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## Children's nighttime fears: parent–child ratings of frequency, content, origins, coping behaviors and severity

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### Abstract

The present study investigated nighttime fears in normal school children aged 4 to 12 yr ( $N=176$ ). Children and their parents were interviewed about the frequency, content, origins, coping behaviors and severity of children's nighttime fears. Results showed that 73.3% of the children reported nighttime fears, indicating that these fears are quite prevalent. Inspection of the developmental course of nighttime fears revealed that these fears are common among 4- to 6-year-olds, become even more frequent in 7- to 9-year-olds and then remain relatively stable in 10- to 12-year-olds. Inspection of the origins of nighttime fears revealed that most of the children (i.e., almost 80%) attributed their fear to negative information; conditioning and modeling were endorsed less frequently (25.6% and 13.2%, respectively). A substantial percentage of the children (24.0%) indicated that learning experiences had not played a role in the acquisition of their nighttime fears. Children reported a variety of coping strategies in order to deal with their nighttime fears and generally rated these strategies as helpful in reducing anxiety. Furthermore, children's nighttime fears were associated with moderate levels of anxiety. Moreover, in about 10% of the children, nighttime fears were related to one or more DSM-III-R anxiety disorders. Finally, parental reports of children's nighttime fears substantially deviated from children's reports. Most importantly, parents provided a marked underestimation of the frequency of nighttime fears, at least as reported by their children. © 2000 Elsevier Science Ltd. All rights reserved.

*Keywords:* Nighttime fears; Children; Anxiety; Anxiety disorders; Origins

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## 1. Introduction

Specific fears are prevalent in children (e.g., King, Hamilton & Ollendick, 1988); yet, most of these fears are short-lived and disappear within months (e.g., Ferrari, 1986). However, in some children, specific fears become severe, interfere with normal functioning and may be quite durable (e.g., Bernstein & Borchardt, 1991). A substantial proportion of children display nighttime fears (King, Ollendick & Tonge, 1997). Children with these fears become highly anxious through the night or when exposed to darkness (e.g., Graziano, Mooney, Huber & Ignasiak, 1979). Although it was originally thought that nighttime fears occurred predominantly in very young children (Friedman & Ollendick, 1989), recent research has shown that these fears are also reported frequently by older children. For example, in two separate samples of 7- to 13-year-old children (Muris, Merckelbach & Collaris, 1997; Muris, Merckelbach, Meesters & Van Lier, 1997), ‘fear of the dark’ and ‘fear of a burglar breaking into the house’ featured in the top 10 of most common fears.

Nighttime fears constitute a heterogeneous class of fears. For example, Mooney (1985; see also Mooney, Graziano & Katz, 1985) distinguished the following nighttime fear categories: fear related to personal safety (e.g., fear of a kidnapper), fear associated with separation or loss of others (e.g., worry about parents dying), fear of imaginary creatures, fear of scary dreams and fear of the dark. Several studies have investigated the developmental pattern of childhood fears. In a frequently cited study, Bauer (1976) asked 4- to 12-year-old children to describe their main fears. Results showed that younger children more frequently reported fears of ghosts and monsters, whereas older children described more realistic fears related to physical injury and health (see, for similar results, Muris, Merckelbach, Gadet & Moulart, *in press*). More specifically, 74% of 4- to 6-year-olds, 53% of 6- to 8-year-olds and 5% of 10- to 12-year-olds reported fears of ghosts and monsters; on the other hand, only 11% of 4- to 6-year-olds, but 53% of 6- to 8-year-olds and 55% of 10- to 12-year-olds reported fears of bodily injury and physical danger. Thus, children’s level of cognitive development appears to be related to the expression of specific fears (Bauer, 1976).

The origins of children’s nighttime fears are not well understood at this time. In their review article on nighttime fears, King et al. (1997, p.433) remark that “There is a dearth of scientific evidence on the causes of children’s nighttime fears” and that “Clearly more research is needed on the etiology and maintenance of [these] fears”. Rachman’s (1977; 1991) three pathways theory may provide a useful framework for studying the origins of children’s nighttime fears. According to this theory, there are three types of discrete but overlapping learning experiences that may play a critical role in the acquisition of fears: [1] aversive classical conditioning, [2] modeling (i.e., vicarious learning) and [3] negative information transmission. However, few studies have examined Rachman’s theory in relation to childhood fears. In what seems to be the largest study on the origins of childhood fears, Ollendick and King (1991) evaluated to what extent the three pathways can be applied to the most intensive fears as assessed with the Fear Survey Schedule for Children-Revised (FSSC-R; Ollendick, 1983). Children who reported ‘a lot’ of fear to FSSC-R items such as ‘not being able to breathe’, ‘being hit by a car or truck’ and so forth, were given a short questionnaire that asked them whether they had experienced conditioning, modeling and/or informational events related to these stimuli or situations. The authors found that a majority of children attributed their fear to negative information (88.8% of the children reported such

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