

Draw-and-Tell Conversations With Children About Fear

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As the demand to include children in research increases, researchers are discovering that few methods exist that are specifically designed with children in mind. In this article, the author introduces the draw-and-tell conversation as a child-centered and child-directed approach to data collection and illustrates its use in a qualitative study of children's fear experiences. Twenty-two children, ages 7 and 8 years, participated. Sequential mixed qualitative analyses suggest that children's draw-and-tell conversations provide new insight into how children describe and experience fear and highlight the unique nature of information accessed when using this approach.

Keywords: *draw and tell; conversations; fear; children's drawings; linguistic analysis; thematic analysis*

Children are not here primarily for us. We are here primarily for them.

—Max van Manen, 2002, p. 11

Today, there is a growing demand for research focused on children as actors in their own right. In both clinical and research practice, children typically have been treated as passive objects of study (Barker & Weller, 2003). The focus has been on what happens to them and the processes they undergo rather than on what they have to say (Alldred, 1998; Carter, 2004; Christenson & James, 2000). This construct of children as human "becomings," rather than as human beings, has exacerbated the objectification of children within research, health care, and society. To date, children have been known primarily through adult observations, proxies, and accounts. As the focus of child research shifts from seeking information about children to seeking information from them, traditional approaches to data collection, such as questionnaires, survey tools, and directed interviews, seem inappropriately adult centered, dominated, and biased (Bradding & Horstman, 1999). This article introduces the draw-and-tell conversation as one example of a child-centered and directed approach to data collection and presents a qualitative study in which this approach is used to explore young children's fear experiences.

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CHILDREN AND DRAWINGS

The use of children's drawings has a long tradition in the fields of psychiatry, psychology, and education (Buck, 1981; Burns, 1970; DiLeo, 1970, 1974; Goodenough, 1926, 1928; Harris, 1963; Kellogg, 1969; Koppitz, 1968, 1984; Machover, 1980). Although children's drawings rarely demonstrate the skill found in mature artists, they often give form and meaning to both familiar and unfamiliar experiences encountered at home, in school, on the street, through the media, in books, and during play (Engel, 1995). Deeply emotional content, untold family problems, forceful messages, and heart-wrenching stories have been poignantly depicted and narrated by children with drawings (Malchiodi, 1998). Yet, until recently, these drawings have been separated from the children and interpreted by adults. Most analysts have approached children's drawings as direct methods of interpretation, focusing entirely on the researcher's or clinician's interpretation rather than on the child's explanation of what the drawing means (Buck, 1981; Burns, 1970; Carroll & Ryan-Wenger, 1999; DiLeo, 1970, 1974; Goodenough, 1926, 1928; Harris, 1963; Koppitz, 1968, 1984; Machover, 1980; Ryan-Wenger, 1998).

Currently, there is renewed interest in the use of children's drawings in process therapy or therapeutic intervention (Malchiodi, 1998). Here, the focus shifts from the child's drawing to what the child says about the drawing. The child's drawing acts as a transitional space in which feelings can be externalized into a concrete form that can then be manipulated, reworked, or reconstructed (Hanney & Kozlowska, 2002). Furthermore, the act of doing art is seen as a relaxant, reducing individual defensiveness and enhancing communication (Arrington, 2001).

Young children typically know more than their verbal reports suggest, and the brevity of their responses might actually relate more to their inability to retrieve information than to their understanding of the event or concept under question. According to principles of encoding, how an item to be retrieved is originally encoded and stored determines the effectiveness of the retrieval cues presented to that individual for recall (Salmon, 2001). Young children, in contrast to adults, are more likely to attend to sensory and perceptual information than to semantic information for coding. The opportunity to draw might moderate the retrieval process for children by generating retrieval cues that are sensory rather than semantic and internally rather than externally generated. In turn, the opportunity to draw might actually help children organize their narratives before they share them. The opportunity to draw might also inadvertently provide a focus away from the adult researcher, which has the potential to decrease the social demands on the child in an interview, resulting in a more child-centered report (Gross & Hayne, 1998).

Recent studies have found that drawing facilitates children's abilities to talk, particularly about those events or constructs they might otherwise find difficult to describe (Gross & Hayne, 1998; LaGreca, 1990; Pipe, Salmon, & Priestley, 2002; Stafstrom, Rostasy, & Minster, 2002; Weinle, 2002; Wesson & Salmon, 2001). A systematic review of this literature and subsequent meta-analysis reports that introducing the opportunity to draw to young children before they are interviewed appears to be a robust strategy with a large overall effect size ($d = .95$) (Driessnack, 2005). However, each of the studies assessed the facilitative effect by focusing on a difference in the amount of information shared by the children

given the opportunity to draw first. Less attention was focused on the nature of that information. Although it appears that children speak more freely when given the opportunity to draw first, it also appears that we know very little about what it is that they then say.

This study specifically focuses on what children have to say about their drawings. The draw-and-tell conversation is introduced as a child-centered and child-directed approach to self-report that incorporates children's drawings for their facilitative effect rather than as a direct method for interpretation. It begins with a focus on storytelling, using narrative elicitation and conversation map guidelines from the narrative analysis literature (McCabe & Peterson, 1984; Rosenthal-Rollins, McCabe, & Bliss, 2000). The "draw and tell" designation is borrowed from the aforementioned meta-analysis (Driessnack, 2005). Children offered the opportunity to draw in the studies included in the meta-analysis were placed in an experimental, or draw-and-tell, group, whereas the control group was referred to as the "tell only" group.

I selected fear to focus the draw-and-tell conversations, because it is a part of every child's life experience and is a common response to health care interventions and environments. Fear is also thought to have potential detrimental effects on children's learning, social skills, and self-concept (Ollendick, Langley, Jones, & Kephart, 2001). Furthermore, persistent, unresolved or benumbed fear might contribute to the development of both mental health disorders and violent behavior in children (Greenspan, 2003; Nicastro & Whetsell, 1999).

THE STUDY

The purpose of the study was to explore children's fear experiences using a child-centered and directed approach to data collection. The draw-and-tell conversation was developed for and introduced in this study. A description of the participants, the context, the efforts to protect human subjects, the data collection process, and the approach to data analysis are included and followed by the presentation and discussion of findings.

Participants

The selection of children for this study was purposive and criterion based. Participants were second grade students, 7 and 8 years of age. I targeted this age because it sits at the lowest end of the age group requiring written assent for participation in research studies. It is also an age in which children's command of verbal skills is limited, yet children are still capable of constructing personal event narratives, or stories, and of using them spontaneously in their conversations more than any other type of discourse (McCabe & Bliss, 2003). Because this was a focused study, with a clearly defined topic and limited scope, I anticipated a relatively small sample size (6 to 10). Yet, each child participant was to be interviewed only once, and the amount of information elicited was potentially limited, so I originally sought a larger number (20 to 60). The final number of study participants was 22.

Context

Child participants were recruited through a private, religiously sponsored school system in a Midwestern city in the United States. I selected this school system to maximize the opportunity of participation from children within a broad demographic range, including socioeconomic status, educational ability, and ethnicity. Two elementary schools involving three classrooms took part. Of the 22 participants, 7 were female and 15 were male. Eleven of the participant's families self-identified as European American, 4 as Latino American, 3 as Asian American, 3 as African American, and 1 as a Pacific Islander. I identified socioeconomic status indirectly by requesting the family's qualified participation level in the school lunch program. Nine of the participant's families qualified for free lunch (< \$25,000/year) and 6 for reduced lunch (\$25,000 to \$50,000/year); 7 received no financial assistance (> \$50,000/year).

I also selected the school system for data collection to gain access to healthy children in their typical daily environment. Ill children might demonstrate regressive behaviors and be more fearful. Furthermore, the hospital is not a familiar environment for children and might have contributed to added apprehension on their part. However, schools, despite being familiar places where children spend a great deal of time, are still spaces in which children have little or no control (Barker & Weller, 2003). Recognizing this, I attempted to shift control to the children throughout the research study, and these attempts are presented and discussed as they were implemented in the process of data collection.

Protection of Human Subjects

I secured approval from the superintendent of schools, individual school principals, and teachers prior to obtaining university institutional review board approval for the study. Parental permission and child participant assent were obtained prior to the collection of data. I anonymized participant data using a chronological identifier that linked the data to basic demographics only. This was a low-risk, noninterventional study that did not involve health information. However, because children were asked to draw and tell about their fear(s), I anticipated that they might become fearful. To attend to this possibility, children were not left alone at any time during data collection and were reassured that they were able to stop at any time. A group of specialized health care providers and mental health counselors served as a backup. However, none of the children became overly fearful or apprehensive during data collection or in the few weeks following the study. In anticipation that information might be discovered regarding potential child abuse or neglect, I informed parents and children in the consent process that as a researcher, I was legally required to report that information to Child Protective Services (CPS). The need for a CPS referral(s) did not arise.

Few specific research guidelines exist about the appropriate types, amount, or schedules for incentives to be used with young children in research studies, other than that they should not be coercive (Rice & Broome, 2004). For this study, I gave a small collection of developmentally appropriate art supplies to each child participant. The parents, teachers, and schools were not compensated.

The Data Collection Process

A recruitment letter was sent home through the school with all second-grade students. It included a discussion of the study and a form for parents to return to the classroom that indicated a willingness to include their child in the study. The classroom teacher collected these forms, and I called the families to schedule a data collection time and answer any questions of either the parent(s) or the children. A reminder phone call was made the evening before the child's scheduled appointment, and parents were also asked at that time to remind their child. Because this was a low-risk study, only one parent needed to give permission. Parents also completed a brief demographic form to identify the child's age and the family's ethnicity and socioeconomic status. Explaining and obtaining child assent took a minimum of 15 to 20 minutes with each child and followed a prepared set of guidelines. Children were given the option of having the parent stay in the room during this process and during data collection. All children excused their parents to the hallway for both.

Data collection took place in one session and lasted under an hour. Each session was conducted one-on-one with the child participant in the child's classroom at the end of the school day. Each child was invited to sit in the teacher's chair inside a U-shaped, small-group work table. I sat on one of the outer seats typically occupied by the students. The classroom was selected because of its familiarity to the students. The invitation to sit in the teacher's chair was a deliberate attempt to empower the child in relation to the researcher and the context. The classroom door remained opened throughout the session, so parents could communicate a change in their whereabouts if necessary. No other students were present.

The Draw-and-Tell Conversation

The opportunity to draw is familiar, typically perceived as fun and nonthreatening, and unlike most school-based testing situations. Each child had a choice of plain white or manila 8 × 11 inch paper as well as a choice of drawing instruments that ranged from pencils to markers and crayons. Offering children choices from the beginning gave a sense of power and control to the child.

The blank surface of the paper framed by the outer edges represents a secure and clear boundary and a familiar, passive, and receptive medium for expression (Seiden, 2001). Unlike the paper, drawing instruments are viewed as aggressive and exist on a continuum that ranges from fluid to controlled, with finger paint and pastels at the fluid end and pencils at the controlled end (Robbins, 1994; Seiden, 2001). One of the most common controlled instruments used for marking is a pencil. It is familiar, used by most children early in life for writing and drawing, and leaves a mark that can either remain permanent or be easily erased. The gray color is emotionally noncommittal compared to the feeling qualities attributed to most colors. To the naïve, untrained, and hesitant artist, a pencil is relatively safe. Colored marking pens and crayons, on the other hand, are viewed as no-nonsense tools, more decisive, committed, and unable to be erased. Color is individual, culture based, and often used arbitrarily by young children (Malchiodi, 1998). For this study, children had a choice of only those drawing media that exist on the controlled end of the continuum, so they could again remain privileged in terms of control.

I developed and followed general guidelines for the elicitation of personal event narratives using an informal conversation map or story prompt, a technique developed by McCabe and Peterson (1984) and used successfully to elicit and evaluate children's narratives from a variety of cultures (Rosenthal-Rollins et al., 2000). Each child was asked to think about a time when he or she was most afraid, draw it, and, when finished with the drawing, tell me all about it. The entire draw-and-tell conversation activity was audiotaped. The children had control of the tape recorder, placing it where they were comfortable, running a test recording, and initiating and ending the actual data collection taping. I transcribed each of the recordings verbatim, listening to them more than once to ensure the inclusion of embellishments, such as inflections, short pauses, and long silences. The transcripts were checked for accuracy by a peer nurse researcher. The drawings were not shared or analyzed.

Approach to Data Analysis

For this study, I chose an exploratory approach using sequential mixed qualitative analyses [QUAL → qual]. First, using the linguistic approach to narrative analysis developed by Labov and Waletzky (1997), refined by Reissman (1993), and adapted for children by McCabe (1997), I analyzed each of the children's stories for its narrative structure to assess how children shared their fear experiences. The children's narratives were parsed into clauses, and each clause was then assigned to one of the six linguistic elements identified by Labov and Reissman. These elements include an abstract, orientation, complicating action, evaluation, resolution, and coda. The analysis was conducted within and then across all 22 narratives.

Second, once the linguistic analysis was completed, I reexamined the children's stories to assess what the children shared about their fear. Using thematic analysis, I searched each of the transcribed texts individually for recurring words, phrases, and patterns to identify core content, categories, and/or meanings (Patton, 2002). Once this search was complete, an across-narrative search was used to identify repetitive content patterns, or themes, using the children's *in vivo* terminology.

I maintained an audit trail to ensure the completeness and accuracy of documentation and the procedures used as well as a reflective journal that included thoughts, feelings, and biases that might influence the process and how I, as the researcher, attempted to manage them (Morse & Field, 1995). Both the audit trail and the reflective journal were peer reviewed and discussed, along with the findings, to increase the trustworthiness of the reported findings (Holloway & Wheeler, 2002).

FINDINGS

Translating an experience into a story is perhaps the most fundamental act of human understanding (McLaughlin & Tierney, 1993). However, analyzing that story is anything but fundamental or consistent. I began with a linguistic approach to the narratives to examine the structure of the stories shared by the children. This form of analysis is rooted in the structuring of a typical personal event narrative, which is the most common narrative structure used by children

between 6 and 8 years of age (McCabe & Peterson, 1990). I followed this with a thematic analysis of the narratives, as this approach is more typically used in the qualitative analysis of adult narratives. Each is presented individually.

Linguistic Analysis

A personal event narrative typically contains six linguistic elements that are used and manipulated depending on how the narrator chooses to tell a story. Children around 6 years of age have already developed the personal event narrative structure preferred by the dominant culture, in general, and by their family, in particular (McCabe & Peterson, 1990). In North America, children's personal event narratives typically begin with (a) an abstract of what they will talk about; followed by (b) an orientation to the context for the event; (c) the complicating action, or sequence of events with a culminating point; (d) the evaluation, or personal spin on the events as they occurred; (e) a resolution, in which they explain how it all gets solved; and, finally, (f) a coda, which brings the listener back to the present (Reissman, 1993). Each of the linguistic elements is presented and discussed individually. In addition, one of the children's narratives from this study, with the linguistic markings and comments, is shared in its entirety (Figure 1) as an example of this process.

Abstract. The abstract is an overview of what a narrative will be all about. In this study, the researcher, rather than the child, provided the abstract. Using a specific narrative elicitation prompt and conversation map, I directed the children to share their experiences of fear. Consequently, the children did not need to provide an abstract for what was to follow.

Orientation. Orienting clauses set the stage for sharing a storied experience. These clauses provide the setting, or context, for the narrative and answer the usual questions about who, when, what, and where for the listener. In this study, the children's narratives were dominated by orienting clauses detailing the actors, time, location, ongoing and/or imminent events, and other tangential information about the environment. In contrast to the amount of orienting detail, the children rarely featured themselves prominently in their drawings. Instead they were off the drawing, purposefully hiding or isolated by their circumstance. The child's narrative in Figure 1 is filled with orienting clauses [O] but the child is off the page and isolated from his parents, who are "WAY, WAY, WAY back."

Complicating action. Narrators typically present complicating action clauses using past tense action that sequences events to the high point in a story (e.g., this happened, then this, which led to, and then, until . . .). These actions are usually goal directed, building to the turning point, crisis, or problem, which is evaluated and then resolved before the narrative ends. In this study, none of the children's narratives contained typical complicating action clauses. In contrast, the action clauses were reported using the present tense and suspended there, frozen in a sort of timelessness. The action clauses also stand out because of a frequent use of the general pronoun *you*, as opposed to a personal pronoun expected in the telling



Tell me about your drawing ...

This is [pause]... it's dark on the TV. [O]

It's dark in the room too. [O]

But its g-e-t-t-i-n-g (spoken slowly) dark in the movie [O] [elongation]

It's really dark, [O] [repetition – dark] [intensifier]

And [pause] you know that's when something scary is going to happen, you know [pause] [E] [discourse marker] [inference]

You know it. [imminent event]

So you get scared, you know. [pause] [E] [internal response] [cause/effect][discourse marker]

So you are most afraid when it suddenly gets darker?

Yeah. Like I said. [pause] [pause]

Where are you in this picture?

I am out here [pointing off the page] [O]

I couldn't really draw that because then I would be in front of the TV [pause], but I'm here [O]

and maybe there are other people [pause] like my parents [pause]

but they are WAY, WAY, WAY back. [O] [repetition] [stress] [negation]

They are back too far [pause] [O] [intensifier]

I mean I'm here, [O]

I'm here between them and the TV [O]

The room is dark too. [O]

This is the door. [O]

But you can't see it in the dark. [pause] [O] [negation]

You can't see them [parents] in the dark either [pause] really [pause] [O] [negation]

FIGURE 1: Selected Narrative, Parsed Into Clauses, With Linguistic Elements and Narrative Markings

of a personal event narrative. Examples of some of these suspended action clauses include

you just wait there . . . *you* can't do anything . . . just wait

you can't do nothing, that's the thing

and it's like, *you* can't even move

TABLE 1: Evaluative Devices Used in Narratives

Internal emotional states (e.g., <i>happy, sad, scared</i>)
STRESS, e-l-o-n-g-a-t-i-o-n, exclamations!
Intensifiers or exaggerations (e.g., <i>really</i>)
Negation (e.g., what <i>didn't</i> happen or who/what <i>wasn't</i> there)
Repetition of words or phrases
Qualifiers (e.g., <i>good</i> or <i>bad</i>)
Parallelism, comparison, metaphors
Compulsion verbiage (e.g., <i>had</i> to)
Modal auxiliaries (e.g., <i>would</i> or <i>should</i> have)
Intentions (e.g., <i>wanted</i> to, <i>in order</i> to)
Mental states (e.g., <i>wondered</i>)
Hypotheses, inferences, predictions, causal explanations

nuthin', nuthin' *you* can do . . . that's the problem, really
 nuthin' *you* can do at all . . . no one can really help you
 and what can *you* do . . . nothing

When children share a personal event narrative, the primary purpose of the complicating action clauses is to build action to a high point. In this study, instead of building action by recounting past, causally connected action sequences, the children shared their experiences by first re-creating and orienting the listener to the context for the fear experience in the present and then inviting me into the story alongside them to experience it myself.

Evaluation. Evaluation clauses indicate the narrators' opinions or thoughts about what they are describing and are often referred to as the soul of the narrative, because they direct the listener to the meaning of the experience for the narrator. A narrator can use a number of evaluative devices, some of which are outlined in Table 1.

In this study, I directed the focus of the narrative to be on an internal emotional state: fear. Therefore it was expected that each of the narratives would contain clauses that referenced being afraid or scared, and they did. Other internal emotional states were rarely referenced. The dominant evaluative device used by the children was negation (see Table 1). Negation is used to explain what did not happen in the story, who was not there, and/or what was not right. Negations were presented throughout the orienting and action clauses and dominated the children's fear experiences. Specific examples of negation used by the children in this study are listed below:

It's a vegetarian dinosaur so it *shouldn't* eat people, *but* it *doesn't* always remember that
 You *don't* know who it is 'cause he's got a mask on
But you *can't* see it [the door] 'cause it's in the dark.
 I used to have a headlight to use, *but* it's broken.
 I have a light, *but* it's too far away for me to turn on
 The door is *closed* and all, and *too far away* anyway
 You *can't* hear it coming, that's the problem

I'm in bed *but* I'm *not* asleep yet

And he's all like the color of grass, *so* you *can't* see him

I am trying to get away, *but* I *can't* seem to move

Repetition, elongation, and intensifiers were other evaluative devices frequently used by the children in their narratives. For example, in the narrative presented in Figure 1, the child repeats the word *dark* 7 times. This same narrative also includes examples of using elongation ["g-e-t-t-i-n-g darker"] and intensifiers ["it's really dark"]. At times, evaluative devices were combined, as in this example from the same narrative combining the use of stress, repetition, and an intensifier:

They are WAY, WAY, WAY back . . . back too far

Other frequently used evaluative devices included inferences, predictions, and causal explanations. The following excerpt, from another child, illustrates the combination of these latter three evaluative devices:

It turns pink, to get you to think it's a girl snake, and nice and all, and then you might get closer than you know you should, if it wasn't pink

The children used each of the other evaluative devices presented in Table 1 but with much less frequency.

Resolution. A resolution consists of clauses presented in the past tense that refer to the sequence of events that follow the evaluative high point of the story. They cap the experience for the listener and clear the stage. However, none of the 22 narratives in this study contained a resolution clause. In contrast, listeners, along with the narrators, seemed to be suspended in the present with the story line unresolved, the stage still set, and the children seemingly lacking the wherewithal to clear it.

Coda. Codas typically follow resolution clauses and bring the story back to the present time. In this study, there were no resolution clauses to follow. Most often, I provided a pseudo coda, asking the children if there was anything else they wanted to share. When the children replied "no," the data collection section was wrapped up. It is interesting to note that 11 of the children reached out and touched me physically on the hand or arm at the end of data collection, asking if I was alright and not too frightened by what that individual child had just shared.

Thematic Analysis

The thematic analysis of the children's narratives followed. One of the narratives, illustrating typical thematic markings and comments, is shared in its entirety in Figure 2. In the thematic analysis, I initially focused on a full understanding of individual narratives before they were combined or aggregated thematically. I reviewed my reflective journal and integrated it into this analysis process. Five themes emerged from and united the children's narratives. These themes are presented in the order they emerged from the analysis. However, the ordering of their presentation does not imply rank or significance.



So, tell me all about your picture...

Well, [pause] I'm going to the doctor. [pause]

I'm going to the doctor [anticipation]

and I have to get a shot.

I don't want to get the shot. [pause] [have to but don't want to, not under my control]

These are the stairs you go up [pointing to the picture]. [child needs stairs, help]

Then HE comes over, from over there, where the shots are.

You know he is coming. [change from *I*, personal pronoun, to *you*, general pronoun]

You are getting it [anticipation/dread]

and you can't do anything. [helplessness]

He doesn't need the stairs. [pause] [child needs stairs to get up and to get away?] [adult doesn't]

You cry, y'know

You can't do anything else. [helplessness]

You just cry. [pause]

Oh... [pause]

[pause] This is the scale.

He does that first.

You weigh, I mean he weighs you

and sees how tall you are and all.

That always happens. [knows routine]

Then you watch if he goes over THERE [pause] to the shots.

He doesn't always go. [change of routine]

Get a shot, you know.

But you know because if he is goes there,

you're going to get it. [anticipation/dread]

You know that [pause].

The door is way over there. [escape route is far away]

It's closed and all [pause] [no way out]

so no one can hear you. [alone, no one can help]

He stands by the stairs. [pause] [blocks the way out?]

Where are you in this picture?

This is me (on examining table).

See the shot. [pause]

What are you doing?

Nothing.

There's nothing you can do. [pause] [helplessness]

You can't get away [pause] [helplessness]

Is there anyone else around to help you?

No. [pause] [no one can help]

My mom but [pause] she's not in the room, see [pause] [mom not directly available]

No, no one is really around [pause] [no one can help]

FIGURE 2: Selected Narrative With Thematic Analysis Markings/Comments

And you're all alone. The first theme centered on the concept of feeling alone or isolated. Many of the children included direct references to being physically alone, whereas others indirectly referenced the sense of being alone in their inability to be seen or heard. Selected excerpts supporting this theme include

The door is closed and all and too far away. Everyone is too far away. You're alone.

My mom brought me, but she's not in the room. See. No, no one is really around.

But when you are there no one knows it. You are by yourself.

And no one can help you, you know. You are up there all alone and all.

You drop to the ground, the snake leaves, and you're all alone.

And now the other girl is on another team from me. I'm the only one now.

And there's no one else around. Just me.

Didn't see it coming. The second theme focused on concepts of trickery and surprise. The children described sneaky snakes and camouflaged dinosaurs, the element of surprise when they could not see or hear something coming, and how each of these prevented them from being prepared. Selected excerpts supporting this theme include

I didn't see it coming!

Because I don't know he's there. I'm not ready for him, you know, I'm not ready.

They can sneak up on you and then you don't even feel it, I don't think, and you're dead.

Just like that. You can't hear them coming.

See his [the snake] eyes lookin' for me. He's all like the color of the grass so you can't see him . . . he can be sneaky.

It's 'cause they usually come when NO one is around, you know, get you when you are not looking or no one's around warning you.

This one is sneaky 'cause it turns pink to get you to think that it is a girl snake, and nice and all, and then you might get closer than you know you should, if it wasn't pink 'cause snakes are sneaky that way.

And then when you don't know it, all of a sudden it sloshes water up and sometimes it can get you, and you are not ready for that at all.

Nothing you can do. The third theme highlighted the children's presentation of themselves as helpless or victims. The sense of helplessness and perceived inability to resolve their situations, consider alternative solutions, or conjure the energy or avenue for escape were pervasive. Selected excerpts supporting this theme include

I used to have a headlight to use, but it's broken. I have a light but it is over there, too far for me to turn on, and I might fall if I try to turn it on. You're just sort of stuck, you know.

There's nothing you can do. You can't get away.

You're scared and you can't do nothing. That's the thing. If you could, you wouldn't be scared, I guess.

And I'm trying to get away but I can't move, you know, I'm too scared and it's like you can't even move.

Nuthin'. Nuthin' you can do. That's the problem, really, you know, nuthin' you can do at all.

And then what can you do, nothing. See, you are out of it and every one else is makin' all those decisions 'bout you and you can't say nothin' at all, cause you're havin' surgery.

Nobody's watching for me here. The fourth theme extended the children's sense of being alone and helpless to the others around them. The children often referred to the other people in their stories as too far away physically or emotionally to help: They, too, have been somehow rendered helpless. Selected excerpts supporting this theme include

No one really can help, at all. They're just about to run away 'cause they're scared too. When everyone's scared, there's no helping goin' on.

And the other kids, well, they don't care as long as it's not them, you know. They're not gonna help and all.

I'm probably gonna be next 'cause there's no one else round to help, 'cept the guy whose about to get it. Lot of help he'll be.

I mean, everyone else is going to be too busy screamin' and all. Whose gonna help me?

Nobody's watching for me here. They are cutting and stuff. They are way WAY too busy for me.

Just waiting there knowing. The final theme centered on a sense of anticipation and dread. The children's narratives mounted the evidence that something scary was about to happen, but instead of a fight-or-flight response, the children stayed put, anticipating and dreading its arrival. This sense of dread seemed oppressive, with the children's energies and problem-solving skills temporarily overwhelmed and/or immobilized. Selected excerpts supporting this theme include

You're stuck there [in spider web] so you're just waiting there knowing. It's [the spider] coming. It will numb you first and then eat you bit by bit. That much you already know.

She gets this face on and you know someone is in for it. No one can move. You just wait.

He is looking for who he's gonna get next. You don't know who it is 'cause he's got a mask on, and, but, you know he's lookin' for someone. You just can't see where he's looking. So you just wait there, knowin' it and all.

And we're coming to the first place of screaming and I know, I mean I don't know what's coming, 'cept for all the screams, I know that and I know that people don't scream for nothing, so I'm just waiting there knowing. Being scared of what is going to be scary, see, I really don't know. I just know that it is.

DISCUSSION

The purpose of this study was to explore children's fear experiences using the draw-and-tell conversation as a more child-centered and child-driven approach to self-report. Deliberate attempts to empower the child participants in relation to the researcher and the context were enacted. All of the resulting narratives were first analyzed using a linguistic approach to narrative analysis, followed by a thematic analysis. What follows is a discussion of the nature of information as it emerged using this approach and sequence of analysis.

Linguistic Analysis and Narrative Structure

The most interesting characteristic of the children's storied experiences of fear was that although children this age are linguistically capable of constructing complete narratives, the children in this study did not. Instead of sharing their stories with the typical linguistic sequencing of elements, they transposed their stories of fear into structures that overused certain linguistic elements and overtly omitted others.

The children's stories about fear were dominated by an excessive use of orienting clauses that detailed ongoing or imminent events, provided information about the children's circumstance, and concentrated on the context for their fear experience. The children themselves were rarely prominent in their stories and even chose to use the general pronoun *you* rather than a personal pronoun. Another variant in the structure of the stories was the absence of complicating action clauses told using the past tense. The action clauses in this study were uncharacteristically suspended or frozen in a sort of timelessness by the exclusive use of the present tense.

The children used many evaluative devices. However, the dominant device was negation, which highlighted what did not happen and what was not right in their stories. This is particularly interesting, because fear, as an instinctual response, is rooted in our ability to detect those things in the environment that are not right or are out of the ordinary. Other evaluative devices, including repetition of phrases or words, elongations, and intensifiers, were also used frequently, drawing the listener to certain aspects of the story that later emerged as themes.

Another interesting variation in the narrative structure was the overt omission of resolution clauses. In some ways, this seemed like a profound discovery of the obvious, in that the children shared fearful stories, not stories of past experiences with fear that were now resolved. However, the children did make this choice. The stories were elicited using a specific conversation map and prompt based on established personal event narrative elicitation guidelines. Using similar conversation maps and prompts with children in other studies, the resultant personal event narratives were told using past tense and followed typical narrative structuring. However, none of these other studies focused exclusively on fear.

The predominance of orienting clauses, the overuse of negation, the preference for present rather than past tense action, and the absence of a resolution, created a linguistic structure or path to the children's experience of fear rather than through it. The children were asked to relate a fear experience, and they did so by re-creating it, so much so that at the completion of their stories, half of the children

spontaneously reached out and touched me physically to inquire if I was not too frightened by what they had just shared.

To date, the majority of research about children's fears has focused its efforts on the development of survey tools to identify specific referents for a child's fear experience (i.e., what it is the child is afraid of) and how these identified referents vary across age, gender, and culture (Ingman, Ollendick, & Akande, 1999; King, Gullone, & Ollendick, 1992; King, Hamilton, & Ollendick, 1988; Muris, Merckelbach, Ollendick, et al., 2002; Ollendick, 1983; Ollendick, King, & Frary, 1989; Ollendick, Langley, et al., 2001; Ollendick, Matson, & Helsel, 1985). However, in this study, the referents in the children's stories seemed almost incidental to the analysis. As the children shared their stories of fear, it did not seem to matter if the referent was a snake, a spider, a raging bull, a tornado, or a headless man. The children told their stories using this same atypical linguistic structure. This structure oriented the listener to the circumstance necessary for the children to experience fear and highlighted that the fear was present and unresolved.

Fear might be an emotion that is known or experienced only as it remains unresolved. Fear that is resolved might no longer be defined by individuals as fear at all, and as such it might be an emotion that resists typical narrative structuring. Other approaches to narrative analysis, such as literary overreading (Ayres, 2000; Ayres, Kavanaugh, & Knafl, 2003; Ayres & Poirier, 1996; Poirier & Ayres, 1997) or story grammar analysis (Mandler, 1986) might be used in future studies, especially if children's stories need to be compared across emotions. One study, examining children's stories about being happy, angry, and afraid, used chronologies, moments in time, and plotted story structures rather than personal event narratives (Hudson, Gebelt, Haviland, & Bentivegna, 1992).

Thematic Analysis

Whereas linguistic analysis addressed how the children constructed and told their stories and illustrated how the emotional force of what they tried to convey influenced the linguistic choices they employed, the thematic analysis that followed addressed the specific themes or content across the stories. Five themes emerged and united the stories around feelings of being alone and taken off guard or by surprise, being unable to help themselves or obtain help from others, and the experience or sense of impending doom. Together, these themes seemed to capture and define the circumstances necessary for an experience to be interpreted by children as fearful. Combining these themes, the children's fear experiences emerged as moments of feeling unprotected or vulnerable and isolated in their own skins, without a community, unprepared, and immobilized by overwhelming circumstance.

Fear in children is currently defined as an emotional response that is associated with a clearly delineated referent (King, Gullone, et al., 1992; Muris, Merckelbach, & Collaris, 1997; Ollendick, King, et al., 1989; Ollendick, Langley, et al., 2001). This definition focuses on the fear referent and the response to the fear referent as if the two are cause and effect. Yet, in this study, the specific referents for fear in the children's stories were incidental. It was the circumstance that dominated and informed the fear experience linguistically and thematically. In addition, the children's detailed description of circumstance that established the

context for their fear experiences also seemed to identify the actions that would be needed to resolve their fear. The stories called out for children to be or feel more empowered and supported in the situations they find themselves in and more oriented toward or prepared for what they are about to encounter. Toward the end of the study, some of the children were specifically asked how they might resolve their fear circumstance, and it was interesting how quickly they negated their own problem-solving abilities or solutions. When asked, "What would help you be less scared?" one child responded,

If I knew, I would be telling you another picture story!

When asked, "Is there anything or anyone that could make you less afraid?" two other children responded with

Well, I don't think so, [un]less someone was knowing all about it and could tell you all calm and all, but . . . I don't know anyone like that.

Well, I guess if you could, you'd turn the light on or yell to someone to come help you or tell you . . . if you could.

The thematic analysis seemed to echo the structural suspension found in the linguistic analysis. Each story's action came to a standstill, the children's energies suspended in temporary havens of helplessness with no direct avenue for expression, escape, or resolution. The themes outlined the circumstantial prerequisites for fear to be experienced. This mediating influence of circumstance was overlooked at first. However, it became evident through multiple readings that tarantulas were scary only when they got out of their cages, brothers were scary only when they caught you off guard, and tornados were scary only when they touched down.

Although previous research has documented and focused on the referents of fear experiences for children at different ages, by gender, and across cultures (Fonseca, Yule, & Erol, 1994; Ingman et al., 1999; King, Gullone, et al., 1992; King, Hamilton, et al., 1988; Muris, Merckelbach, & Collaris, 1997; Ollendick, King, et al., 1989; Ollendick, Matson, et al., 1985), the nature of information that emerged in this study redirects the focus from particular fear referents to the circumstance or context for fear to be experienced.

Limitations

Every study becomes vulnerable to criticism because of the trade-offs along the way. In this study, the sample was small, purposively selected, and although relatively diverse in terms of socioeconomic status and ethnicity, there was a male gender bias. The sample was drawn from a private religiously based school system in the Midwest, and children were presumed to be healthy, so it is unknown how children from other geographic areas or cultures or how children in hospitals or other health care settings would respond. All of the children in this study spoke English, yet information was not solicited to ascertain if English was their first or second language. As various cultures construct stories differently, this is a variable to consider in future studies.

The draw-and-tell conversation was used for data collection. However, it is not known whether children offered the opportunity to tell their stories without the benefit of drawing would share similar linguistic structuring and thematic content. Furthermore, the study included, but did not control for, the implementation of multiple interventions thought to empower children in relation to the researcher and the context. For example, in this study, I invited children to sit in a higher and somewhat larger teacher's chair inside a U-shaped, small-group work table in their classroom, while I sat in one of the small outer student seats. This arrangement was assumed to be empowering for the children. However, it might instead have created an added sense of vulnerability, especially for those children's whose feet could no longer reach the ground. The question for discussion is whether these and other attempts in this study to empower the children were successful and, if so, how such empowerment influenced data collection and findings. The inherent assumption is that empowerment implies a shift of power and that the result of such a shift is the researcher's access to a more authentic participant voice. Because this research study exposed all of the children to a similar set and sequence of attempts to empower them, this assumption remains untested. A study that not only addresses but also isolates the effects of empowering interventions with children would explore this assumption.

Implications

One of the most compelling implications for health care researchers and practitioners is the emergence of children's drawings as facilitators of communication in the interview process. Not only does it appear that the use of drawings increases the amount of information that children share (Driessnack, 2005), it also appears in this study that the nature of that information is different and potentially enlightening.

Although health care of children is dominated by health promotion and maintenance efforts, children do experience acute and chronic illness. It would be interesting to learn whether linguistic and thematic analysis of fear stories yielded similar results from children with acute or chronic illnesses compared to healthy children or from children in various health care or hospital settings compared to those in schools. In addition, this study focused on young children 7 and 8 years of age. Another study that extends the age limit might ascertain whether drawing is facilitative across all age groups or at what point drawing does or could become inhibitory. Researchers are now examining how children construct stories in different cultures, and such sensitivity might be helpful in informing or restructuring educational and interventional efforts in health care that have proven to be ineffective when inadvertently applied across cultural lines (Gutierrez-Clellen & DeCurtis, 2001; Rosenthal-Rollins et al., 2000).

There are other experiences in which draw-and-tell conversations could be of benefit, such as pain, grief, living with chronic or life-threatening illness or with a sibling or parent who has one, living in poverty, or being involved in genetic testing. When children share their stories, these stories are not only powerful tellings of their own experience but are also indirect demonstrations of how children position adults or others within their story lines as heroes or heroines, bit-part players with walk-on parts, or even villains (Carter, 2004). In this study, the children were

alone, and the adults were mostly absent—just out of sight, on the other side of a closed door, too far back, or too preoccupied with their own experience. This lack of presence is perhaps the most important message deserving of our attention.

Children can remake their worlds but only if their stories are heard first. Rather than telling children that there is nothing to be afraid of, we could say, “It’s ok to be scared. Being aware of fear makes you stronger than pretending you don’t feel it. Let’s see if we can find something to do that would make you feel safer.”

The challenge is to find that something to do together with the child in a way that empowers the child in the process and makes it meaningful, relevant, and orienting in her or his life. Through listening, we can begin to appreciate how the experience of fear can single-handedly immobilize and unmake a child’s world and sense of power in relation to it (Carter, 2004).

Fear is a normal human response. It is an internalized alarm system that has been etched into our brain to note those phenomena that hold the potential to hurt us. Fear tells us when something requires immediate attention, and its primary purpose is to move us to action. The trick about fear is knowing how to tolerate its destabilizing energy, face into it, and find the right action (Greenspan, 2003). One such strategy is what is referred to as acting “as if.” It is used in the fields of psychodrama (Blatner, 1996) and narrative therapy (White & Epston, 1990) to help children move from an “I can’t” to an “I can” stance, concentrating on action rather than inaction. It puts children in touch with their own power. When children are stuck and feeling helpless, vulnerable, and alone, they are, as in this study, unable to find a way out of their current circumstance or to access the help of others. The primary feature of the acting “as if” strategy is to put a hold on children’s self-doubt by replacing it in their minds with thoughts of pretending. This is accomplished by asking the children to act as if they already know how to do what they need to do, which is quite different from asking children directly (White & Epston, 1990).

When children, or adults, for that matter, are able to explore a situation from a distance, they are usually able to think more clearly and access energies that are disempowered when they are in the situation. That is why young children often rehearse a scenario with the assistance of an imaginary friend or why adults explore others’ reactions by introducing their questions with “I have a friend who.” In many ways, these friends are as-if actors in a sort of dress rehearsal for a perceived life situation. It is also what play therapy and projective storytelling techniques are based on (Cattanach, 1997; Post, 2004).

In this study, children shared that their experiences of fear take place during times when they feel alone, unprepared, or taken off guard, and unable to help themselves or be helped by others. These descriptions highlight the need for children to be reminded and shown that they are not alone, that they can find ways to prepare and empower themselves, and that we, whether researcher or practitioner, are here to help them in this process.

PERSONAL REFLECTION

One of the most interesting coincidences in this study was the realization that although I had purposively focused my energies on addressing the marginalization of young children in health care and in society, I had also, almost inadvertently, selected a marginalized or dark emotion as a focus for the study. Dark emotions

by definition are not bad, unwholesome, or pathological. Instead, they are the emotions that have been kept in the dark: shamed, secret, unseen, and, above all, unheard (Greenspan, 2003). Fear is viewed as a dark emotion, a tainted trait, most often associated with weakness or cowardice, especially for boys and men. We avoid, banish, numb, or attempt to contain rather than experience or admit to fear. However, banishing, containing, or numbing fear does not make it vanish. Instead, such responses provide only temporary havens for the lingering unconscious energies that we no longer are free to act with and instead are more apt to act out (Greenspan, 2003). Acting out is about skipping a step in awareness, moving from a repressed, shamed emotion to an act that expresses feelings in behaviors that are not consciously connected to the original emotion. Fear is acted out because we have lost, or are losing, our ability to feel it authentically and mindfully and to express it without shame. This realization provided a larger context for potential understanding or interpretation.

At the completion of the study, it also dawned on me that the specific age group I had selected, 7- and 8-year-olds, are often referred to in the developmental literature as the years we ignore (Leach, 1995). These are the years, marginalized by theoreticians, in which children are supposedly latent, parents are bequeathed a sort of calm before the storm of adolescence, and adults might be less interested in listening to children than in having children listen to them.

The United Nations' *Convention of the Rights of the Child* 1989 provided a landmark in the development of rights for children, expressing vision and hope in terms of children's protection and participation in society (Lewis & Lindsay, 2000). Despite the increasing rhetoric about the need to listen to children, there are still powerful social and cultural tendencies to keep children in their place. The concept of children being seen as rights holders constitutes a fundamental challenge to a prevailing value system that is rooted in the belief that children should be seen and not heard.

Children's stories have the potential to shift the focus from adult-determined interests and agendas and redirect them, generating new hypotheses that might be more child determined (Pound, 1999). However, this is not always an easy path to tread, nor is it necessarily a comfortable story to hear. To hear a story is to hear how someone else's life counts. It is not only about finding an open door or windows to a child's life or experience but also about the opening of your own door and windows as you let another's words drift in. The skill of listening and of hearing with thoughtful attention remains the most difficult and relevant skill in our research and clinical armamentarium. Data collection methods, such as the draw-and-tell conversation, place at their very core the need to listen intensively and reflectively to the storytellers. Subjecting these stories to rigorous and systematic analysis yields a reality and richness that statistics and quantitative methodologies have supported in other areas of advancement (Pound, 1999). Asking children to draw and tell about their experiences might well be one of the most cost-effective, portable, and relevant ways of accessing and privileging their voices in any arena.

In his book *The Perpetual Consequences of Fear and Violence* (2004), Chris Maser directs readers through an exercise that seems like the most appropriate way to conclude this article. He said,

Find a quiet place and take a few moments to search the mind of your heart for the kind of world you would like to live in and have your children and grandchildren

inherit. Next, take pen and paper in hand and write down the salient features of that world. Now ask yourself "What part of this world can I help create through my behavior if I act 'as if' it was already so?" Then ask "When do I begin to act 'as if' it was already so?" (p. 358)

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