made Sahar Scared?: Imaginary and Realistic Causes in Palestinian and American Children's Concept for Fear. *Journal of Cognition and Culture*, *15*(1-2), 32-44. https://doi.org/10.1163/15685373-12342139

Kesler, M. (2009, November 20). Dakika dakika cinayet. Milliyet. Retrieved from http://www.milliyet.com.tr/dakika-dakika-cinayet-gundem-1164145/

Kızılay'da bombalı saldırı: 37 ölü, 125 yaralı. (2016, March 14). Hürriyet. Retrieved from http://www.hurriyet.com.tr/gundem/kizilayda-bombali-saldiri-37-olu-125-yarali-40068104

Kiel, E. J., & Buss, K. A. (2014). Dysregulated fear in toddlerhood predicts kindergarten social withdrawal through protective parenting. *Infant and child development*, *23*(3), 304-313. https://doi.org/10.1002/icd.1855

King, N. J., Gullone, E., & Ollendick, T. H. (1992). Manifest anxiety and fearfulness in children and adolescents. *The Journal of Genetic Psychology*, *153*(1), 63-73. https://doi.org/10.1080/00221325.1992.10753702

Kline, R. B. (2015). *Principles and practice of structural equation modeling*. Guilford publications.

Konrad- Adenauer- Stiftung. (2017). *Youth Reseacrh Report*. Retrieved from https://www.kas.de/c/document_library/get_file?uuid=e6ea7dbf-77a4-1a06-35c1-ba8694cfdefb&groupId=252038

Kosloski, K. (1986). Isolating age, period, and cohort effects in developmental research: A critical review. *Research on Aging*, *8*(4), 460-479. https://doi.org/10.1177/0164027586008004002

Kuppuswamy B. (1981). *Manual of Socioeconomic Status (urban families).* Delhi: Manasayan.

Laing, S. V., Fernyhough, C., Turner, M., & Freeston, M. H. (2009). Fear, worry, and ritualistic behaviour in childhood: Developmental trends and interrelations. *Infant and Child Development: An International Journal of Research and Practice*, *18*(4), 351-366. https://doi.org/10.1002/icd.627

Lamont, M. (2012). Toward a comparative sociology of valuation and evaluation. *Annual review of sociology*, *38*, 201-221. https://doi.org/10.1146/annurev-soc-070308-120022

Lara, A., Crego, A., & Romero- Maroto, M. (2012). Emotional contagion of dental fear to children: the fathers' mediating role in parental transfer of

fear. *International journal of paediatric dentistry*, *22*(5), 324-330. https://doi.org/10.1111/j.1365-263X.2011.01200.x

Last, C. G., & Perrin, S. (1993). Anxiety disorders in African-American and White children. *Journal of Abnormal Child Psychology*, *21*(2), 153-164. https://doi.org/10.1007/bf00911313

Lawson, G. M., & Farah, M. J. (2017). Executive function as a mediator between SES and academic achievement throughout childhood. *International journal of behavioral development*, *41*(1), 94-104. https://doi.org/10.1177/0165025415603489

Lawson, J., Banerjee, R., & Field, A. P. (2007). The effects of verbal information on children's fear beliefs about social situations. *Behaviour Research and Therapy*, *45*(1), 21-37. https://doi.org/10.1016/j.brat.2006.01.007

Lazarus, A.A. (1971). *Behavior therapy and beyond.* New York: McGraw-Hill.

Lee-O'Loughlin, C. (2014). Factor structure of the fear survey schedule for children-revised (FSSC-R): identification of and comparison of fear dimensions between Singaporean, Australian, and American Children. *Scholar: Human Sciences*, *6*(2).

Lester, K. J., Lisk, S. C., Mikita, N., Mitchell, S., Huijding, J., Rinck, M., & Field, A. P. (2015). The effects of verbal information and approach-avoidance training on children's fear-related responses. *Journal of behavior therapy and experimental psychiatry*, *48*, 40-49. https://doi.org/10.1016/j.jbtep.2015.01.008

Li, H., & Morris, R. J. (2007). Assessing fears and related anxieties in children and adolescents with learning disabilities or mild mental retardation. *Research in developmental disabilities*, *28*(5), 445-457. https://doi.org/10.1016/j.ridd.2006.06.001

Li, H., & Prevatt, F. (2008). Fears and related anxieties in Chinese high school students. *School Psychology International*, *29*(1), 89-104. https://doi.org/10.1177/0143034307088505

Liberman, L. C., & Öst, L. G. (2016). The relation between fears and anxiety in children with specific phobia and parental fears and anxiety. *Journal of Child and Family Studies*, *25*(2), 598-606. https://doi.org/10.1007/s10826-015-0222-7

Lin, Y. L., Yen, Y. Y., Chen, H. S., Liu, Y. C., Chang, C. S., Chen, C. M., ... & Huang, H. L. (2014). Child dental fear in low-income and non-low-income families: A school-based survey study. *Journal of Dental Sciences*, *9*(2), 165-171. https://doi.org/10.1016/j.jds.2013.02.022

Little, R. J., & Rubin, D. B. (1989). The analysis of social science data with missing values. *Sociological Methods & Research*, *18*(2-3), 292-326. https://doi.org/10.1016/j.jds.2013.02.022

LoBue, V. (2013). What are we so afraid of? How early attention shapes our most common fears. *Child Development Perspectives*, *7*(1), 38-42. https://doi.org/10.1111/cdep.12012

Lourenco, O., Machado, A. (1996). In Defense of Piaget's Theory: A Reply to 10 Common Criticisms. *Psychological Review*, *103* (1), 143-164. https://doi.org/10.1037/0033-295x.103.1.143

Louw, A., Louw, D.A., & Van Ede, D. (2001). *Human development* (2nd ed). Cape Town: Kagiso Tertiary.

MacBlain, S. (2018). *Learning Theories for Early Years Practice*. SAGE.

Mahat-Shamir, M., Ring, L., Hamama-Raz, Y., Ben-Ezra, M., Pitcho-Prelorentzos, S., David, U. Y., ... & Lavenda, O. (2017). Do previous experience and geographic proximity matter? Possible predictors for diagnosing adjustment disorder vs. PTSD. *Psychiatry research*, *258*, 438-443. https://doi.org/10.1016/j.psychres.2017.08.085

Maisto, C.G. (2005). *Psychology: an introduction*. Upper Saddle River, New Jersey: Pearson Prentice Hall.

Marasuna, O. A., & Eroglu, K. (2013). The fears of high school children from medical procedures and affecting factors. *Guencel Pediatri*, *11*(1). https://doi.org/10.4274/jcp.11.03

Marks, I. M. (1987). *Fears, phobias, and rituals: Panic, anxiety, and their disorders*. Oxford University Press on Demand.

Martin, C. L., & Fabes, R. (2008). *Discovering child development*. Cengage Learning.

Maurer, A. (1965). What children fear. *The Journal of Genetic Psychology*, *106*(2), 265-277. https://doi.org/10.1080/00221325.1965.10533109

Mayes, S. D., Calhoun, S. L., Aggarwal, R., Baker, C., Mathapati, S., Molitoris, S., & Mayes, R. D. (2013). Unusual fears in children with autism. *Research in Autism Spectrum Disorders*, *7*(1), 151-158. https://doi.org/10.1016/j.rasd.2012.08.002

McLeod, S. (2013). Erik Erikson. *Retrieved August*, *9*, 2013.

McSweeney, F. K., & Murphy, E. S. (Eds.). (2014). *The Wiley Blackwell handbook of operant and classical conditioning*. John Wiley & Sons.

Mellon, R., Koliadis, E. A., & Paraskevopoulos, T. D. (2004). Normative development of fears in Greece: Self-reports on the Hellenic Fear Survey Schedule for Children. *Journal of anxiety disorders*, *18*(3), 233-254. https://doi.org/10.1016/s0887-6185(03)00011-2

Meltzer, H., Vostanis, P., Dogra, N., Doos, L., Ford, T., & Goodman, R. (2009). Children's specific fears. *Child: care, health and development*, *35*(6), 781-789. https://doi.org/10.1111/j.1365-2214.2008.00908.x

Menzies, R. G., & Clarke, J. C. (1994). Retrospective studies of the origins of phobias: A review. *Anxiety, Stress, and Coping*, *7*(4), 305-318. https://doi.org/10.1080/10615809408249354

Menzies, R. G., & Clarke, J. C. (1995). The etiology of phobias: A nonassociative account. *Clinical Psychology Review*, *15*(1), 23-48. https://doi.org/10.1080/10615809508249370

Miller, K. J., Gleaves, D. H., Hirsch, T. G., Green, B. A., Snow, A. C., & Corbett, C. C. (2000). Comparisons of body image dimensions by race/ethnicity and gender in a university population. *International Journal of Eating Disorders*, *27*(3), 310-316. https://doi.org/10.1002/(sici)1098-108x(200004)27:3<310::aid-eat8>3.0.co;2-q

Miller, S. A. (1998). *Developmental research methods* (2nd edn.). Upper Saddle River, NJ: Prentice-Hall.

Mineka, S., Davidson, M., Cook, M., & Keir, R. (1984). Observational conditioning of snake fear in rhesus monkeys. *Journal of abnormal psychology*, *93*(4), 355. https://doi.org/10.1037//0021-843x.93.4.355

Mitchell, S. A., & Black, M. J. (2016). *Freud and beyond: A history of modern psychoanalytic thought*. Hachette UK.

Moi, T. (2018). From femininity to finitude: Freud, Lacan, and feminism, again. In *Dialogues on sexuality, gender and psychoanalysis* (pp. 93-135). Routledge.

Montroy, J. J., Bowles, R. P., Skibbe, L. E., McClelland, M. M., & Morrison, F. J. (2016). The development of self-regulation across early childhood. *Developmental psychology, 52*(11), 1744. https://doi.org/10.1037/dev0000159

Mowrer, O. H. (1951). Two-factor learning theory: summary and comment. *Psychological review*, *58*(5), 350. https://doi.org/10.1037/h0058956

Murdock, K. W., & Fagundes, C. P. (2016). Attachment orientations, respiratory sinus arrhythmia, and stress are important for understanding the link between childhood socioeconomic status and adult self-reported health. *Annals of Behavioral Medicine*, *51*(2), 189-198. https://doi.org/10.1007/s12160-016-9842-4

Muris, P., & Ollendick, T. H. (2002). The assessment of contemporary fears in adolescents using a modified version of the Fear Survey Schedule for Children–Revised. *Journal of Anxiety Disorders*, *16*(6), 567-584. https://doi.org/10.1016/s0887-6185(02)00106-8

Muris, P., du Plessis, M., & Loxton, H. (2008). Origins of common fears in South African children. *Journal of Anxiety Disorders*, *22*(8), 1510-1515. https://doi.org/10.1016/j.janxdis.2008.03.004

Muris, P., Huijding, J., Mayer, B., van As, W., & van Alem, S. (2011). Reduction of verbally learned fear in children: a comparison between positive information, imagery, and a control condition. *Journal of Behavior Therapy and*

Experimental Psychiatry, *42*(2), 139-144. https://doi.org/10.1016/j.jbtep.2010.11.006

Muris, P., Mayer, B., Eijk, S., & Dongen, M. (2008). 'I'm not really afraid of Osama Bin Laden!' Fear of terrorism in Dutch children. *Journal of Child and Family Studies,* 17, 706–713. https://doi.org/10.1007/s10826-007-9185-7

Muris, P., Meesters, C., & Knoops, M. (2005). The relation between gender role orientation and fear and anxiety in nonclinic-referred children. *Journal of Clinical Child and Adolescent Psychology*, *34*(2), 326-332. https://doi.org/10.1207/s15374424jccp3402_12

Muris, P., Merckelbach, H., & Collaris, R. (1997). Common childhood fears and their origins. *Behaviour research and therapy*, *35*(10), 929-937. https://doi.org/10.1016/s0005-7967(97)00050-8

Muris, P., Merckelbach, H., & Luijten, M. (2002). The connection between cognitive development and specific fears and worries in normal children and children with below-average intellectual abilities: A preliminary study. *Behaviour Research and Therapy*, *40*(1), 37-56. https://doi.org/10.1016/s0005-7967(00)00115-7

Muris, P., & Ollendick, T. H. (2002). The assessment of contemporary fears in adolescents using a modified version of the Fear Survey Schedule for Children–Revised. *Journal of Anxiety Disorders*, *16*(6), 567-584. https://doi.org/10.1016/S0887-6185(02)00106-8

Muris, P., Ollendick, T. H., Roelofs, J., & Austin, K. (2014). The Short Form of the Fear Survey Schedule for Children-Revised (FSSC-R-SF): An efficient, reliable, and valid scale for measuring fear in children and adolescents. *Journal of anxiety disorders*, *28*(8), 957-965. https://doi.org/10.1016/j.janxdis.2014.09.020

Muris, P., Rassin, E., Mayer, B., Smeets, G., Huijding, J., Remmerswaal, D., & Field, A. (2009). Effects of verbal information on fear-related reasoning biases in children. *Behaviour Research and Therapy*, *47*(3), 206-214. https://doi.org/10.1016/j.brat.2008.12.002

Muris, P., van Zwol, L., Huijding, J., & Mayer, B. (2010). Mom told me scary things about this animal: Parents installing fear beliefs in their children via the verbal information pathway. *Behaviour research and therapy*, *48*(4), 341-346. https://doi.org/10.1016/j.brat.2009.12.001

Nesdale, D. (2001). Development of prejudice in children. In Augoustinos,M. & Reynolds K.J. (Eds.) *Understanding prejudice, racism, and social conflict*, (pp.57-72.). London: SAGE.

Nicolas, E., Bessadet, M., Collado, V., Carrasco, P., Rogerleroi, V., & Hennequin, M. (2010). Factors affecting dental fear in French children aged 5–12 years. *International Journal of Paediatric Dentistry*, *20*(5), 366-373. https://doi.org/10.1111/j.1365-263x.2010.01054.x

Olak, J., Saag, M., Honkala, S., Nõmmela, R., Runnel, R., Honkala, E., & Karjalainen, S. (2013). Children's dental fear in relation to dental health and parental dental fear. *Stomatologija*, *15*(1), 26-31. https://doi.org/10.1159/000450762

Ollendick, T. H. (1983). Reliability and validity of the revised fear survey schedule for children (FSSC-R). *Behaviour research and therapy*, *21*(6), 685-692. https://doi.org/10.1016/0005-7967(83)90087-6

Ollendick, T. H., & Hirshfeld-Becker, D. R. (2002). The developmental psychopathology of social anxiety disorder. *Biological Psychiatry*, *51*(1), 44-58. https://doi.org/10.1016/s0006-3223(01)01305-1

Ollendick, T. H., & Horsch, L. M. (2007). Fears in clinic-referred children: Relations with child anxiety sensitivity, maternal overcontrol, and maternal phobic anxiety. *Behavior Therapy*, *38*(4), 402-411. https://doi.org/10.1016/j.beth.2006.12.001

Ollendick, T. H., & King, N. J. (1991). Origins of childhood fears: An evaluation of Rachman's theory of fear acquisition. *Behaviour Research and Therapy*, *29*(2), 117-123. https://doi.org/10.1016/0005-7967(91)90039-6

Ollendick, T. H., & Yule, W. (1990). Depression in British and American children and its relation to anxiety and fear. *Journal of Consulting and Clinical Psychology*, *58*(1), 126. https://doi.org/10.1037//0022-006x.58.1.126

Ollendick, T. H., King, N. J., & Muris, P. (2002). Fears and phobias in children: Phenomenology, epidemiology, and aetiology. *Child and Adolescent Mental Health*, *7*(3), 98-106. https://doi.org/10.1111/1475-3588.00019

Ollendick, T. H., Yule, W., & Oilier, K. (1991). Fears in British children and their relationship to manifest anxiety and depression. *Journal of Child Psychology and Psychiatry*, *32*(2), 321-331. https://doi.org/10.1111/j.1469-7610.1991.tb00310.x

Ooi, J., Dodd, H. F., Stuijfzand, B. G., Walsh, J., & Broeren, S. (2016). Do you think I should be scared? The effect of peer discussion on children's fears. *Behaviour research and therapy*, *87*, 23-33. https://doi.org/10.1016/j.brat.2016.08.009

Öhman, A. (2008). Fear and anxiety. *Emotions*, 709.

Öhman, A., & Mineka, S. (2001). Fears, phobias, and preparedness: Toward an evolved module of fear and fear learning. *Psychological Review,* 108, 483-522. https://doi.org/10.1037//0033-295X.108.3.483

Öhman, A., & Soares, J. J. (1994). "Unconscious anxiety": phobic responses to masked stimuli. *Journal of abnormal psychology*, *103*(2), 231. https://doi.org/10.1037//0021-843x.103.2.231

Pavlov, I. P. (1903). The experimental psychology and psychopathology of animals. In *14th International Medical Congress, Madrid, Spain*.

Peleg-Popko, O., & Dar, R. (2001). Marital quality, family patterns, and children's fears and social anxiety. *Contemporary Family Therapy*, *23*(4), 465-487. https://doi.org/10.1023/a:1013057129790

Petrovic, P. (Ed.). (2015). *Representing 9/11: Trauma, Ideology, and Nationalism in Literature, Film, and Television*. Rowman & Littlefield.

Pfefferbaum, B., Nixon, S. J., Tivis, R. D., Doughty, D. E., Pynoos, R. S., Gurwitch, R. H., & Foy, D. W. (2001). Television exposure in children after a terrorist incident. *Psychiatry: Interpersonal and Biological Processes*, *64*(3), 202-211. https://doi.org/10.1521/psyc.64.3.202.18462

Piaget, J. (1936). *The Origins of Intelligence in Children.* New York: International Universities Press.

Piaget, J. (1970). *Science of education and the psychology of the child.* Trans. D. Coltman. Oxford, England: Orion.

Plaford, G. R. (2013). *Fight or Flight: The Ultimate Book for Understanding and Managing Stress*. Xlibris Corporation.

Poulton, R., Menzies, R. G., Craske, M. G., Langley, J. D., & Silva, P. A. (1999). Water trauma and swimming experiences up to age 9 and fear of water at age 18: a longitudinal study. *Behaviour research and therapy*, *37*(1), 39-48. https://doi.org/10.1016/s0005-7967(98)00103-x

Prokop, P., Uşak, M., Erdoğan, M., Fancovicova, J., & Bahar, M. (2011). Slovakian and Turkish students' fear, disgust and perceived danger of invertebrates. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi*, *40*(40).

Puri, B. K., & Treasaden, I. H. (2011). *Textbook of Psychiatry E-Book*. Elsevier Health Sciences.

Rachman, S. (1977). The conditioning theory of fear acquisition: A critical examination. *Behaviour Research and therapy*, *15*(5), 375-387. https://doi.org/10.1016/0005-7967(77)90041-9

Rachman, S. (1991). Neo-conditioning and the classical theory of fear acquisition. *Clinical Psychology Review*, *11*(2), 155-173. https://doi.org/10.1016/0272-7358(91)90093-a

Rankin, B. H., & Aytaç, I. A. (2006). Gender inequality in schooling: The case of Turkey. *Sociology of Education*, *79*(1), 25-43. https://doi.org/10.1177/003804070607900102

Rantavouri K., Zerman N., Ferro R., Lahti S. (2002). Relationship between children's first visit and their dental anxiety in the Veneto Region of Italy. *Acta Odontologica Scandinavica*, *60,* 297–300. https://doi.org/10.1080/00016350260248274

Remmerswaal, D., Muris, P., & Huijding, J. (2013). "Watch Out for the Gerbils, My Child!" The Role of Maternal Information on Children's Fear in an Experimental Setting Using Real Animals. *Behavior therapy*, *44*(2), 317-324. https://doi.org/10.1016/j.beth.2013.01.001

Reynolds, G., Wasely, D., Dunne, G., & Askew, C. (2018). A comparison of positive vicarious learning and verbal information for reducing vicariously learned fear. *Cognition and Emotion*, *32*(6), 1166-1177. https://doi.org/10.1080/02699931.2017.1389695

Richman, D. M., Dotson, W. H., Rose, C. A., Thompson, S., & Abby, L. (2012). Effects of age on the types and severity of excessive fear or the absence of fear in children and young adults with autism. *Journal of Mental Health Research in Intellectual Disabilities*, *5*(3-4), 215-235. https://doi.org/10.1080/19315864.2011.596614

Robjant, K., Hassan, R., & Katona, C. (2009). Mental health implications of detaining asylum seekers: systematic review. *The British journal of psychiatry*, *194*(4), 306-312. https://doi.org/10.1192/bjp.bp.108.053223

Rofé, Y., & Rofé, Y. (2015). Fear and phobia: A critical review and the rational-choice theory of neurosis. *International Journal of Psychological Studies*, *7*(2), 37. http://dx.doi.org/10.5539/ijps.v7n2p37

Rose, R. J., & Ditto, W. B. (1983). A developmental-genetic analysis of common fears from early adolescence to early adulthood. *Child Development*, 361-368. https://doi.org/10.1111/j.1467-8624.1983.tb03878.x

Rowley, S. J., Kurtz-Costes, B., Mistry, R., & Feagans, L. (2007). Social status as a predictor of race and gender stereotypes in late childhood and early adolescence. *Social Development*, *16*(1), 150-168. https://doi.org/10.1111/j.1467-9507.2007.00376.x

Salkind, N. J. (2004). *An introduction to theories of human development*. Sage Publications.

Salum, G. A., DeSousa, D. A., Rosario, M. C. D., Pine, D. S., & Manfro, G. G. (2013). Pediatric anxiety disorders: from neuroscience to evidence-based clinical practice. *Revista Brasileira de Psiquiatria*, *35*, S03-S21. https://doi.org/10.1590/1516-4446-2013-s108

Schaie, K. W. (1984). Historical time and cohort effects. In K. A. McCluskey & H. W. Reese (eds.), *Life-span developmental psychology: Historical and generational effects* (pp. 107–21). New York: Academic Press.

Schaie, K. W. (1986). Beyond calendar definitions of age, time, and cohort: The general developmental model revisited. *Developmental Review*, *6*(3), 252-277. https://doi.org/10.1016/0273-2297(86)90014-6

Schaie, K. W. (1994). Developmental designs revisited. *Life-span developmental psychology: Methodological considerations*, 45-64. https://doi.org/10.1016/b978-0-12-515650-9.50018-6

Schaie, K. W., & Strother, C. R. (1968). A cross-sequential study of age changes in cognitive behavior. *Psychological bulletin*, *70*(6p1), 671. https://doi.org/10.1037/h0026811

Schaie, K.W. & Baltes, P.B. (1975). On sequential strategies in developmental research and Schaie-Baltes controversy: Description of explanation?, *Human development, 18* (5), 384-390. https://doi.org/10.1159/000271498

Scherer, M. W., & Nakamura, C. Y. (1968). A fear survey schedule for children (FSS-FC): a factor analytic comparison with manifest anxiety (CMAS). *Behaviour Research and Therapy*, *6*(2), 173-182. https://doi.org/10.1016/0005-7967(68)90004-1

Serim, B. (2010). Nature, severity and origins of fears among children and adolescents with respect to age, gender and socioeconomic status. *Unpublished Master Thesis, Middle East Technical University, Social Sciences Institute, Ankara.*

Serim-Yıldız, B., & Erdur-Baker, Ö. (2013). Examining the cultural validity of Fear Survey Schedule for children: the contemporary fears of Turkish children and adolescents. *The Journal of genetic psychology*, *174*(4), 345-365. https://doi.org/10.1016/j.sbspro.2013.07.010

Serim-Yıldız, B., Erdur-Baker, Ö., & Bugay, A. (2013). The common fears and their origins among Turkish children and adolescents. *Behaviour Change*, *30*(3), 199-209. https://doi.org/10.1017/bec.2013.18

Shaffer, D. (2008). *Social and personality development*. Nelson Education.

Sheehan, S. & Jui Lin Y. (2014). *Cultures of the world: Turkey.* New York: Cavendish Square Publishing.

Sheikhzade, M., & Assemi, A. (2013). Attention-deficit, fear and aggression in Iranian preschool students with regard to gender differences. *Education 3-13*, *41*(5), 477-484. https://doi.org/10.1080/03004279.2011.607465

Shore, G. N., & Rapport, M. D. (1998). The fear survey schedule for children-revised (FSSC-HI): ethnocultural variations in children's fearfulness. *Journal of anxiety disorders*, *12*(5), 437-461. https://doi.org/10.1016/s0887-6185(98)00027-9

Sidana, U. R. (1975). Socio-economic status of family and fear in children. *Journal of Social and Economic Studies*, *3*(1), 1975.

Sincero, S. (2012). Ecological systems theory: You and your environment. Retrieved from: http://www.experiment-resources.com/ecological-systemstheory.html

Slee, P. T., & Cross, D. G. (1989). Living in the nuclear age: An Australian study of children's and adolescent's fears. *Child Psychiatry and Human Development*, *19*(4), 270-278. https://doi.org/10.1007/bf00705956

Soma'daki kazadan yaralı kurtulanlar dehşet anları anlattı. (2014, May 14). Milliyet. Retrieved from http://www.milliyet.com.tr/soma-daki-kazadan-yarali-gundem-1882600/

Stanley, R. (2002). Anxiety and its Disorders—The Nature and Treatment of Anxiety and Panic David H. Barlow (Editor), The Guilford Press, New York, 2002. No. of pages: 704 pp., ISBN 1-57230-430-8. *Stress and Health: Journal of the International Society for the Investigation of Stress*, *18*(4), 193-194.

Stevenson, J., Batten, N., & Cherner, M. (1992). Fears and fearfulness in children and adolescents: A genetic analysis of twin data. *Journal of Child Psychology and Psychiatry, 33*(6), 977-985. https://doi.org/10.1111/j.1469-7610.1992.tb00919.x

Svensson, L., & Öst, L. G. (1999). Fears in Swedish children: a normative study of the Fear Survey Schedule for Children-Revised. *Scandinavian Journal of Behaviour Therapy*, *28*(1), 23-36. https://doi.org/10.1080/028457199440106

Şahin F., Beyazova, U. & Akturk, A. (2003). Attitudes and practices regarding circumcision in Turkey. *Child Care Health Dev, 29*(4): 275-280. https://doi.org/10.1046/j.1365-2214.2003.00342.x

Şardan, T., Karapınar, T. & Koç, S. (2011, September 21). Türkiye'nin kalibine çifte bomba. Milliyet. Retrieved from http://www.milliyet.com.tr/turkiye-nin-kalbine-cifte-bomba-gundem-1441042/

Şen, A. E. & Duman, T. (2015, February 13). Üniversiteli Özgecan'ı bıçaklayarak öldürüp, cesedini yaktılar. Retrieved from http://www.milliyet.com.tr/28-buyuk-deprem-felaketi-yasandi--gundem-1454220/

Tabachnick, B. G., & Fidell, L. S. (2013). *Using multivariate statistics*. Allyn & Bacon/ Pearson Education.

Taksim açıldı, halk 'Gezi'ye çıktı. (2013, June 1). Akşam. Retrieved from https://www.aksam.com.tr/guncel/taksim-acildi-halk-geziye-cikti/haber-211734

Terr, L. C., Bloch, D. A., Michel, B. A., Shi, H., Reinhardt, J. A., & Metayer, S. (1999). Children's symptoms in the wake of Challenger: A field study of distant-traumatic effects and an outline of related conditions. *American Journal of Psychiatry*, *156*(10), 1536-1544. https://doi.org/10.1176/ajp.156.10.1536

Thabet, A. A. M., & Qrenawi, T. S. (2017). The relationship between parenting styles and fear among Palestinian children in the Gaza Strip. *EC Psychology and Psychiatry*, *2*, 61-71. https://doi.org/10.9734/indj/2016/26895

Tippey, J. G. (2006). Utilizing the American Fear Survey Schedule for Children (FSSC-AM) with Gifted Children. *Unpublished doctoral dissertation, University of Alabama, Alabama.*

Turner, L. B., & Romanczyk, R. G. (2012). Assessment of fear in children with an autism spectrum disorder. *Research in Autism Spectrum Disorders*, *6*(3), 1203-1210. https://doi.org/10.1016/j.rasd.2012.03.010

Veraksa, A. N., Yakupova, V. A., Almazova, O. V., & Buhalenkova, D. A. (2016). Preschoolers' Fears: Connection with Cognitive and Social Development. *Procedia-Social and Behavioral Sciences*, *233*, 22-26. doi: 10.1016/j.sbspro.2016.10.119

Verit, A. (2003). *Circumcision phenomenon in Turkey as a traditional country: From past to present.* Uroweb; 2003.

Visagie, L., Loxton, H., Ollendick, T. H., & Steel, H. R. (2013). Comparing fears in South African children with and without visual impairments. *Journal of visual impairment and blindness*, *107*(3), 193-205. https://doi.org/10.1177/0264619614535373

Vologodina, N. G. (2006). *Childhood fears in the daytime and at night.* Moscow: Fenix.

Von Stumm, S., & Plomin, R. (2015). Socioeconomic status and the growth of intelligence from infancy through adolescence. *Intelligence*, *48*, 30-36. https://doi.org/10.1016/j.intell.2014.10.002

Yule, W., Udwin, O., & Murdoch, K. (1990). The 'Jupiter'sinking: Effects on children's fears, depression and anxiety. *Journal of Child Psychology and Psychiatry*, *31*(7), 1051-1061. https://doi.org/10.1111/j.1469-7610.1990.tb00845.x

Warin, J. (2000). The attainment of self-consistency through gender in young children. *Sex roles*, *42*(3-4), 209-231. https://doi.org/10.1023/a:1007039222998

Warren, S. L., & Sroufe, L. A. (2004). Developmental issues. In T. H. Ollendick & J. S. March (Eds.), *Phobic and anxiety disorders in children and adolescents: A clinician's guide to effective psychosocial and pharmacological interventions* (pp. 92-115). New York, NY, US: Oxford University Press. http://dx.doi.org/10.1093/med:psych/9780195135947.003.0004

Watkins, E. R. (2008). Constructive and unconstructive repetitive thought. *Psychological bulletin*, *134*(2), 163. https://doi.org/10.1037/0033-2909.134.2.163

Watson, J. B., & Rayner, R. (1920). Conditioned emotional reactions. *Journal of experimental psychology*, *3*(1), 1. https://doi.org/10.1037/h0069608

Weems, C. F., & Costa, N. M. (2005). Developmental differences in the expression of childhood anxiety symptoms and fears. *Journal of the American Academy of*

Child & Adolescent Psychiatry, *44*(7), 656-663. https://doi.org/10.1097/01.chi.0000162583.25829.4b

Weiss, H. A., Larke, N., Halperin, D., & Schenker, I. (2010). Complications of circumcision in male neonates, infants and children: a systematic review. *BMC urology*, *10*(1), 2. https://doi.org/10.1186/1471-2490-10-2

Weiten, W. (1992). *Psychology*. Pacific Grove: Brooks/Cole.

Westenberg, P. M., Gullone, E., Bokhorst, C. L., Heyne, D. A., & King, N. J. (2007). Social evaluation fear in childhood and adolescence: Normative developmental course and continuity of individual differences. *British Journal of Developmental Psychology*, *25*(3), 471-483. https://doi.org/10.1348/026151006x173099

Westenberg, P.M., Drewes, M. J., Goedhart, A. W., Siebelink, B. M., & Treffers, P. D. (2004). A developmental analysis of self-reported fears in late childhood through mid-adolescence: Social-evaluative fears on the rise?. *Journal of Child Psychology and Psychiatry*, *45*(3), 481-495. https://doi.org/10.1111/j.1469-7610.2004.00239.x

Wolman, B. (1978). *Children's fears.* New York: Grosset and Dunlap.

Wolpe, J. & Lang, P. (1964). Fear Survey Schedule for use in behavior therapy, *Behavior Research Therapy, 2*, 27-30. https://doi.org/10.1016/0005-7967(64)90051-8

Wright, R. W. (2003). Constructing the self, constructing America: A cultural history of psychotherapy. *Journal for the Psychoanalysis of Culture and Society*, *8*(1), 165-168. https://doi.org/10.1353/psy.2003.0026

Yule, W., Udwin, O., & Murdoch, K. (1990). The 'Jupiter'sinking: Effects on children's fears, depression and anxiety. *Journal of Child Psychology and Psychiatry*, *31*(7), 1051-1061. https://doi.org/10.1111/j.1469-7610.1990.tb00845.x

APPENDICES

A. APPROVAL LETTER FROM MIDDLE EAST TECHNICAL UNIVERSITY HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

ORTA DOĞU TEKNİK ÜNİVERSİTESİ
MIDDLE EAST TECHNICAL UNIVERSITY

DUMLUPINAR BULVARI 06800
ÇANKAYA ANKARA/TURKEY
T: +90 312 210 22 91
F: +90 312 210 79 59
ueam@metu.edu.tr
www.ueam.metu.edu.tr

Sayı: 28620816 / 381

04 TEMMUZ 2017

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof. Dr. Özgür ERDUR BAKER;

Danışmanlığını yaptığınız doktora öğrencisi Begüm Serim YILDIZ' ın ***"Çocuk ve Ergenlerin Korku Yönelimi"*** başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay **2017-EGT-129** protokol numarası ile **01.09.2017 – 31.12.2017** tarihleri arasında geçerli olmak üzere verilmiştir.

Bilgilerinize saygılarımla sunarım.

Prof. Dr. Ş. Halil TURAN
Başkan V

Prof. Dr. Ayhan SOL
Üye

Prof. Dr. Ayhan Gürbüz DEMİR
Üye

Doç. Dr. Yaşar KONDAKÇI
Üye

Doç. Dr. Zana ÇITAK
Üye

Yrd. Doç. Dr. Pınar KAYGAN
Üye

Yrd. Doç. Dr. Emre SELÇUK
Üye

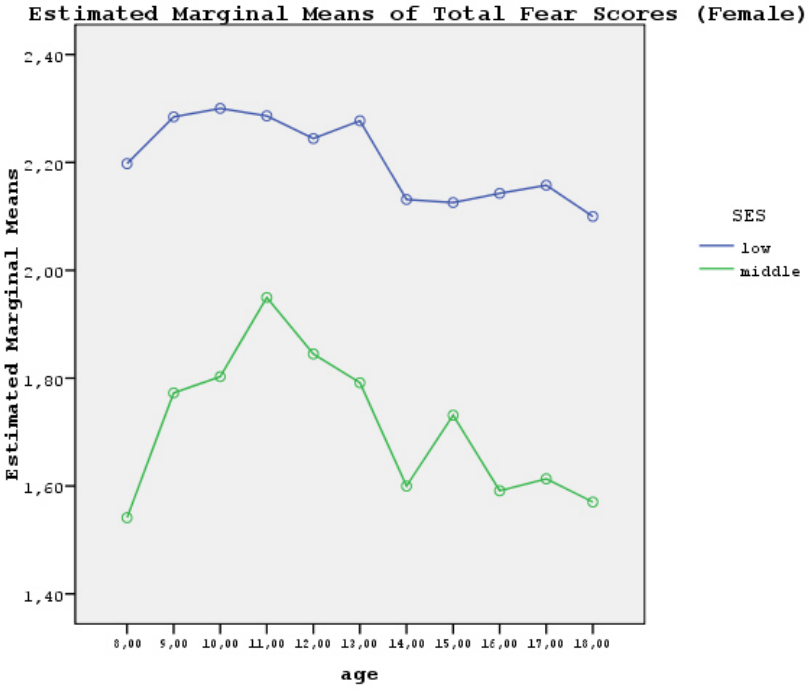
B. SAMPLE ITEMS FROM FSCC-TR

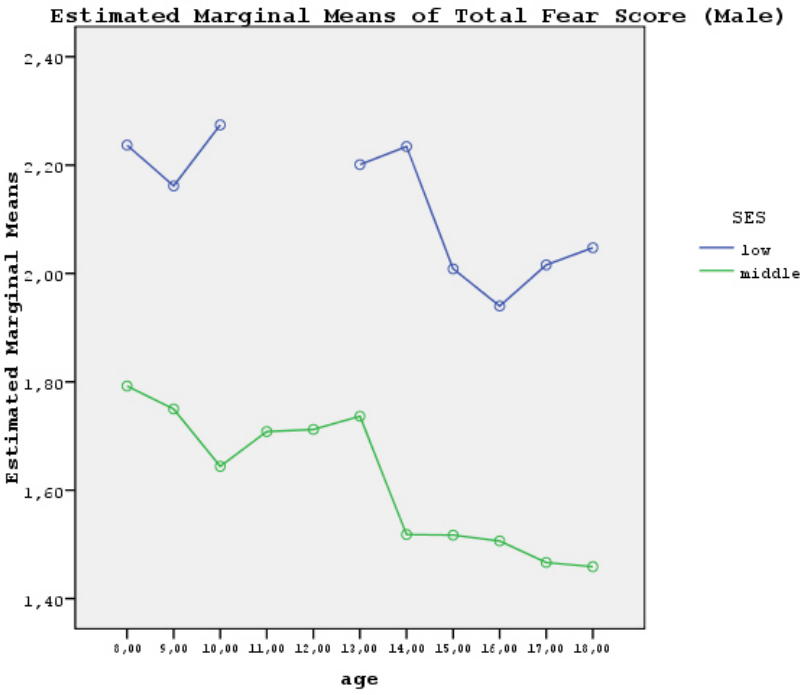
1. Arabada ya da otobüste yolculuk yapmak
2. Başkaları tarafından küçük düşürülmek ya da eleştirilmek
3. Fare
4. Savaşta mücadele etmek zorunda kalmak
5. Arkadaşlarımı kaybetmek
6. Kapalı alanlarda bulunmak
7. Doktora gitmek
8. Yetersiz / başarısız olmak
9. Okulda düşük notlar almak
10. Ülkemizin düşmanlar tarafından işgal edilmesi
11. Karanlık
12. Yeterli paraya sahip olamamak

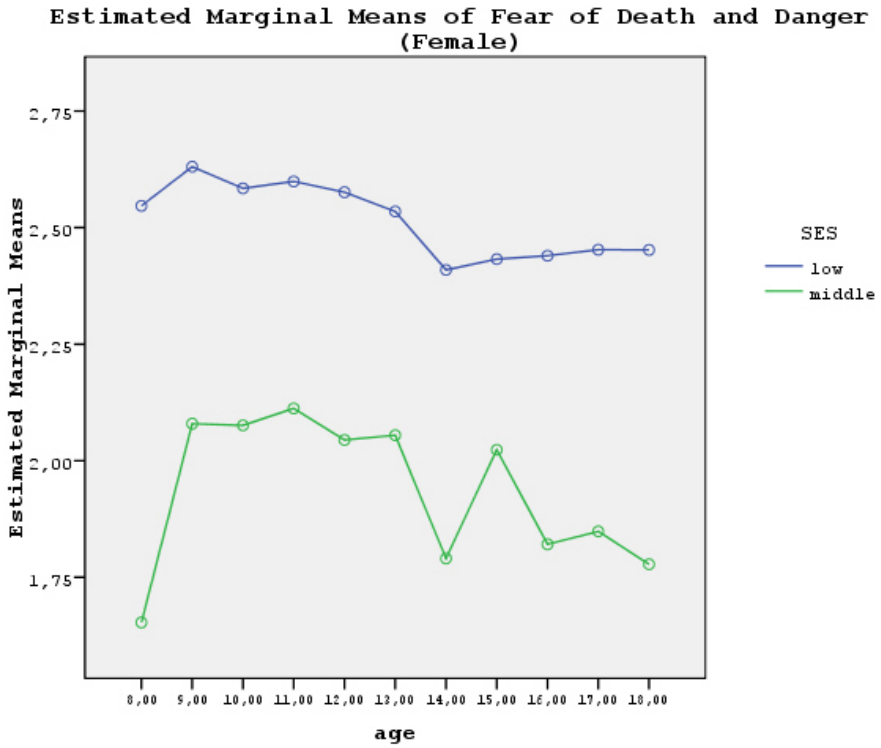
C. SAMPLE ITEMS FROM CHECKLIST OF LIFE EVENTS

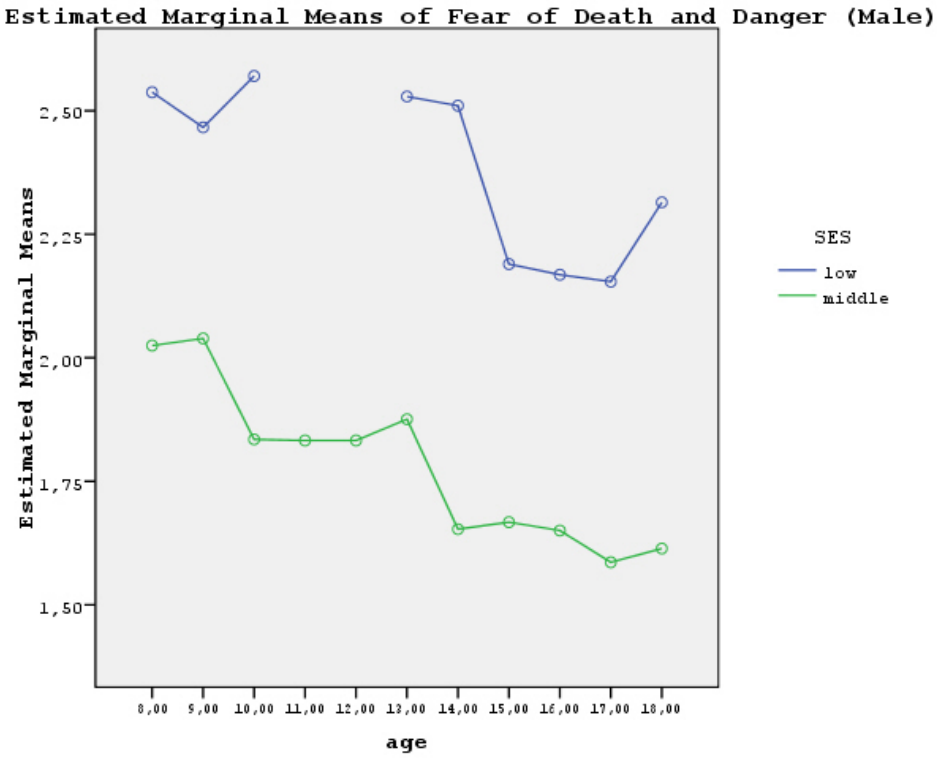
1. Çekirdek aileden (anne, baba, kardeşler) birinin ya da kendisinin önemli bir hastalık geçirmesi
2. Bir yakının ya da kendisinin vücudunda ciddi bir kırık ya da yaralanma oluşması
3. Bir yakının ya da kendisinin büyük bir kaza geçirmesi
4. Okulda başarısız olmak/ sınıfta kalmak
5. Aileden birinin ya da kendisinin önemli bir sınava girmesi

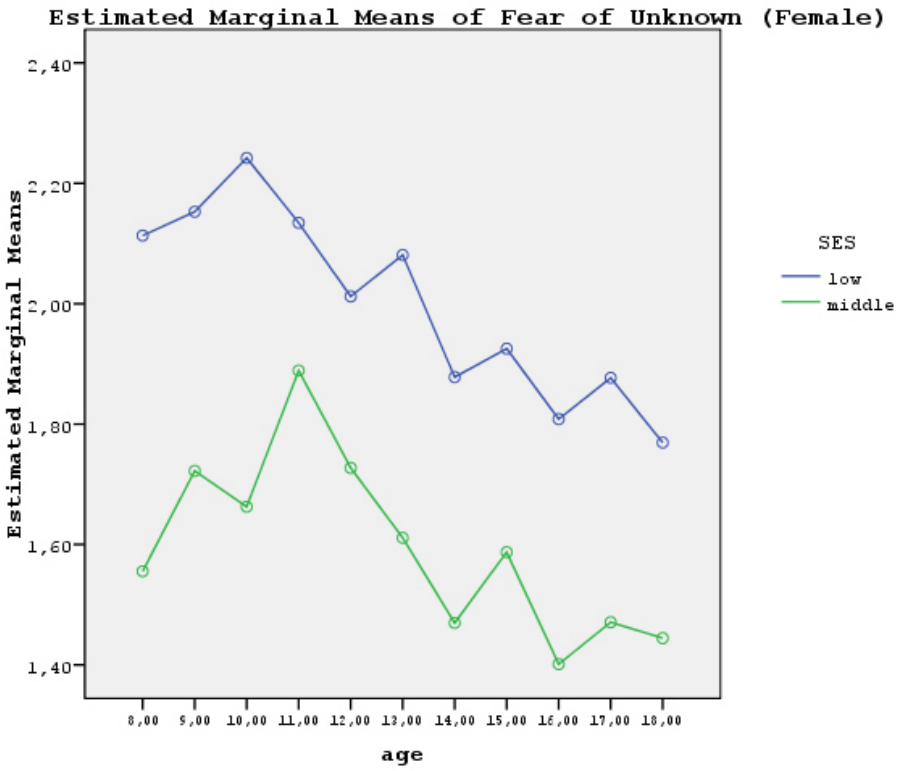
D. PLOTS OF SEPERATE AGE GROUPS

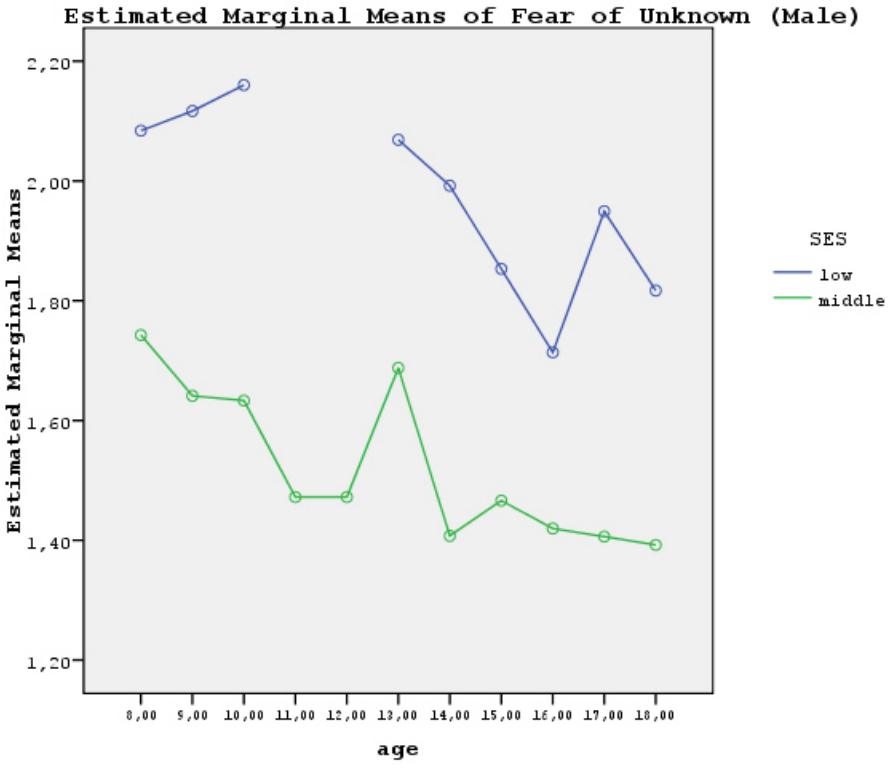




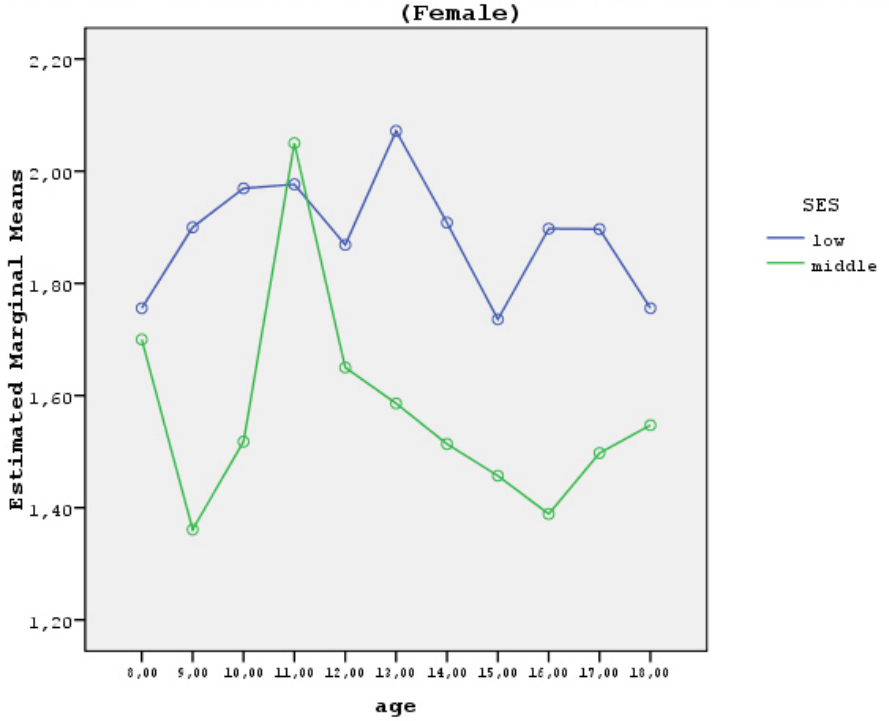

Estimated Marginal Means of Fear of Death and Danger (Female)
Estimated Marginal Means
2,75
2,50
2,25
2,00
1,75
8,00
9,00
10,00
11,00
12,00
13,00
14,00
15,00
16,00
17,00
18,00
age
SES
low
middle


Estimated Marginal Means of Fear of Death and Danger (Male)
Estimated Marginal Means
2,50
2,25
2,00
1,75
1,50
8,00
9,00
10,00
11,00
12,00
13,00
14,00
15,00
16,00
17,00
18,00
age
SES
low
middle

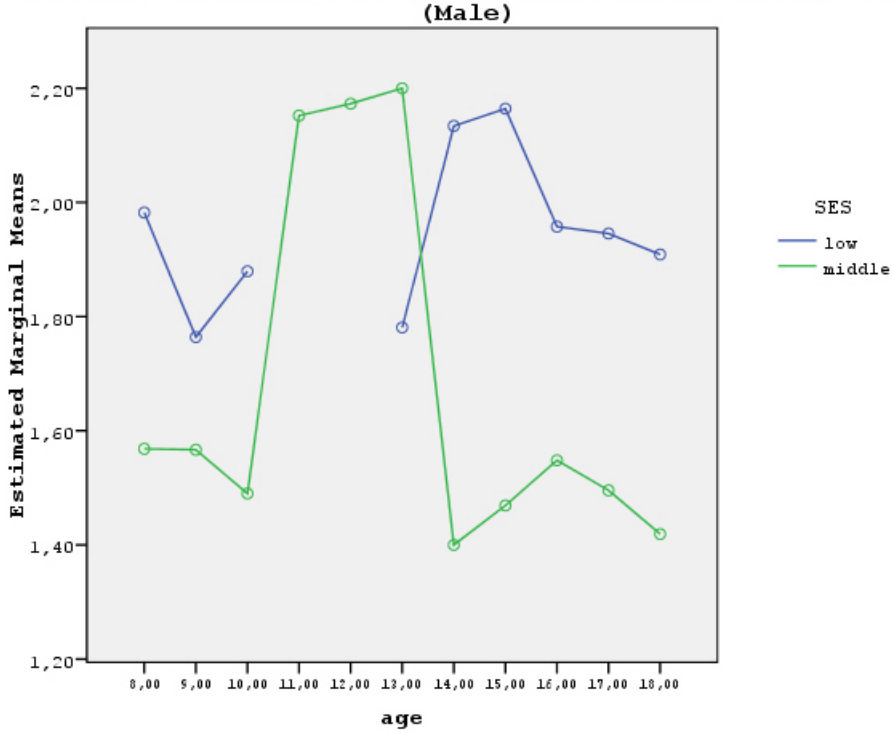

Estimated Marginal Means of Fear of Unknown (Female)
Estimated Marginal Means
2,40
2,20
2,00
1,80
1,60
1,40
8,00
9,00
10,00
11,00
12,00
13,00
14,00
15,00
16,00
17,00
18,00
age
SES
low
middle

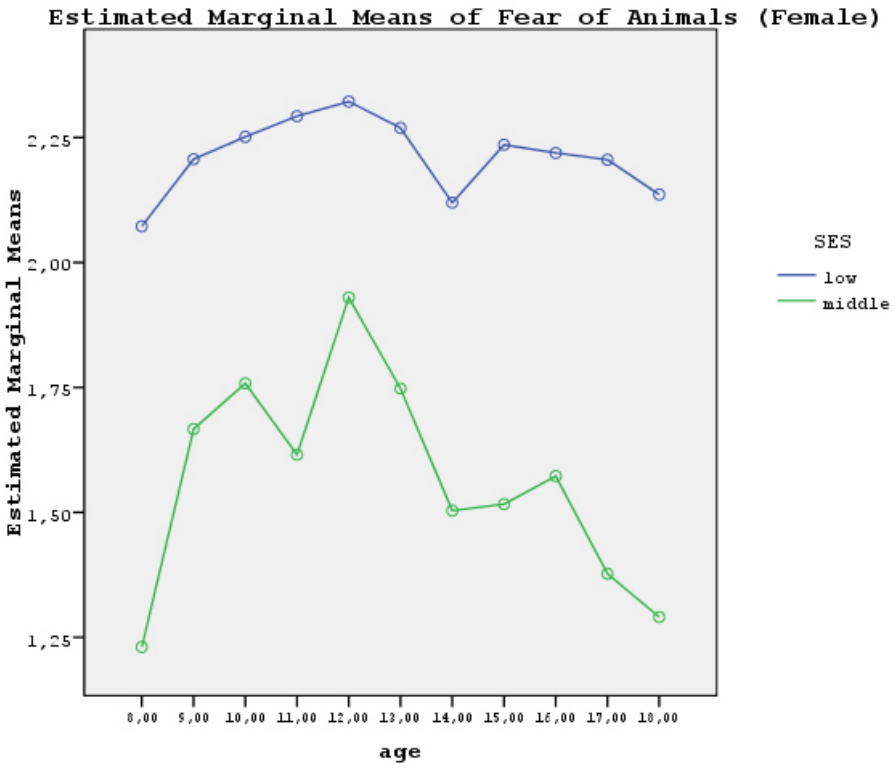

Estimated Marginal Means of Fear of Unknown (Male)
Estimated Marginal Means
2,20
2,00
1,80
1,60
1,40
1,20
8,00
9,00
10,00
11,00
12,00
13,00
14,00
15,00
16,00
17,00
18,00
age
SES
low
middle

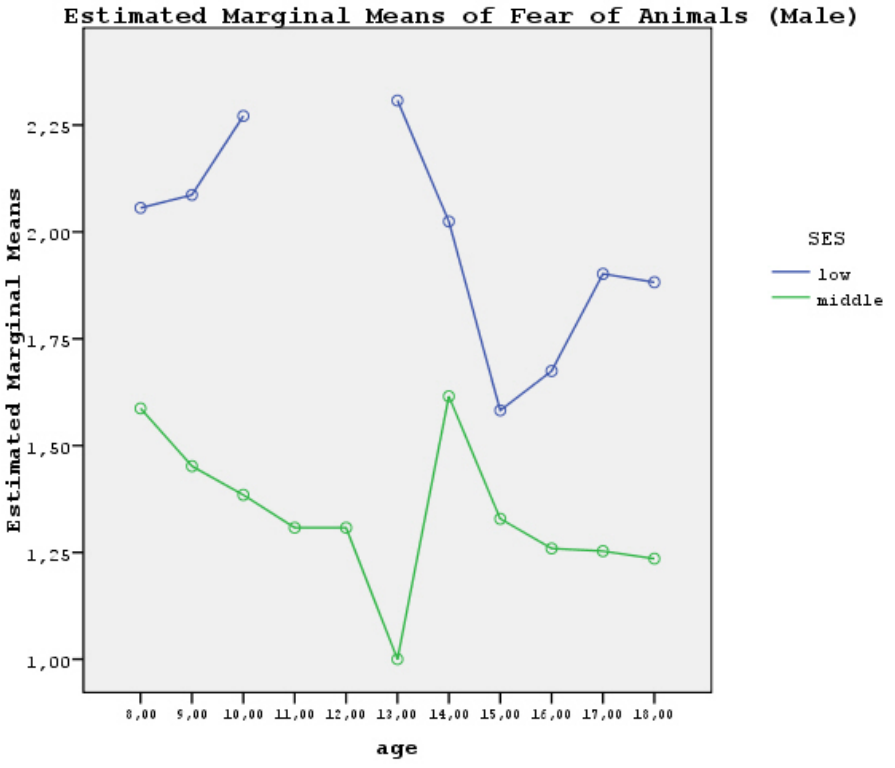
Estimated Marginal Means of School and Social Stress Fears (Female)

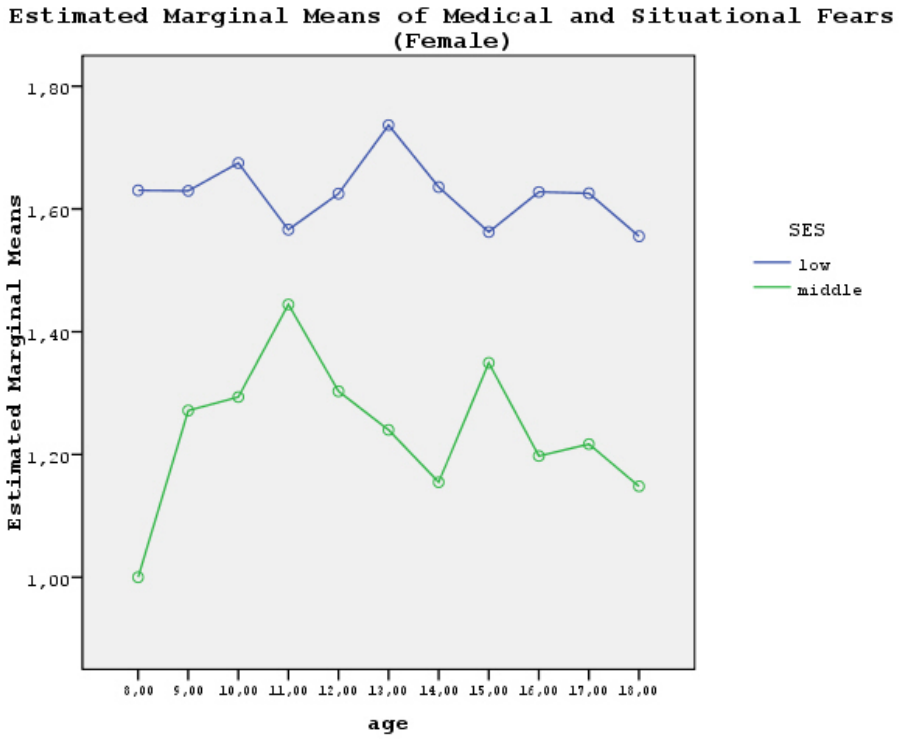


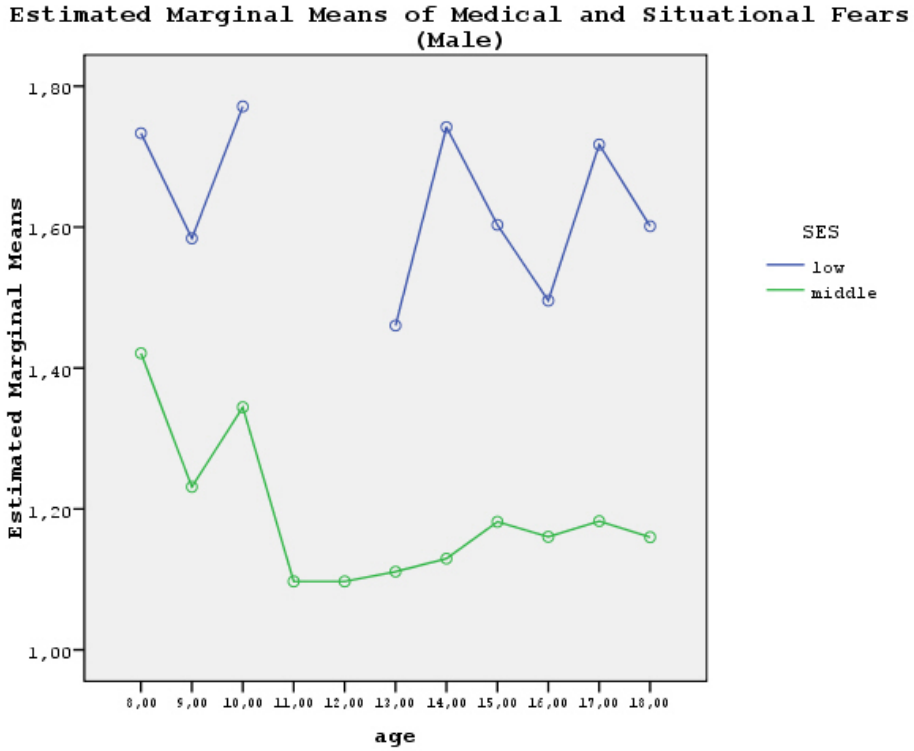
Estimated Marginal Means of School and Social Stress Fears (Male)




Estimated Marginal Means of Fear of Animals (Female)
Estimated Marginal Means
2,25
2,00
1,75
1,50
1,25
8,00 9,00 10,00 11,00 12,00 13,00 14,00 15,00 16,00 17,00 18,00
age
SES
low
middle


Estimated Marginal Means of Fear of Animals (Male)
Estimated Marginal Means
2,25
2,00
1,75
1,50
1,25
1,00
8,00 9,00 10,00 11,00 12,00 13,00 14,00 15,00 16,00 17,00 18,00
age
SES
low
middle


Estimated Marginal Means of Medical and Situational Fears (Female)
Estimated Marginal Means
1,80
1,60
1,40
1,20
1,00
8,00 9,00 10,00 11,00 12,00 13,00 14,00 15,00 16,00 17,00 18,00
age
SES
low
middle


Estimated Marginal Means of Medical and Situational Fears (Male)
Estimated Marginal Means
1,80
1,60
1,40
1,20
1,00
8,00 9,00 10,00 11,00 12,00 13,00 14,00 15,00 16,00 17,00 18,00
age
SES
low
middle

E. CURRICULUM VITAE

Begüm Serim-Yıldız
bserimyildiz@gmail.com

EDUCATION

Degree	Institution	Year of Graduation
MS	METU, Educational Sciences	2010
BS	METU, Early Childhood Education	2006

WORK EXPERIENCE

Year	Place	Enrollment
2017-	Ministry of Education Central Organization	Teacher (OECD Projects)
2016-2017	Halil Naci Mıhçıoğlu Primary School	Deputy Manager
2008-2016	Halil Naci Mıhçıoğlu Primary School	Preschool Teacher
2006-2008	Aşağı Mahmutlar Primary School	Preschool Teacher

PUBLICATIONS

Articles

Serim, B. & Erdur-Baker, Ö. (2017). The Stability of Fears of Turkish Children and Adolescents in Terms of Severity and Content, *The 38th. International Conference of Stress and Anxiety (STAR)*, 91, HongKong.

Burnham, J.J.,Kim, S., Serim, B., Morgan, E., Erdur-Baker, Ö, Kirby, C. & Morgado, K. A. (2017). Cross-Cultural Comparison of Middle and High School Fears in Turkey,Korea, and the United States, *Journal of Asia Pasific Counselling,* 6 *(1),* 21-40.

Serim, B. & Erdur-Baker, Ö. (2013). The Contemporary Fears of Turkish Children and Adolescents: Examining the Cultural Validity of Fear Survey Schedule for Children, *Journal of Genetic Psychology,* 174, 345-365. (SSCI)

Serim, B., Erdur-Baker, Ö. & Bugay, A. (2013). The Common Fears and Their Origins among Turkish Children and Adolescents, *Behaviour Change*, 30, 199-209. (SSCI)

Serim-Yildiz, B., & Erdur-Baker, O. (2013). Examining Fears of Turkish Children and Adolescents with Regard to Age, Gender and Socioeconomic Status, *Procedia-Social and Behavioral Sciences,* 84, 1660-1665.

Serim-Yıldız,B. & Erdur-Baker, Ö. (2012). Examining fears of Turkish children and adolescents with regard to age, gender and SES, *3rd World Conference on Psychology, Counselling and Guidance*, 59.

Serim, B. & Erdur-Baker, Ö. (2008). Living in The Fear of an Earthquake, *Counseling in International Perspective: Global Demands and Local Needs,* 79.

Book chapters

Erdur-Baker, Ö. ve Serim-Yıldız, B. (2014). Çocuk ve Ergenler. Ö. Erdur-Baker ve T. Doğan (Eds). *Afetler, Travmalar, Krizler ve Psikolojik Yardım*, (25-42). Ankara: Türk Psikolojik Dan. ve Reh. Derneği Yayınları.

Erdur-Baker, Ö., Serim-Yıldız, B. ve Mutlu, T. (2014). Çocuk ve Ergenlerle Çalışma. Ö. Erdur-Baker ve T. Doğan (Eds). *Afetler, Travmalar, Krizler ve Psikolojik Yardım*, (235-263). Ankara: Türk Psikolojik Dan. ve Reh. Derneği Yayınları.

F. TURKISH SUMMARY/TÜRKÇE ÖZET

1. GİRİŞ

Korku, özellikle de çocukların ve ergenlerin korkuları çok eski yıllardan bu yana araştırmacıların dikkatini çekmiştir. Korku üzerine ilk çalışma Hall tarafından neredeyse 1 asırdan fazla zaman önce, 1897 yılında yayınlanmış ve korkunun öğrenmeye motive eden ve insanları tehlikelerden koruyan normal bir davranış olduğunu açıkça belirtilmiştir. Yani, korku, hayali ya da gerçek tehlikelere karşı normal gelişimin parçası olan bir tepkidir (Gullone, 1999; 2000).

Her bireyin korkuları vardır, ancak korkunun normal olup olmadığı birçok etkene bağlıdır. Korkunun yaşa ve duruma uygun olup olmadığı, bireyin ne kadar süredir bu korkuyu taşıdığı ve korkunun günlük yaşantıyı olumsuz olarak etkileyip etkilemediği korkunun normal ya da patolojik olmasını belirler. Eğer, bireyin taşıdığı korkular bir önceki gelişim düzeyinde saplanıp kaldıysa, uzun zamandır ve ısrarla aynı korkuyu taşıyorsa ve taşıdığı korku günlük yaşantısını olumsuz yönde etkiliyorsa bu patolojik korku olarak tanımlanır (Gullone, 1996). Korkunun kaygı, fobi, endişe ve depresyonla ilişkisini araştıran pek çok çalışma alanyazında yer almaktadır (Örneğin, Gilbert-Macleod, 2000). Bu çalışmalar, normal korkunun patolojik korkuyla yakın ilişkisine işaret etmektedir.

Uyumlayıcı bir duygu olmasının yanında, günlük yaşantıyı olumsuz etkileyen duygularla (örneğin kaygı) olan yakın ilişkisi nedeniyle, çocuk ve ergenlerin korkuları akıl sağlığı uzmanlarının yanı sıra, aileler ve eğitimciler tarafından izlenmelidir. Bu nedenle de 18. Yüzyıldan beri yaygın şekilde yürütülmekte olan korku çalışmalarının sonucu olarak pek çok korku çeşidi ortaya konulmuştur. Darwinci yaklaşımdan başlayan, davranışçı, bilişsel ve çevresel yaklaşımla devam eden pek çok çocuk gelişimi teorisine dayanarak ölüm ve tehlike korkusundan, medikal ve durumsal korkulara kadar geniş bir yelpazede korku çeşidi tanımlanmıştır. Bunun altında yatan en önemli sebep çalışmaların örnekleminin çok çeşitli demografik özellikler taşımasıdır. Özellikle yaş, cinsiyet, sosyoekonomik statü, yaşanılan alanın konumu ve orada gerçekleşen olaylar farklı çeşitlerdeki korkularla ilişkili bulunmuştur.

Darwin, evrim teorisinin kurucusu olarak, korkunun kalıtsal ve içgüdüsel yönüne vurgu yapmış ve tehlikelere karşı beden bütünlüğünü korumak için gelişmiş bir tepki olduğunu ifade etmiştir. Aynı fikirden yola çıkarak, özellikle karanlık, yabancı insanlar ve su korkularının survival bir değeri olduğunun kanıtı olarak, kişinin korktuğu durumlar karşısında verdiği savaş ya da kaç tepkisi araştırmacılar tarafından sıklıkla vurgulanmıştır (Barlow, 1988). Daha sonra, Freud (1920) da yabancı korkusunun kalıtsal yönünden bahsetmiş, ancak erken dönem deneyimlerin çocukların farklı tipteki korkuları üzerinde etkisi olduğunu da eklemiştir. Ardından, onun öğrencisi olarak Erikson (1959), Freudcu yaklaşımı izlemiş, ama çocukların duygusal gelişimi üzerine toplum ve kültürle olan ilişkinin etkisini de dahil ederek psikososyal gelişim basamaklarını ortaya koymuştur. Erikson'a göre, bireyler hayat boyunca yaşlarının gerekliliği olan çatışmaları çözmekle yükümlüdürler ve çözememeleri durumunda herbir gelişimsel basamağa özel korku tipleri ortaya çıkar. Örneğin, bebeklikte güvensizlik yüksek ses ve karanlık korkusuna sebep olur (Erikson, 1963) ya da ergenlikte sosyal ilişkilerle ilgili korkular, rol karmaşası yüzündendir (Warren ve Sroufe, 2004).

Aynı şekilde Piaget (1920), bireylerin yaş artışıyla birlikte gelişen bilişsel becerilerini gelişimsel basamaklar ve bu basamaklara özel gelişimsel ödevlerle açıklamıştır. Bu fikir doğrultusunda, araştırmacılar farklı yaş gruplarına göre çocuk ve ergenlerin korkularını bilişsel gelişim basamaklarına dayanarak açıklamışlardır. Örneğin işlem öncesi dönemde, yani bebeklikte, nesnenin devamlılığı olmadığından anneden ayrılma korkusu vardır (Maisto, 2005) ya da ön-ergenlik döneminde diğer insanların fikirlerine karşı gelişen hassasiyet başarısız olma ya da elelştirilme korkusuyla doğru orantılıdır (Westenberg ve ark., 2007). Ayrıca, çocuk ve ergenlerin korkularının yoğunluğu ve sıklığı artan yaşla azalmaktadır, bir diğer deyişle daha küçük yaştaki çocukların büyüklere kıyasla daha yüksek seviyede korkuları vardır. Bu doğrultuda, yaş unsuru, korku çalışmlar için vazgeçilmez bir değişken olmuştur. Çünkü neredeyse bütün çalışmalar farklı yaş gruplarının korkuları arasında yoğunluk, sıklık ve içerik olarak farklılık olduğunu ortaya koymuştur (örn. Le-O'Loughlin, 2014).

Diğer taraftan, çocuk ve ergenlerin korkuları incelenirken, çocuk gelişimi üzerinde çevresel faktörlerin etkisi üzerinde duran kuramcılardan da etkilenilmiştir. Pavlov'un (1903) çalışması göz önünde bulundurularak kurgulanan pek çok çalışma koşullanma deneyimlerini ele almıştır, ama Bandura'nın sosyal öğrenme kuramı gözlemleyerek öğrenmeyi de kapsadığından çocuk gelişimi alanına daha kapsamlı bir yaklaşımla katkıda bulunmuştur.

Sosyal öğrenme kuramına dayanarak, Rachman (1977) çocukların korkuyu edinmeleri üzerine kurulmuş üç- yol kuramını ortaya koymuştur. Bu kurama göre çocuklar korkuyu doğrudan deneyimler (koşullanma), başkasından öğrenme (model alma) ve olumsuz bilgi aktarımı yoluyla edinirler. Çocuk ve ergenlerin korku kaynaklarını araştıran pek çok çalışma bu kurama kanıt niteliğinde sonuçlar ortaya koymuş, çocuk ve ergenlerin korkuları üzerinde deneyimlerin (örn. Rantavouri ve ark., 2002), gözlemlerin (örn. Olak ve ark., 2013) ve olumsuz bilgi aktarımının (Remmerswaal, Muris ve Huijding, 2013) etkisi olduğunun göstermiştir. Bu sayede, çocukların öğrenme deneyimleri de dahil olmak üzere çevrenin ve çevreyle iletişimin boyutlarının çocuk ve ergenlerin kokruları üzerine etkisi alanyazında yerini almıştır.

Daha geniş bir bakış açısıyla bakıldığında, korku çalışmaları arasında tarihsel yer ve zaman örüntülerini de içine alarak toplumsal ve kültürel faktörlerin çocuk ve ergenlerin korkuları üzerindeki etkisini araştıranlar yaygınlaşmaya ve bu konu daha fazla araştırmacının ilgisini çekmeye başlamıştır. En son ortaya çıkan kuramlardan biri olarak, Bronfenbrenner'in (2005) 4 bileşenli kuramı çocuk ve ergenlerin korkuları üzerinde çevresel faktörlerin etkisini göstermek için yeterli kaynak sunmaktadır. Bunlar; süreç (çocuk ve en yakın çevre arasındaki ilişki), kişisel özellikler (yaş, cinsiyet, ırk gibi fiziksel özellikler, yetenekler, bilgi birikimi), çevre (mikrosistem, eksosistem, mezosistem, makrosistem) ve zaman (gelişimsel ödevlerin zamanlaması, tarihsel olaylar). Bronfenbrenner, Süreç- Kişi- Çevre-Zaman (SKÇZ) yaklaşımıyla, çocukların mikro seviyeden (örneğin, aile, arkadaşlar ile ilişki) makro seviyeye (örneğin, bazıları tarihsel olaylar dolayısıyla ya da ülke çapında gerçekleşen düzenlemeler sonucunda gerçekleşmiş olabilen toplumsal, kültürel ve ekonomik değişimler) kadar bütün çevresel koşullarla olan ilişkisini ele alarak çocuk gelişimi

alanına önemli katkıda bulunmuştur. Bu doğrultuda, çocuk yetiştirme biçimleri, cinsiyet rolleri, ırk ve sosyoekonomik düzey farklılıkları ve belirli bir kültürde yaşanan ve geniş çapta etki göstermiş olan olayların çocuk ve ergenlerin korkuları üzerine etkisi sıklıkla incelenmiştir. Farklı ülkelerde yürütülen çalışmaların sonuçları (örn. Muris, Mayer, Eijk ve Dongen, 2008) çocuk ve ergenlerin korkularının sosyal çevrede yapılandığına kanıt olacak nitelikte, farklı sosyo-kültürel ortamlarda yetişen çocukların korkuları arasında farklılık olduğunu ortaya koymuştur. Ayrıca, kültürler arası araştırmalarla (örn. Kayyal ve Widen, 2015), farklı kültürler içinde yetiştirilen çocukların korkularının birbirinden farklı olduğu ortaya konmuş, bu sonuçlar da çocuklar kadar çocukların iyi olma halinden sorumlu yetişkinlerin de çok kültürlü ihtiyaçlarını gidermeye yönelik katkıda bulunmuştur.

Cinsiyet korku çalışmaları içinde çok yaygın bir çalışma alanıdır (Muris, Meesters ve Knoops, 2005). Pek çok çalışmanın sonucu cinsiyet grupları arasında içerik, yoğunluk ve sıklık bakımından korku farklılıkları ortaya koymuştur. Sonuçlar kültürel normların cinsiyet rolllerinin tanımlanması üzerindeki etkisini göz önünde bulundurarak tartışılmıştır. Aynı yaş grupları arasında bir karşılaştırma yapıldığında kız çocuk ve ergenlerin erkeklerden daha yüksek seviyede korkuya (örn. Burnham, Lomax ve Hooper, 2012) ve ruhsal bunalım gibi korku deneyimlerine (Gullone, King ve Ollendick, 2000) Sahip oldukları bulunmuştur. Bunun yanı sıra, kız çocukların kendisinin ve yakın çevresindeki insanların güvenliğiyle ilgili korkularının (örn. Bilmediği bir yerde kaybolmak, bir yakınımın ölmesi) (örn. Burnham, Lomax ve Hooper, 2012) daha yüksek olduğu ancak, erkeklerin okulda başarıyla ilgili korkuları (örn. Sınıfta kalmak) daha fazla taşıdıkları ortaya konmuştur (örn. Mellon, Koliadis ve Paraskevopoulus, 2004).

Çocuk ve ergenlerin korkuları üzerinde toplumsal, ekonomik ve kültürel değişimleri göz önünde bulundurarak, Elder'ın (1998) ortaya koyduğu; kohort (topluluk) etkisi ve dönem etkisini içine alan tarihsel zaman etkisi ve yer etkisi, olumsuz yaşam deneyimlerinin korkular üzerindeki etkisi izlenerek tam anlamıyla gözlemlenebilir.

Mağdur olan ve olmayan çocuk ve ergenlerin katıldığı çalışmaların sonuçları, olumsuz olaylardan sonra çocuk ve ergenlerin korkularındaki değişimin olayın yaşandığı yere

yakın olma ya da olmamayla anlamlı bir ilişki olmadığını ortaya koymuştur (örn. Burnham, Hooper ve Ogorchock, 2011). Ayrıca, çocuların korkuları ve belirli bir alana etki eden olayların (örneğin, sadece belirli ülkelerde gözlemlenen hastalıklar) arasında anlamlı bir ilişki olduğu da bulunmuştur (örn. Burkhardt, Loxton, Kagee ve Ollendick, 2012).

Çocuk ve ergenlerin korkuları sosyo-kültürel ortamdan etkilendiğinden Türkiye'de de çocuk ve ergenlerin korkularının incelenmesine ihtiyaç duyulmuştur. 8 ile 18 yaşları arasındaki çocuk ve ergenlerin korkularını inceleyen kapsamlı bir çalışma yürütülmüştür. Dünyanın farklı ülkelerinde daha önce yürütülen çalışmalarla uyumlu olarak, küçük yaş grubundaki ve düşük sosyoekonomik statüdeki kız çocuklarının daha yüksek seviyede korkuları olduğu bulunmuştur. Ayrıca, farklı ülkelerde yaşayan çocukların farklı korkuları olması fikriyle uyumlu olarak Türkiye'de yaşayan çocuk ve ergenlerin diğer ülkelerde yaşayan çocuklardan daha farklı korkuları olduğu ortaya konmuştur (örn. Allah korkusu) (Serim, 2010).

Daha önce bahsedildiği gibi çocuk ve ergenlerin korkuları yaşanılan olaylar sonrasında değişkenlik gösterebildiğinden, uzun süren terör olayları ve cinayet vakaları gibi pek çok olumsuz olayın medyada yer bulması sonucu bunlara maruz kalan ve coğrafi olarak deprem, sel gibi doğa olaylarının sıklığı nedeniyle dezavantajlı bir bölgede yaşayan çocukların korkuları da değişim göstermiş olabilir.

Sonuç olarak, temel duygulardan biri olan korkunun hayatta kalma işlevi bakımından insan yaşamı üzerinde önemi büyüktür. Aynı zamanda, herhangi bir çeşit korkunun uygun seviyede tutulması günlük yaşamı etkileyen kaygı, fobi ve depresyon gibi olumsuz duygulara dönüşmemesi açısından önem taşımaktadır. Çocuk ve ergenlerin korkuları sosyal ve bilişsel gelişimleriyle doğru orantılı olarak farklılık gösterir, yani farklı yaş gruplarındaki çocukların farklı korkuları vardır. Ayrıca, yapılan çalışmaların pek çoğu çocukların korkuları arasında cinsiyet farkı olduğunu ortaya koyduğundan cinsiyet önemli bir demografik unsur olarak karşımıza çıkmaktadır. Son olarak, toplumun sosyal ve kültürel özellikleri de çocuk ve ergenlerin korkuları ile ilişkilidir. Toplumu etkileyen olaylar çocuk ve ergenlerin korkularını da etkilemektedir. Dolayısıyla, yıllar içinde çocuk ve ergenlerin korkularının nasıl değiştiğini incelemek,

yaş, cinsiyet ve sosyoekonomik statü farklılıklarını ortaya koymak kadar büyük önem taşımaktadır.

1.1. Çalışmanın Amacı

Bu çalışmanın birbiriyle ilişkili üç farklı amacı vardır. İlki, Türkiye'de yaşayan çocuk ve ergenlerin yaş, cinsiyet ve sosyoekonomik statü değişkenleri göz önünde bulundurularak güncel korkularını belirlemektir. İkincisi, 2010 ve 2017 de toplanan veriler kullanılarak 8-18 yaşları arasıdaki çocuk ve ergenlerin korkularınının yaş grupları ve nesiller (1999-2002) arasında karşılaştırmasını yapmaktır. Sonuncusu ise aynı yaş grubundaki çocukların yıllar itibariyle deneyimledikleri yaşam olayları ve korkuları arasındaki ilişkiyi bulmaktır.

1.2. Çalışmanın Önemi

Çocuk ve ergenlerin korkuları gelişimin pek çok alalnına olumlu ve olumsuz etkisi olmasından ötürü araştırmacıların ilgi alanına uzun yıllardır girmektedir. Uyumsal bir duygu olarak fiziksel ve psikolojik tehlikelerden koruma görevi olsa da, korku, normal gelişim örüntülerini etkileyen pek çok olumsuz duyguya dönüşebileceğinden araştırmacılar kokunun yönelimi üzerine yoğunlaşmışlarıdır. Çocuk ve ergenlerin korkularını inceleyen pek çok çalışma başlangıçtan bu yana yaş, cinsiyet ve sosyoekonomik statü değişkenlerini ele almışlardır ancak, artık, olumsuz olayların çocukların korkuları üzerine etkisi daha yaygın çalışılan konular arasına girmiştir. Yapılan çalışmalar çocuk ve ergenlerin korkularının yaş, cinsiyet ve sosyoekonomik ststü grupları arasında farklılık gösterdiğini ve aynı zamanda da yaşam olaylarının etkisiyle toplumda gerçekleşen sosyal, ekonomik ve kültürel değişimlerin de çocukların korkularının içerik ve yoğunluğunu belirlediğini göstermiştir.

Türkiye'de yaşayan çocuk ve ergenlerin kokularnı inceleyen bir çalışma olarak bu çalışmanın sonuçları hem psikolojik danışmanlık ve eğitim alanına hem de bilimsel araştırmalara katkı sağlayacak olmasından ötürü önemlidir.

Çocuk ve ergenlerin korkuları ülke ve dünya çapında gerçekleşen toplumsal, ekonomik ve kültürel değişimlerden etkilendiğinden, düzenli olarak, uygun araştırma

teknikleri ve ölçme araçlarıyla çocuk ve ergenlerin korkularının incelenmesi önem taşımaktadır. Türkiye'de yaşayan çocuk ve ergenlerin korkuları en son 2010 yılında incelendiği ve ülkemizdeki çocukların komşu ülkelerde devam eden savaş ve terör olaylarının yanı sıra darbe girişimi, trafik kazaları, depremler, ekonomik kriz, kadın cinayetleri gibi pek çok felakete maruz kaldığı göz önünde bulundurulursa, çocuk ve ergenlerin korku tipleri ve yoğunluğunun değişim göstermiş olabileceği düşünülmektedir. Dolayısıyla, Türkiye'de yaşayan çocuk ve ergenlerin yaş, cinsiyet ve sosyoekonomik statü özellikleri ele alınarak güncel korkuları ortaya konulmalıdır.

Ayrıca, yaşanan olumsuz olayların etkisiyle çocuk ve ergenlerin korkularındaki değişimi ortaya koyabilmek için nesiller arasındaki farklılıklar da incelenmelidir. Böyle bir değişimi ortaya koymak, aileler ve eğitimcilerin yanı sıra psikolojik danışmanların da çocuk ve ergenlerin korkularının izlemeleri ve önleme ve iyileştirme çalışmaları planlamaları konusunda kaynak bulmalarına yardımcı olacaktır.

Daha önce yürütülen pek çok çalışmada kesitsel yöntem (örn. Serim, 2010) ve pek az sayıda çalışmada ise boylamsal yöntem (örn. Burnham, 2007) uygulanmıştır. Her iki yöntemin de avantajları olduğu kadar dezavantajları da vardır. Boylamsal çalışmalar çocuk ve ergenlerin korkularının grup ve birey bazında gelişimsel örüntüsünü ortaya koyarken, çalışma süresince katılımcı kaybı riski taşımaktadır (Farrington, 1991). Diğer taraftan kesitsel yöntemde katılımcı kaybetme riski yoktur, zaman açısından ekonomiktir ve sonuçlar çocuk ve ergenlerin korkuları üzerine aynı anda pek çok değişkenin etkisinigösterir, ancak zaman içindeki değişikliklerle ilgili herhangi bir sonuç ortaya koymaz.

Öte yandan, enlemesine ardışık araştırma yöntemi sayesinde, farklı yıllarda doğan aynı yaşta çocuk ve ergenler kullanılarak, nesiller arasındaki korku farklılıkları katılımcı kaybetme riski olmadan bireysel olarak değil, grup bazında karşılaştırılır. Ayrıca, çocuk ve ergenlerin korkuları yaş, cinsiyet ve sosyoekonmik statü grupları karşılaştırılarak incelenebilir. Bu doğrultuda, bu çalışmada, kesitsel ve boylamsal araştırma desenlerinin avantantajlarını taşıyan enlemesine ardışık araştırma yöntemi kullanılmıştır. Bu desenle, 2 veri seti (2010 ve 2017) 3 farklı amacı gerçekleştirmek için kullanılmıştır. Öncelikle 8-18 yaşları arasındaki çocuk ve ergenlerin korkularının

2010 ve 2017 yılları için nasıl değişiklik gösterdiğini ortaya koyabilmek için aynı yaş grupları arasında bir karşılaştırma yapılmıştır (örneğin, 2010'da ve 2017'de 8 yaşında olanlar gibi). Daha sonra, farklı nesillerdeki çocuk ve ergenlerin korkuları arasındaki farklılıkları ortaya koymak için 1999'dan 2002'ye kadar olan doğum kohortları (toplulukları) karşılaştırılmıştır (örneğin 2010'da 8 yaşında olan 2017'de 15 yaşındadır). Son olarak da belirli korku tipleri (ölüm ve tehlike korkusu, medikal ve durumsal korkular, okul ve sosyal stres korkuları) ile bu korku tipleri ile ilgili yaşanan olumsuz olayların arasındaki ilişki incelenmiştir.

2. YÖNTEM

2.1. Örneklem

Araştırmada Ankara'dan toplanan İki farklı veri seti kullanılmıştır. İlki, Serim (2010) tarafından 2009-2010 eğitim öğretim yılında toplanmıştır. İkinci veri seti ise daha önce veri toplanan okullardan karşılaştırmaya uygun olması açısından benzer özellikteki ve yaklaşık olarak aynı sayıdaki çocuk ve ergenden toplanmıştır.

Miktar ve dağılımları incelendikten sonra kayıp verilerin belirli ortak özellikleri olmadığı gözlenmiş, dolayısıyla kayıp veri içeren katılımcı raporları çalışmanın veri setinden çıkarılmştır. Elde edilen yeni veri setlerinde 2010 yılı için 1315 katılımcı (642 kız ve 673 erkek) ve 2017 yılı için 1248 katılımcı (611 kız ve 637 erkek) bulunmaktadır.

Katılımcılar yaşlarına göre 8-10 yaşları arası çocuk, 11-13 yaşları arası önergen ve 14-18 yaşları arası ergen şeklinde üç gruba ayrılmıştır. İlk veri setinin %8.7'si 8, %9'si 9, %7.8'si 10, %8.4'ü 11, %9.5'i 12, %9.5'i 13, %9'u 14, %8.9'u 15, %8.9'u 16, %11'i 17 ve %9.6'sı 18 yaşındadır. İkinci veri setinin %9.4'ü 8, %9.6'sı 9, % 8.7'si 10, %7.2'si 11, %8.2'si 12, %9.1'i 13, %9.1'i 14, %9.2'si 15, %8.9'u 16, %10.1'i 17 ve %8.9'u 18 yaşındadır.

2.2. Veri toplama araçları

Çocuklar için Korku Ölçeği çocuklar için tasarlanan korku ölçekleri içinde en çok kullanılan ölçektir (Gullone, 1999). ÇKÖ, çocuk ve ergenlerin korkuları kültüre ve güncel sosyal ve politik ortama bağlı olarak değişkenlik gösterdiğinden (e.g. Burnham, 2005), yeni eklenen ve çıkarılan maddeler dolayısıyla ilk ortaya çıktığı halinden farklıdır. ÇKÖ, ilk kez Wolpe ve Lange'nin (1964) yetişkin versiyonu izlenerek Scherer ve Nakamura (1968) tarafından 80 maddeli ve 5'li Likert tipi olarak sunulmuştur. Daha sonra Ollendick (1983) tarafından 3'lü Likert ölçeğe çevilmiş ve takiben bir kaç kez yeniden düzenlenmiştir. Burnham (1995) 20 güncel korku maddesi eklemiş ve ÇKÖ Amerikan versiyonunu ortaya koymuştur. Daha sonra dünyanın pek çok ülkesinde geniş yaş aralıklarıyla çocuk ve ergenlerin korkularını incelemek için kullanılmıştır. Çocuk ve ergenlerin yaşadıkları ülkenin sosyal, kültürel ve politik ortamı ile korkuları arasında yakın ilişki olduğundan, farklı faktör yapıları önerilmiştir.

Türkiye'de farklı araştırmacılar tarafından geçmişte kullanılan ÇKÖ, Burnham (2005) tarafından oluşturulan 123 maddelik haliyle Türkçe'ye çevrilmiştir. Uyarlama sürecinde yapılan analizler ÇKÖ'nün Türkiye'de yaşayan çocuk ve ergenlerin korkularını ölçmek için geçerli ve güvenilir bir ölçek olduğunu ortaya koymuştur. Açıklayıcı Faktör Analizi sonuçları 5 korku tipi sunmuştur; ölüm ve tehlike korkusu, bilinmeyen korkusu, hayvan korkusu, okul ve sosyal stres korkusu ve medikal ve durumsal korkular. Bu çalışma için Doğrulayıcı Faktör Analizi yapılmış ve daha önce önerilen faktör yapısı doğrulanmıştır (χ^2 (5220) = 9941.42, p=.00; X^2/df ratio= 1.90; TLI= .98; CFI= .98; RMSEA= .03; SRMR= .04).

Yaşam Olayları Listesi belirli olayların çocuk ve ergenlerin korkuları üzerine etkisini inceleyebilmek için, çocuklara verieln yaşam olaylarını aile olarak son 5 sene içinde yaşayıp yaşamadıkları sorulmuştur. Olaylardan bazıları "aileden birinin ölmesi", "aileden birinin önemli bir sınava girmesi", "bombalı saldırı"dır.

*Demografik Bilgi Formu'*nda çocuklara yaş, cinsiyet, anne ve babalarını eğitim seviyesi, anne ve babalarının işleri ve ailenin toplam geliri sorulmuştur. Daha sonra *Kuppuswamy Sosyoekonomik Statü Ölçeği* kullanılarak çocukların sosyoekonomik

düzeyleri belirlenmiştir. Bu çalışmanın katılımcıları düşük ve orta düzey ailelerden gelen çocuk ve ergenlerdir.

2.3. İşlem

Data toplamaya başlamadan önce Orta Doğu Teknik Üniversitesi Etik Kurulundan ve Ankara İl Milli Eğitim Müdürlüğü'nden gerekli izinler alınmıştır. Daha sonra okul müdürleri ziyaret edilerek çalışmanın amaç ve işleyişi hakkında bilgi verilmiştir. Okul müdürlerinin çalışmaya katılmaya onay vermelerinin ardından, 2010 ve 2017 yıllarının her ikisinde de katılımcı çocuk ve ergenlerin ailelerine aydınlatılmış onam formu göndeirlmiştir. Çalışma için veri, katılmaya gönüllü ve aileleri tarafından izin verilen çocuk ve ergenlerden toplanmıştır. Anket doldurma işlemi 40 dakikalık ders saati ve 10 dakikalık tenefüs boyunca devam etmiştir.

2.4. Verilerin analizi

Çalışmanın amacına ulaşabilmesi için, ana analizlerden önce ÇKÖ için daha önce belirlenen faktör yapısını (Serim, 2010) doğrulamak için Doğrulayıcı Faktör Analizi yapılmıştır. Ana analiz olarak çocuk ve ergenlerin yaş, cinsiyet ve sosyoekonomik ststü değişkenlerine göre korkuları, 2010 ve 2017 yılları arasındaki korku farklılıkları, yaş, cinsiyet ve sosyoekonomik statüye göre en çok ve en az yaygın korkuları, 1999-2002 yılları arasındaki nesilin korkuları arasındaki farklılıklar ve korkuları ile olumsuz yaşam olayları deneyimleri arasındaki ilişki incelenmiştir. Her analizin ön kontrolü kendisinden önce raporlanmıştır.

3. BULGULAR

Çocuk ve ergenlerin güncel korkularını belirlemek için her bir faktör ve toplam skor için MANOVA yapılmıştır. Birinci faktör için (Ölüm ve tehlike korkusu) yaş-sosyoekonomik düzeyin etkileşim etkisi ($F (2, 1236) =4.90$, $p =.000$, $\eta2=.01$, küçük etki) (Şekil 3) ve cinsiyetin ana etkisi ($F (1, 126) =52.54$, $p =.000$, $\eta2=.04$, küçük etki) gözlenmiştir. Yaş-sosyoekonomik statü etkileşimi incelendiğinde, düşük sosyoekonomik statülü önergenlerin en yüksek seviyede (*M:* 2.56) orta sosyoekonomik statüdeki ergenlerin ise en düşük seviyede (*M:* 1.69) korkuya sahip

oldukları gözlenmiştir (Tablo 3). Kız katılımcılar (*M:* 2.37) erkek katılımcılardan (*M:* 1.96) daha yüksek seviyede korkuya sahiptir.

İkinci faktör için (Bilinmeyen korkusu) yaşın (F (2, 1236) =101.64, p =.000, η2=.14, orta etki), cinsiyetin (F (1, 1236) =9.37, p =.002, η2=.02, küçük etki) ve sosyoekonomik statünün (F (1, 1236) =867.15, p =.000, η2=.41, büyük etki) ana etkisi gözlenmiştir. Kız katılımcılar (*M:* 1.91) erkeklerden (*M:* 1.65), çocuklar (*M:* 2.04) önergenler (*M:* 1.84) ve ergenlerden (*M:* 1.61), düşük sosyoekonomik düzeydekiler (*M:* 2.03) ise orta sosyoekonomik düzeydekilerden (*M:* 1.50) daha yüksek korkuya sahiptirler.

Üçüncü faktör için (Okul ve sosyal stress korkusu) yaş, cinsiyet ve sosyoekonomik düzeyin etkileşim etkisi gözlenmiştir (F (2, 1236) =38.73, p =.000, η2=.06, küçük etki) (Şekil 4-5). Bütün katılımcılar içinde, en yüksek ve en düşük korku seviyeleri orta sosyoekonomik düzeydekilere aittir. Erkek önergenler (*M:* 2.17), en yüksek korkuya sahipken kız çocuklar (*M:* 1.46) en düşük seviyede korkuya sahip olduklarını ifade etmişlerdir (Tablo 4).

Dördüncü faktör için (Hayvan korkusu) yaş, cinsiyet ve sosyoekonomik düzeyin etkileşim etkisi gözlenmiştir (F (2, 1236) =5.25, p =.000, η2=.04, küçük etki) (Şekil 6-7). Bütün katılımcılar içinde, en düşük ve en yüksek seviyede korku orta sosyoekonomik düzeydeki önergenler tarafından raporlanmıştır. En fazla korkan grup orta sosyoeokonomik düzeydeki kız önergenlerken (*M:* 2.30) en az korkan grup orta sosyoekonomik düzeydeki erkek önergenlerdir (*M:* 1.23) (Tablo 5).

Beşinci faktör (Medkal ve durumsal korkular) için cinsiyet-yaş etkileşim etkisi (F (2, 1236) =8.34, p =.000, η2=.01, küçük etki) (Şekil 8) ve sosyoekonomik düzey ana etkisi (F (1, 1236) =320.88, p =.000, η2=.20, orta etki) gözlemlenmiştir. Cinsiyet ve yaş etkileşimi incelendiğinde ençok korkan grubun kız çocuklar (*M:* 1.60) ve en az korkan grubun erkek önergenler (*M:* 1.16) olduğu gözlenmiştir. Bütün katılımcılar içinde düşük sosyoekonomik düzeyde olanlar (*M:* 1.63) orta sosyoekonomik düzeyde olanlardan (*M:* 1.19) daha yüksek seviyede korku raporlamışlardır (Tablo 6).

Toplam skorlar için yaş-sosyoekonomik düzey etkileşim etkisi (F (2, 1236) =5.47, p =.004, η2=.01, küçük etki) (Şekil 9) ve cinsiyet ana etkisi (F (1, 1206) =29.13, p =.000, η2=.02, küçük etki) gözlenmiştir. Yaş ve sosyoekonomik statü grupları arasında, düşük sosyoekonomik statüdeki önergenler (*M:* 2.26) en yüksek orta sosyokeonomik düzeydeki ergenler (*M:* 1.52) en düşük korku seviyesine sahiptir. Ayrıca, kızlar (*M:* 2.08) erkeklerden (*M:* 1.77) daha yüksek seviyede korkuya sahiptir (Tablo 7).

Çocuk ve ergenlerin korkularının 2010 ve 2017 yılları arasındaki farklılığını bulmak için öncelikle en yaygın korkuları incelenmiştir.2017'de en yaygın 10 korku şu şekilde ifade edilmiştir: (1)Darbe/ Ayaklanma, (2)Cehenneme gitmek, (3)Ailemden birinin ölmesi, (4)Allah, (5)Ailemden birinin kaza geçirmesi, (6)Ülkemizin düşmanlar tarafından işgal edilmesi, (7)Terör saldırıları, (8)Taciz, (9)Bir yakınımın ölmesi (büyükanne, en yakın arkadaş), (10)Anne-babamın ayrılması ya da boşanması.2010 ve 2017 yılları karşılaştırması Tablo 8'de verilmiştir.

Kızlar arasında en yaygın 10 korku 2017'de şu şekildedir: (1) Darbe/ Ayaklanma, (2)Cehenneme gitmek, (3)Allah, (4) Ailemden birinin ölmesi, (5) Ailemden birinin kaza geçirmesi, (6) Ülkemizin düşmanlar tarafından işgal edilmesi, (7)Sınıfta kalmak, (8) Bir yakınımın ölmesi (büyükanne, en yakın arkadaş), (9) Anne-babamın ayrılması ya da boşanması, (10)Terör saldırıları.

Erkekler arasında en yaygın 10 korku 2017'de şu şekildedir: (1)Darbe/ Ayaklanma, (2) Ailemden birinin ölmesi, (3)Cehenneme gitmek, (4) Taciz, (5)Terör saldırıları, (6) Ailemden birinin kaza geçirmesi, (7) Ülkemizin düşmanlar tarafından işgal edilmesi, (8)Allah, (9) Silahlı saldırı, (10) Bir yakınımın ölmesi (büyükanne, en yakın arkadaş). Kız ve erkeklerin en yaygın korkularının 2010 ve 2017 yılları arasındaki karşılaştırması Tablo 10'da verilmiştir.

Çocuklar arasında 2017'de en yaygın 10 korku şu şekildedir: (1)Darbe/ Ayaklanma, (2) Ailemden birinin ölmesi, (3)Cehenneme gitmek, (4) Ülkemizin düşmanlar tarafından

işgal edilmesi, (5) Ailemden birinin kaza geçirmesi, (6) Terör saldırıları, (7)Taciz, (8) Anne-babamın ayrılması ya da boşanması, (9) Islah evine gitmek, (10) Sınıfta kalmak.

Ergenler arasında 2017'de en yaygın 10 korku şu şekildedir: (1) Darbe/ Ayaklanma, (2) Cehenneme gitmek, (3)Allah, (4) Ailemden birinin ölmesi, (5) Ailemden birinin kaza geçirmesi, (6) Ülkemizin düşmanlar tarafından işgal edilmesi, (7) Terör saldırıları, (8) Bir yakınımın ölmesi (büyükanne, en yakın arkadaş), (9)Nükleer savaş, (10)Silahlı saldırı. Çocuk ve ergenlerin en yaygın korkularının 2010 ve 2017 yılları arasındaki karşılaştırması Tablo 11'de verilmiştir.

Düşük sosyoekonomik düzeyde çocukların 2017'de en yaygın korkuları şu şekildedir: (1) Ailemden birinin ölmesi, (2) Darbe/Ayaklanma, (3)Cehenneme gitmek, (4)Terör saldırıları, (5)Taciz, (6)Ailemden birinin kaza geçirmesi, (7)Ülkemizin düşmanlar tarafından işgal edilmesi, (8) Silahlı salıdırı, (9) Hareket eden araçtan silahlı saldırıya uğramak, (10) Kaçırılmak.

Orta sosyoekonomik düzeyde çocukların 2017'de en yaygın korkuları şu şekildedir: (1) Darbe/Ayaklanma, (2) Cehenneme gitmek, (3) Allah, (4) Ailemden birinin ölmesi, (5)Ülkemizin düşmanlar tarafından işgal edilmesi, (6) Ailemden birinin kaza geçirmesi, (7) Bir yakınımın ölmesi (büyükanne, en yakın arkadaş), (8) Nükleer savaş, (9) Anne-babamın ayrılması ya da boşanması, (10)Sınıfta kalmak. Düşük ve orta sosyoekonomik düzeydeki çocukların en yaygın korkularının 2010 ve 2017 yılları arasındaki karşılaştırması Tablo 11'de verilmiştir.

Çocuk ve ergenlerin 2010 ve 2017'deki korkularını sosyoekonomik düzeyi kontrol ederek, yaş ve cinsiyete göre incelediğimizde, grafiklerin çoğunda azalma gözlenmektedir, yani korku tiplerinin çoğu için çocuk ve ergenler 2017'de daha düşük seviyede korku raporlamışlardır. Korku tiplerinin neredeyse tamamı için, sırasıyla çocuk, önergen ve ergenlerin en yüksek seviyede korkuya sahip olduğu gözlenmiştir.

Toplam skor için, 2010 ve 2017'de kızlar erkeklerden daha yüksek seviyede korku raporlamışlardır (Tablo 13). Kız katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da (*M:* 2.35) ve 2017'de çocuklar olmuştur (*M:* 2.01). Kızlar arasında en düşük korkuya sahip grup ise 2010'da (*M:* 2.01) ve 2017'de (*M:* 1.80) ergenler olmuştur (Şekil 10). Erkek katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da (*M:* 2.10) ve 2017'de çocuklar olmuştur (*M:* 1.91). En düşük korkuya sahip olan grup ise 2010'da (*M:* 1.62) ve 2017'de ergenler (*M:* 1.58) olmuştur (Şekil 11).

Ölüm ve tehlike korkusu için, 2010 ve 2017'de kızlar erkeklerden daha yüksek seviyede korku raporlamışlardır (Tablo 14). Kız katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da (*M:* 2.69) ve 2017'de çocuklar olmuştur (*M:* 2.30). Kızlar arasında en düşük korkuya sahip grup ise 2010'da (*M:* 2.30) ve 2017'de (*M:* 2.05) ergenler olmuştur (Şekil 12). Erkek katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da (*M:* 2.44) ve 2017'de çocuklar olmuştur (*M:* 2.27). En düşük korkuya sahip olan grup ise 2010'da (*M:* 1.87) ve 2017'de ergenler (*M:* 1.74) olmuştur (Şekil 13).

Bilinmeyen korkusu için, 2010 ve 2017'de kızlar erkeklerden daha yüksek seviyede korku raporlamışlardır (Tablo 15). Kız katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da (*M:* 2.11) ve 2017'de çocuklar olmuştur (*M:* 1.94). Kızlar arasında en düşük korkuya sahip grup ise 2010'da (*M:* 1.55) ve 2017'de (*M:* 1.59) ergenler olmuştur (Şekil 14). Erkek katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da (*M:* 2.87) ve 2017'de çocuklar olmuştur (*M:* 1.83). En düşük korkuya sahip olan grup ise 2010'da (*M:* 1.36) ve 2017'de ergenler (*M:* 1.48) olmuştur (Şekil 15).

Okul ve sosyal stres korkusu için, 2010 ve 2017'de kızlar erkeklerden daha yüksek seviyede korku raporlamışlardır (Tablo 16). Kız katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da çocuklar olurken (*M:* 2.099) ve 2017'de önergenler olmuştur (*M:* 1.79). Kızlar arasında en düşük korkuya sahip grup ise 2010'da (*M:* 1.98) ve 2017'de (*M:* 1.63) ergenler olmuştur (Şekil 16). Erkek katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da çocuklar olurken (*M:* 1.97) ve 2017'de

önergenler olmuştur (*M:* 2.07). En düşük korkuya sahip olan grup ise 2010'da (*M:* 1.76) ve 2017'de ergenler (*M:* 1.58) olmuştur (Şekil 17).

Hayvan korkusu için, 2010 ve 2017'de kızlar erkeklerden daha yüksek seviyede korku raporlamışlardır (Tablo 17). Kız katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da çocuklar olurken (*M:* 2.27) ve 2017'de önergenler olmuştur (*M:* 1.86). Kızlar arasında en düşük korkuya sahip grup ise 2010'da (*M:* 1.91) ve 2017'de (*M:* 1.72) ergenler olmuştur (Şekil 18). Erkek katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da (*M:* 1.78) ve 2017'de çocuklar olmuştur (*M:* 1.70). En düşük korkuya sahip olan grup ise 2010'da (*M:* 1.48) ve 2017'de ergenler (*M:* 1.35) olmuştur (Şekil 19).

Medikal ve durumsal korkular için, 2010 ve 2017'de kızlar erkeklerden daha yüksek seviyede korku raporlamışlardır (Tablo 18). Kız katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da (*M:* 1.65) ve 2017'de çocuklar olmuştur (*M:* 1.44). Kızlar arasında en düşük korkuya sahip grup ise 2010'da önergenler olurken (*M:* 1.51) ve 2017'de (*M:* 1.33) ergenler olmuştur (Şekil 20). Erkek katılımcılar arasında en yüksek korkuya sahip olan grup 2010'da (*M:* 1.48) ve 2017'de çocuklar olmuştur (*M:* 1.43). En düşük korkuya sahip olan grup ise 2010'da (*M:* 1.33) ve 2017'de önergenler (*M:* 1.13) olmuştur (Şekil 21).

2010 ve 2017 yılları için çocuk ve ergenlerin korkularındaki değişimi 1999 ile 2002 yılları arasındaki nesiller için karşılaştırdığımızda arasında, her korku tipi ve toplam skor için kız katılımcıların erkek katılımcılardan daha yüksek seviyede korkuya sahip olduğu ve her iki cinsiyet için de artan yaş ile beraber azalan seviyede korku raporlandığı gözlenmiştir. Her doğum kohortu için 2010 ve 2017 yılında en düşük seviyede korku kız çocuklar tarafından ölüm ve tehlike korkusu için, en yüksek seviyede korku ise medikal ve durumsal korkular için raporlanmıştır. Sonuçlar Tablo 19-22'de ve iki yıl arasındaki farklılıklar Şekil 22-45'te verilmiştir.

Olumsuz yaşam olaylarına maruz kalma sayıları ile çocukların belirli tipteki korkularının seviyesi arasındaki ilişkiyi anlyabilmek için 3 farklı ANOVA yapılmıştır. Birincisi, ölüm ve tehlike konularındaki olaylarlar (örneğin, aileden birinin ölmesi, evde yangın çıkması) ile ölüm ve tehlike korkusu ve toplam korku skoru arasındaki ilişkiyi görebilmek için yapılmış ve en çok ve en az olumsuz olaya maruz kalan grupların korkuları arasında ölüm ve tehlike korkusu skoru ($F (9, 1238) = 17.73$, $p = .00$) ve toplam skor ($F (9, 1238) = 16.56$, $p = .00$) için de anlamlı farklılık bulunmuştur (Şekil 46-47).

İkincisi, okul ve sosyal stres konularındaki olaylarlar (örneğin, önemli bir sınava girmek, yeni insanlar tanımak) ile okul ve sosyal stres korkusu ve toplam korku skoru arasındaki ilişkiyi görebilmek için yapılmış ve en çok ve en az olumsuz olaya maruz kalan grupların korkuları arasında okul ve sosyal stres korkusu skoru ($F (5, 1242) = 57.66$, $p = .00$) ve toplam skor ($F (5, 1242) = 64.01$, $p = .00$) için de anlamlı farklılık bulunmuştur (Şekil 48-49).

Üçüncüsü, medikal ve durumsal konulardaki olaylarlar (örneğin, bir kemiğini kırmak, ağır bir kaza geçirmek) ile medikal ve durumsal korkular ve toplam korku skoru arasındaki ilişkiyi görebilmek için yapılmış ve en çok ve en az olumsuz olaya maruz kalan grupların korkuları arasında medikal ve durumsal korkular skoru ($F (3, 1244) = 16.49$, $p = .00$) ve toplam skor ($F (3, 1244) = 31.88$, $p = .00$) için de anlamlı farklılık bulunmuştur (Şekil 50-51).

Her üç analizin Post-hoc testleri sonucu maruz kalınan olumsuz olay sayısının belirlenen korku tipleri (ölüm ve tehlike korkusu, okul ve sosyal stres korkusu, medikal ve durumsal korkular) ve toplam skor için korku seviyesiyle doğru orantılı olduğunu göstermiştir.

4. TARTIŞMA

Çocuk ve ergenlerin korkuları yaşadıkları ülkede gerçekleşen olaylara bağlı olarak değişkenlik gösterdiğinden (örn. Burnham, 2009), ÇKÖ farklı kültürlere özel korkuları

belirlemek için pek çok dile çevrilmiş ve kültürlerine uyarlanmıştır (örn. Brezilya, İran). En yaygın kullanılan korku ölçeği olduğundan (Gullone, 1999), bu çalışma için ana ölçek olarak ÇKÖ Türkçe versiyonu kullanılmıştır. Daha önce ÇKÖ, Türkçeye çevrilmiş ve uyarlandığında (Serim, 2010), analizlerin sonuçları test-tekrar test, iç geçerlilik, benzer ölçek geçerliliği için yeterli bulunmuştur. Ayrıca, Açıklayıcı Faktör Analizi sonuçları 5 korku tipi ortaya koymuştur; ölüm ve tehlike korkusu, bilinmeyen korkusu, hayvan korkusu, okul ve sosyal stres korkusu ve medikal ve durumsal korkular.

Daha önce bahsedildiği, korku bilişsel ve duygusal gelişim örüntülerine zarar verebilir ve gelecekte oluşabilecek kaygı bozukluklarıyla yakın ilişkidedir. Bunun yanı sıra, çocuk ve ergenlerin korkuları toplumsal, ekonomik ve kültürel değişikliklerden etkilenir (örn. Burnham, 2009). Bu nedenle çocuk ve ergenlerin korkuları düzenli olarak, geçerli ve güvenilir ölçeklerle izlenmelidir. Bu çalışma için kullanılan ÇKÖ'nün geçerliliğini ölçmek için Doğrulayıcı Faktör Analizi uygulanmış ve daha önce önerilen faktör yapısı doğrulanmıştır. Böylece, ÇKÖ'nün Türkiye'de yaşayan 8 ile 18 yaşları arasındaki çocuk ve ergenlerin korkularını ölçmek için geçerli ve güvenilir bir ölçek olduğu ortaya konmuştur.

Veri toplama yılı ve doğum kohortlarına gör ekarşılaştırma yapmadan önce, çocuk, önergen ve ergenlerin güncel korkuları belirlenmiştir. Daha önce yapılan çalışmaların sonuçlarına dayanarak, çocuk, önergen ve ergenlerin korkularının seviyesinin artan yaşlarıyla birlikte azalması beklenmiştir. Yani, çocukları en yüksek korkuya, önergen ve daha sonra da ergenlerin sırayla daha düşük korkuya sahip olmaları beklenmiştir. Ancak sonuçlar araştırmacının beklentisiyle tutarsızlık göstermiştir.

Önergenlerin çocuklardan daha yüksek seviyede okul ve sosyal stress korkusu taşımaları iki farklı açıdan tartışılmıştır. İlki Muris ve Ollendick'in (2002) başarısız olma ve eleştirilme korkusu için iki farklı yaş grubu önermesi ile bu çalışmanın sonuçlarının örtüşmesidir. Bu farklılık pek çok yaklaşımla açıklanabilir. Örneğin Erikson (1959) tarafından ortaya atılan psikososyal gelişim basamakları ve Piaget (1970) tarafından açıklanan bilişsel gelişim basamakları okulla ilgili korkuların çocuklar arasında, sosyal ilişkilerle ilgili korkuların önergenler arasında daha yaygın

olmasını açıklar niteliktedir. İkincisi, Türkiye'de eğitim sisteminin ortaokul ve lise öğrencileri için bir sonraki kademede iyi eğitim veren okullara geçebilmek için sınav gerektirmesi, bu sınavlara hazırlanan önergen ve ergenlerin okul ve sısyal stras korkusunun daha yüksek olmasını sebeplerinden olabilir.

Hayvan korkuları için önergenlerin en yüksek ve en düşük korkuları taşıyan grup olması daha önceki çalışmaların sonuçlarıyla uyum göstermemektedir (örn. Di Riso ve ark., 2013). Kalıtsal özellik taşıyan korkulardan biri olan hayvan korkuları insanlar için hayati önem taşımaktadır (Darwin, 1877). Ayrıca Mowrer (1951) hayvan korkularının kaçınma davranışıyla edinilebileceğini ya da ortadan kaldırılabileceğini anlatan iki-faktör kuramını ortaya atmıştır. Ayrıca, hayvan korkuları dolaylı öğrenme deneyimlerinin korkular üzerindeki etkilerini inceleyen pek çok çalışmaya konu olmuştur. Bu çalışmaların sonuçları izleyerek öğrenme kaynaklarının ve sözlü bilgi aktarımının hayvan korkularının ediniminde olduğu kadar ortadan kaldırılmasında da etkili olduğunu göstermiştir (örn. Reynolds ve ark., 2013). Özellikle 7-13 yaşları arasındaki çocuk ve önergenlerin bilgi aktarımının tipine göre (olumlu ya da olumsuz) farklı seviyelerde hayvan korkularına sahip olduğunu gösteren pek çok araştırma mevcuttur (örn. Ooi ve ark., 2016). Dolayısıyla, doğrudan ya da dolaylı öğrenme deneyimlerinden etkilenmiş olma ihtimalleri göz önünde bulundurarak, çocuk, önergen ve ergenlerin farklı içerik ve seviyelerde hayvan korkularına sahip olamalarının koşullanma, model alma ve bilgi edinmeleriyle ilgili olabileceği söylebenilir.

Cinsiyet farklılıklarıyla ilgili sonuçları incelersek, okul ve sosyal stress korkuları hariç, diğer 4 korku tipi ve toplam skorlar için kız katılımcılar erkek katılımcılardan daha yüksek seviyede korkuya sahiptir. Okul ve sosyal stress korkularının erkek katılımcılar tarafından daha yüksek seviyede raporlanmasının öncelikli sebebi kültürel olrak tanımlanmış cinsiyet rollerinin etkisi olabilir. Kollektivist toplum özellikleri taşıyan bir yanı olduğundan, Türkiye'de erkek çocuklar ileride aile kurmak, bu ailenin reisi olarak geçimini sağlamakla görevlidir ve bu beklentiyle büyütülürler (Kağıtçıbaşı, 1989; 1996). Türkiye'deki eğitim sistemi düşünülerek, yüksek maaşlı işlerde çalışabilmek için iyi eğitim veren ve ülkede tanınmış okullarda eğitim görmek ve bu

okulları kazanabilmek için de bir dizi sınavda başarılı olmak gerektiği söylenebilir (Rankin ve Aytaç, 2006). Dolayısıyla okul başarısı erkekler için kızlardan daha önemlidir bu da okul ve sosyal stress korkularının yüksek olmasına sebep olabilir.

Son olarak sosyoekonomik statü farklılıklarına da değinmek gerekmektedir. Korku tiplerinin neredeyse tamamı ve toplam skor için düşük sosyoeknomik statüsü olan katılımcılar ortda düzeydekilerden daha yüksek seviyede korkuya sahip olduklarını ifade etmişlerdir. Düşük sosyoekonomik düzeyde bir ailede büyümek, ail eve çocukların kendisiyle ilgili pek çok dezavantajı beraberinde getirmektedir. Çocukların duygusal gelişimi üzerinde sosyoekonomik düzeyin etkisini inceleyen çalışmaların büyük çoğunluğu bu düzeydeki ailelerin çocukların duygularına daha az hassas olduklarını (Hoff, Laursen ve Tardiff, 2002) ve çocuklarıyla daha az zaman geçirdiklerini (Fagundes ve Way, 2014) ortaya koymuştur. Bunun sonucu olarak da çocuklukta güvensiz bağlanma ardından da ergenlik ve yetişkinlikte yakın ilişkilerde sorunlar karşımıza çıkmaktadır (Murdock ve Fagundes, 2017). Ayrıca, düşük sosyoekonomik düzeyden olmak çocuk ve ergenlede düşük öz-düzenleme (Montroy, Bowles, Skibbe, McClelland ve Morrison, 2016) ve yüksek seviyede agresif davranışlar (Hay ve ark., 2007; McElroy, 2005) ve depresyonla (Dallaire ve ark., 2008) doğru orantılı bulunmuştur. Düşük sosyoekonomik düzeydeki çocuklar için özellikle aile desteğinin düşük olması (Gudonis ve ark., 2017) ve depresyon seviyesinin yüksek olması (Ollendick ve Yule, 1990) çocukların daha fazla korkuya sahip olmasıyla doğru orantılı olduğundan, bu sonuç daha önceki çalışmalarla uyumludur. Ancak beklenmedik bir sonuç olan orta sosyoekonomik düzeydeki katılımcıların okul ve sosyal stress korkuları için hem en yüksek hem de en düşük seviyede korkuya sahip olmaları Türkiye'de eğitim eşitsizliği durumuyla değerlendirilebilir. Devlet Planlama Teşkilatının raporuna göre sosoekonomik statünün düşüklüğünü gösteren bir takım kriterler başarılı olma fırsatındaki eşitsizliklerle orantılıdır (Ferreira ve Gignoux, 2010). Bu doğrultuda düşük sosyoekonomik statüdeki çocukların daha az fırsata sahip olmalaı dolayısıyla başarılı olmayı çok fazla önemsememeleri ve bunun da onlar iöçin korkulacak bir durum olmamasının araştırma sonuçlarıyla uyumlu olduğu düşünülebilir.

Çocuk ve ergenlerin korkularının değişen toplumsal, ekonomik ve kültürel koşullarla birlikte değişimi için yapılan karşılaştırmalara gelirsek, öncelikle en yaygın korkulara bakarak, fiziksel iyi olma haliyle ilgili AIDS korkusu ya da nefes alamamaktan korkmak gibi maddelerin artık en yaygın korkular listesinde olmadığını, yeni eklenen maddlerin tamamının ise terör ile ilgili olduğunu görmekteyiz. Daha önce bahsi geçen bombalı saldırı ya da darbe girişimi gibi terör eylemlerini televizyonlardan izleyen çocukların en yaygın korkularının terörle ilgili olması bu çalışmanın sonuçları açısından beklendik bir durumdur. Ayrıca Suriye'den göç eden ailelerle birlikte yaşayıp onların savaşla ilgili deneyimlerine maruz kaldıklarından savaşla ilgili maddlerin ifade sıklığının artışı normal kabul edilebilir. Bunların yanı sıra, her iki yıl için de (2010 ve 2017) din ile ilgili korkuların, örneğin Allah ve cehennem korkusu gibi, yaygınlığının halen fazla olması, % 99.8'i Müslüman olan bir ülkede yaşayan ve İslam öğretileriyle büyütülen çocuklar için beklendik bir sonuçtur. Ayrı ayrı yaş, cinsiyet ve sosyoekonomik statü grupları için yapılan en yaygın korkular karşılaştırmaları da benzer sonuçlar vermiştir.

Çocuk ve ergenlerin 2010 ve 2017 yılları için korkuları korku tipleri ve toplam skor düzeyinde karşılaştırıldığında bir çoğunda yıllar itibariyle bir azalma gözlenmiştir. Ancak bilinmeyen korkusu ve okul ve sosyal stress korkuları için artış vardır. Bilinmeyen korkusu alt ölçeği "yabancılar", "evimin yakınında şiddet" gibi maddeler içerdiğinden bombalı saldırılar ve diğer terör olaylarına doğrudan ya da dolaylı olarak maruz kalan çocuk ve ergnelerin bu korku tiplerindeki artış beklendik bir sonuçtur. Benzer şekilde eğitim sisteminde zaman zaman temelden değişiklikler yaşanmasının da artan okul ve sosyal stress korkusu olarak karşımıza çıkması normal karşılanabilir.

Diğer taraftan bu çalışma olumsuz yaşam olayları ve çocukların korkuları arasındaki ilişkiyi incelemiş ve sonuçlar maruz kalınan yaşam olayları sayısı arttıkça o yaşam olaylarıyla ilgili korku tipinin seviyesinin de arttığını göstermiştir. Daha önce bahsi geçen Rachman'ın (1970) teorisinde değinilen doğrudan ve dolaylı öğrenme deneyimlerinin bu ilişkide rolü olduğu düşünülebilir.

Nesiller arasındaki korku farklılıkları incelendiğinde küçük yaştaki kız çocuklarının yüksek seviyede kokruya sahip oldukları gözlenmiştir. Kız çocuklarının korku

edinimindeki bu dezavantajı, onların yaşam boyu daha önce korku ile yakın ilişkili olduğu belirtilen kaygı bozukluğu (Bruce ve ark., 2005) ve depresyon (Kessler, 2006) yaşama oranlarını erkeklere göre daha yüksek olmasıyla ilişkili olabilir. Ayrıca, kız çocuklarının cinsiyet roller gereği daha çekinik olmaları beklendiği ve dış dünyanın tehlikelerle dolu bir ortam olduğu anlatılan ailelerde büyüdüğü göz önünde bulundurulursa, daha yüksek korkuya sahip olmaları beklendik bir sonuçtur.

Özetle, küçük yaşta olmak, kız olmak ve düşük sosyoekonomik düzeyde olmak yüksek seviyede korkuyla doğru orantılıdır. Ayrıca, içinde yaşanılan toplumun deneyimlediği sosyal, ekonomik ve kültürel değişiklikler çocuk ve ergenlerin korkularını etkilemektedir.

4.1. Uygulamaya Yönelik Öneriler

Çocuk ve ergenlerin korkuları normal duygusal gelişimin bir parçasıysa da duygusal bir takım sorunlara da yol açabilir. Bu nedenle ruh sağlığı çalışanları, aileler, öğretmenler ve çocukların kendileri bu konuyla ilgili bilgilendirilmelidir. Bunu sağlayabilmek için öncelikle araştırmacıların ve ruh sağlığı çalışanlarının geçerli ve güvenilir ölçeklerle çocuk ve ergenlerin korkualarını belirlemeleri gerekmektedir. Bu çalışmanın ilk sonucu olarak ÇKÖ'nün Türkiye'de yaşayn çocuk ve ergenlerin korkularını ölçemek için geçerli ve güvenilir bi ölçek olduğu ortaya konmuştur. Bu bulguları doğrulamak için daha farklı örneklemlerle çalışmalar da yapılabilir.

Çocuk ve ergenlere ve onların aileleri ile öğretmenlerine erişilebilirliği en yüksek gruplardan biri olan okul psikolojik danışmanlarının çocuk ve ergenlerin korkularını olması gereken seviyede tutabilmeleri için bu çalışmanın sonuçlarını izlemeleri gerekmektedir. Bu çalışmanın sonuçlarına göre korkuunun normal gelişim örüntüsü hakkında çocuk ve ergenlerin aileleri ve öğretmenleriyle birlikte bilgilendirilmesi gerekmektedir. Sonuçlara göre dezavantajlı olan ve risk grubu olarak değerlendirilebilecek grupların etkili başetme becerileri ve işlevsel duygu düzenleme becerileri hakkında güçlendirilmeleri çalışmaları yapılabilir. Bu süreçte, kültürel farklılıklar göz önünde bulundurularak, toplumun cinsiyet rolü beklentilerine uygun olarak planlamalar yapılmalı, daha çekinik olan kız çocuklarının farkındalıklarını

arttırmaya yönelik çalışmalar uygulanmalıdır. Duygularını ifade etmekte sorlanan çocukların bu konuda desteklenmeleri gerekmektedir. Bunu başarabilmek adına Bilişsel Davranışçı Terapi kullanılabileceği gibi, terapötik ilişkiyi destekleyen Oyun Terapisi de planlanabilir.

4.2. Gelecek çalışmalar için Öneriler

Bu çalışmanın güçlü olduğu kadar zayıf yönleri de olduğundan gelecek çalışmalar için bu yönde önerilerde bulunulacaktır. Öncelikle olumsuz yaşam olaylarının gerçek etkisini gözlemleyebilmek için ilişkili araştırma desenleri kullanılmaldır. Bunu yaparken mağdur olan ve olmayan katılımcılar çalışmaya dahil edilmelidir. Bu çalışmada yaş, cinsiyet ve sosyoekonomik düzey değişkenleri kullanılmıştır ancak, daha fazla çevresel faktör örneğin ailelerin ya da okul ortamının etkisi de incelenmelidir. Bunu yapabilmek için ÇKÖ'ye çocukların fikri alınarak daha güncel maddeler eklenmeldir. Ayrıca, katılımcıların kendilerini değelerndirikleri ölçeklerin tamamında yaşanan sınırlılıkları bu çalışma da taşıdığından gelecekteki çalışmalarda ailelerin, öğretmenlerin ve arkadaşların gözlemlerine de yer verilmelidir.

G. TEZ İZİN FORMU/THESİS PERMISSION FORM

ENSTİTÜ / INSTITUTE

Fen Bilimleri Enstitüsü / Graduate School of Natural and Applied Sciences [ ]

Sosyal Bilimler Enstitüsü / Graduate School of Social Sciences [X]

Uygulamalı Matematik Enstitüsü / Graduate School of Applied Mathematics [ ]

Enformatik Enstitüsü / Graduate School of Informatics [ ]

Deniz Bilimleri Enstitüsü / Graduate School of Marine Sciences [ ]

YAZARIN / AUTHOR

Soyadı / Surname : SERİM-YILDIZ
Adı / Name : BEGÜM
Bölümü / Department: EDUCATIONAL SCIENCES

TEZİN ADI / TITLE OF THE THESIS (İngilizce / English) : FEARS OF CHILDREN AND ADOLESCENTS AND THEIR RELATION TO INDIVIDUAL CHARACTERISTICS ANDCONTEXTUAL FACTORS: A CROSS-SEQUENTIAL DESIGN

TEZİN TÜRÜ / DEGREE: Yüksek Lisans / Master [ ] **Doktora** / PhD [X]

1. **Tezin tamamı dünya çapında erişime açılacaktır. /** Release the entire work immediately for access worldwide. [X]
2. **Tez iki yıl süreyle erişime kapalı olacaktır.** / Secure the entire work for patent and/or proprietary purposes for a period of **two year.** * [ ]
3. **Tez altı ay süreyle erişime kapalı olacaktır.** / Secure the entire work for period of **six months**. * [ ]

* *Enstitü Yönetim Kurulu Kararının basılı kopyası tezle birlikte kütüphaneye teslim edilecektir. A copy of the Decision of the Institute Administrative Committee will be delivered to the library together with the printed thesis.*

Yazarın imzası / Signature ..... **Tarih** / Date 17.12.2018