

## Research of Fears of Preschool Age Children

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### ABSTRACT

One of the symptoms of neurosis at preschool age children is fear. In our opinion, research in this area will help to solve a number of problems of children of preschool age, including difficulties of acceptance on themselves in the new social roles in relation from kindergarten transition to school adjustment problems and a number of other pressing issues that confronts a psychological science. Research is directed to comparative and age studying of forms of boundary mental disorders at children at various stages of mental development. Existence of fears that appear as result of development of the intellectual sphere and imagination are characteristics of each age. Under favorable circumstances of life of the child, such fears disappear: children "grow up" from them. However, when fears collect, they interfere with personal development of the child and create for him adaptation, neurotic and other problems, and in general, are a trouble sign. In this work, the research directed to identification of amount of fears at children of preschool children aged from 3 years 8 months until 5 years 5 months by means of A. I. Zakharov's technique "Children's fears" is conducted. Frequency, content and amount of fears are revealed. Increase in quantity and intensity of fears correlate with nevrozization level. Statistical these amounts of fears are given in different age groups. Kruskala-Wallice's H-criterion and  $\chi^2$ -criterion of consent of Ch. Pearson were used when processing results.

### KEYWORDS

Fears, preschool age children, neurosis, anxiety

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## Introduction

Every year the number of children increases, diagnosed with any nerve disease or borderline mental disorders. The consequences of these disorders leave traces on the many years of his life: a primary school (Barrett and Turner, 2001), and then in later life significantly determine not only his state of mental and psychosomatic health (Fontenelle et al., 2001), but the peculiarities of the

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individual (Kazdin, Rodgers & Colbus, 1986), affecting at all levels and forms of adaptation (psychological, social, professional) (Malkova, 2013).

The increased interest in a problem of neuroses is defined, at first, by big prevalence of this state. According to the systematic review of World Health Organization and statistics from sociological researches in the European Union (EU), sick children with mental disorders the greatest share are made by patients with not psychotic frustration. The greatest group among patients with not psychotic mental disorders on the frequency of occurrence is made by children with violations of age mental development in the form of specific symptoms and syndromes - 53, 1%.

The high percent (35,3%) of persons with nervous diseases is revealed in 1986 in Great Britain. In Italy this figure makes 24,8%, in Spain - 12,7%. According to the American National Association of mental health (2000), every tenth child in the USA has the violation designated by the term "serious emotional frustration" (Serious Emotional Disorders) J.G. Rowland (1997), which is interpreted as "group of the mental violations including violations of behavior and (or) thinking and (or) emotions". This term is understood as all violations of the neurotic register.

Statistical data of the Ministry of Health of the Russian Federation specify that for the 90th years among not psychotic mental disorders of children incidences have increased practically on all positions: the incidence of neuroses has increased for 9,7%, psychopathy - for 37,5%, specific symptoms and syndromes - for 38,9%, reactive states - for 45,6%. Indicators of incidence of psychosomatic frustration (by 2, 1 times that makes - 110, 7%) have most grown (Devyatova, 2005).

Earlier researches indicate deviations in psychological development of children in 33% attending kindergarten (Zakharov, 2000).

Indicative data on the quantity of neuroses can be obtained, whether the EU consider their proportion in the structure of nervous and mental diseases at the doctor. One-third of children with neuro-psychological disorders sick neurosis. According to V.E. Kagan (1984), this ratio will increase towards neurosis when mass screening of schoolchildren and identifying psychogenic forms of school exclusion in 15-20% of students.

In Kazakhstan, today there are no studies on a national scale for the above issue, the problem of psychic-ray disorders in preschool age is very important. This is because at this stage the problem little studied both in theory and in practical terms. Subjected to a fundamental revision of basic diagnostic signs of neurosis (Mendelevich & Solovyeva, 2002), such as functionality, the reversibility of neurological disorders after the normalization of the life situation and the disappearance of psychological trauma. According to some studies, recovery only occurs in 58% of cases (Foremen & Sorokina, 1981).

A.S. Kiselev & Z.G. Sochneva (1988) studied the statistical regularities of the flow of mental illnesses, including neurosis. It was confirmed that removed from the observation with a "cure" formulation of about 65% of cases. The above is clearly contrary to the criteria of functionality. This determines the interest of experts - psychologists, physiologists, psychiatrists and therapists, to the problem of neuroses of preschool children, whose development is largely a preventive orientation.

The spectrum of mental disorders in children is very large - from lung conditions (high anxiety) to severe affective maladjustment child. Meanwhile, to date, been insufficiently studied specificity fears in neurotic disorders in children, as well as the features of the structure of personality, defense mechanisms of the individual, and their influence on the formation and dynamics of the emotional, personal, and behavioral disturbances in children with above nosology.

On a certain amount of fear in childhood pointed N.J. King, D.I. Hamilton & T.H. Ollendick (1988). Most children fears of short duration in time and usually disappear within months (Ferrari, 1986). For some groups of children fears becoming a serious problem and can be a long time and affect the normal functioning of the whole person (Bernstein & Borchardt, 1991). T.A. Danilina, V.Y. Zedgenidze & N.M. Stepin (2004) investigated the emotional reactions of preschool children identified the age periodization of formation and the emergence of feelings of fear: in the pre-school age - the fear of separation from the mother, the fear of animals, darkness, in 6-8 years - the fear of death.

N.G. Vologodina (2006) pointed to the general laws of development, when under the influence of social factors maturing mental structures are the basis for the manifestation of the same fears. How will he expressed a fear, whether it is expressed in general, it depends on the individual characteristics of mental development and parenting style.

Children's fears are inherent phenomenon of the normal process of mental development and social activities of the child. However, under certain conditions and assumptions fears can switch to a pathological level, becoming neurotic, disturbing the normal development of the preschool child. Such fears hinder communication, inhibit the development of the individual, and contribute to the emergence of psychosomatic diseases, lead to social and psychological disadaptation.

In view of the above, diagnosis of psychological features in children with neurosis, namely, fear, seems to be very relevant in the theory and practice of clinical and psychological assistance to the child. On the one hand, psycho diagnostic criteria allow differentiating the nature, dynamics and specifics of the flow of emotional, personal, and behavioral disorders in children, which is important for a differentiated approach to the process of treatment and psychological correction of children.

Often, clinicians and especially psychologists, do not distinguish between neurosis and neurotic states, as a result of treatment tactics and psychological correction are chosen incorrectly, the pathological process becomes protracted, a progressive character that leads him to such consequences as school maladjustment and pathological personality formation.

The lack of specific timely psycho-correction of emotional, personal, and behavioral disturbances in children with neurotic disorders makes difficult adaptation of the child in society. On the other hand, psychological diagnosis makes it possible to determine the features of the next development of the child, to predict the effectiveness of social adaptation of children with neurotic disorders.

These reasons make it necessary obtain current data on the content, form of manifestation, age dynamics of children's fears.

## Methodological Framework

### Subjects

We have conducted research in preschool institution pre-primary school No. 15 "Akku", kindergarten of "Tolagay" of Karaganda. In total 127 children who have been divided on cheaters of group (22 children with the established diagnosis - neurosis, 18 children with preneurotic state (are established by means of psychological tests), 40 – with high degree of uneasiness took part in research (are established by means of psychological tests), 48 children – normally developing). On a gender 55 girls and 72 boys took part in research.

The number of children in the main groups were distributed as follows: in-group neurosis - 18 girls, 13 boys; in group preneurosis – 8 girls, 10 boys; in group of disturbing children - 17 girls, 23 boys; in group of normally developing children – 24 girls, 24 boys. The age of children varied from three to 5 years 5 months.

Research was conducted with a support on a method of the theoretical analysis, a conversation method (detection of the interesting information on the examinee happened in real-life bilateral communication with tutors and children). Discussion with children was led in the morning, about 15 minutes on one child within two months. Answers of children were entered in protocols of research.

### Research methods

For the purpose of identification and specification of the prevailing fears among children of preschool age we have conducted empirical research. For achievement of the purpose, we have used a technique: "Children's fears" (Zakharov, 2011).

Diagnostic procedure was carried out in the form of poll, the question was given to the child: "Tell, please, you are afraid or not ..." Then 22 questions given below (table 1) followed further. For obtaining more detailed information on contents and gravity of fears at preschool children, this technique is modified by us with inclusion of additional questions.

Considering the interests of modern children, also animated movies that they watch now, in a question of fairy tale characters transfer is added: ghosts, monsters, cyborgs, spider man, wolves, and mummies.

**Table 1.** Children's fears of preschool age children

Questions according to	Additional questions	Groups of fears
<b>A. I. Zakharov</b>		
To Stay alone		Social fears
To Get ill	Are you afraid of visiting hospitals?	Medical fears
To die		Fear of death
<b>Some children</b>		
Tutors	Are you afraid of Mom and Dad	Social fears
That they will punish you	Are you afraid of foreign strangers?	Social fears

Baba-Yaga, Koshcheey, Barmaley	Are you afraid of scary toys? Ghosts, monsters, cyborgs, Spiderman, werewolves, mummies.	Fears of fairy-tale characters
Nightmares		Fears of darkness and nightmares
Darkness		Fears of darkness and nightmares
Wolves, bears, spiders, snakes		Fears of animals
Cars, trains, aircraft		Physical fears
storms, floods		Physical fears
Height		Spatial fears
Staying in a small dark room, toilet		Spatial fears
Water		Spatial fears
War		Physical fears
Fire		Physical fears
Doctors, except dental		Medical fears
Blood		Medical fears
injections		Medical fears
Pains		Medical fears
Sharp sound (suddenly something falls, knocks)		Physical fears

According to the method, mentioned fears are divided into eight groups:

It is generally known that children fears may be divided into age and neurotic. A.I. Zakharov (1995) identified age norms fears for preschool children: for boys of three years - 7, for girls of three years - 9 fears are age norm.

At the age of four years for boys – 9, and for girls – 7 fears become norm. For five-year-old boys – 8 fears are age norm, and for five-year-old and six-year-old girls – 11.

For six-year-old and seven-year-old boys who have not gone to school yet the index of fears makes 9, and for seven-year-old girls' preschool children the norm of fears has the maximum value – 12.

In a case when the amount of fears of the child exceeds age norm by 1, 5 times, it is already possible to say that the mentality of the child is in a condition of tension.

### **Statistical analysis**

When calculating the statistical test was used Statistica V.6.1 software for statistical calculations, including those in the humanities. Selection of a particular method for statistical analysis is mainly dependent on the type of scale, in which the results are expressed, as well as the number of groups used for comparison. As already mentioned above, four groups were used the study, which means that it is necessary to focus on criteria designed for comparing three or more groups.

This technique on its basic parameters relate to qualitative methods and results expressed in nominal scales (types of fears, attitudes towards others, etc.).

However, taking into account the peculiarities of registration of results (number of cases, or mentions), based on the frequency characteristics of its parameters can be regarded as ordinal scale. Indeed, when compared to subjects one category (for example - "medical fears"), it would be logical to assume that the number of these fears will symbolize the severity of this category of fear (i.e., this category is more expressed at a child with two medical fears, than a child with one medical fear).

Of course, such data not be able to qualify as an inter-relationship as a rotary shaft or a scale, but it makes sense to recognize that information, they are sufficient for what would have to accept them as ordinal scales.

Thus, in view of the above-described conditions, a criterion is required to solve the problem of detection of differences between the four groups in the variables expressed in ordinal scales. The most well-known and reliable criterion is used in statistics to solve such problems is H Kruskal-Wallis (in some transcriptions of Kruskal-Wallis).

Certainly, such data will not be obtained to be qualified as interval or as scales of the relations, but it makes sense to recognize that information which they bear quite enough to accept them as serial scales.

Thus, owing to the above-described conditions, the criterion is necessary for the solution of a problem of detection of distinctions between four groups on the variables expressed in serial scales. The most known and reliable criterion which is used in statistics for the solution of similar tasks is Kruskala-Wallace's H-criterion (in some transcriptions of Kraskela-Wallace).

Considering the previously mentioned, for intergroup comparison by a technique "Children's fears" it has been decided to use Kruskala-Wallace's H-criterion.

For nominal scales of distinction in features of distribution of frequencies, regardless of the number of the compared groups traditionally are measured with the help of  $\chi^2$ -Pearson's criterion.

The only restriction of criterion of consent of Pearson is need of what in the table of the expected values of indicators with a frequency of five and lower made no more than 20 percent from the general quantity of cells. Concerning the considered parameter, the quantity of lower than five indicators in the mentioned table does not exceed the declared requirements making the use of this criterion competent and expedient.

Thus, the criterion used for the statistical treatment of results, namely the parameter "fear of death" was the criterion of  $\chi^2$ -Ch.Pirsona consent.

According to the results of one-factor dispersive analysis for data expressed in interval scales and scales of relations were obtained the following results presented below.

### **Data, Analysis, and Results**

In our case, the present three groups, reflecting and illustrating different degrees of severity of neurotic condition in children (neurosis, neurotic condition before and anxiety).

In addition to these groups, as a control, it was decided to use a group of children with no signs of a neurotic state and conditionally designated as

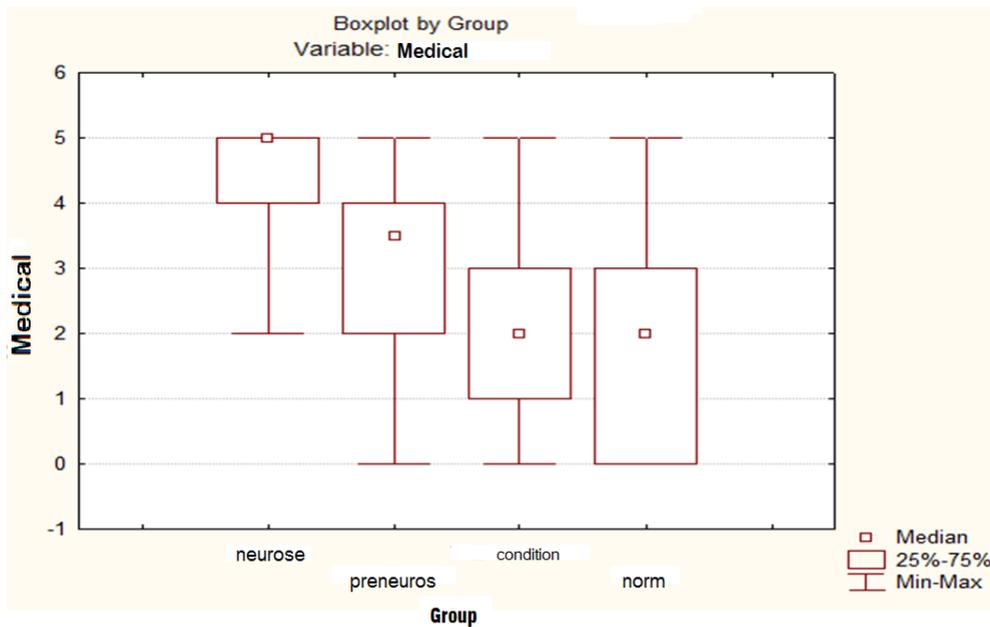
"normal". Thus, it was necessary to compare between them the four groups and try to detect features on which groups differ from each other.

Analysis of the frequency indicators as described in "Children's fears," indicated the presence of less than the following statistically significant differences (Table 2).

**Table 2.** Significant differences by Kruskal Wallis expressed in the sum of the ranks for the group (technique of "Children's fears")

<i>Types of children's fears</i>	<i>Neuroses</i>	<i>Preneuroses</i>	<i>Anxiety disorders</i>	<i>Norm</i>	<i>The value of H-criteria</i>
Medical	2213,0	1288,0	2247,0	2253,0	H (N= 127) =33,46430 at p<0,001
Physical	2290,5	1306,5	2577,0	1954,0	H (N= 127) =46,34012 at p <0,001
Animals and fairy-tale characters	2035,5	1268,5	2546,5	2277,5	H (N= 127) =24,91229 at p <0,001
Nightmares and fear of the dark	2244,0	1313,5	2521,0	2049,5	H (N= 127) =43,84679 at p <0,001
Spatial	2038,5	1410,5	2365,5	2313,5	H (N= 127) =27,32226 at p<0,001
Social	2054,5	1314,5	2488,0	2271,0	H (N= 127) =25,17939 at p <0,001
Total number of fears	2412,0	1367,5	2389,5	1959,0	H (N= 127) =53,68817 at p<0,001

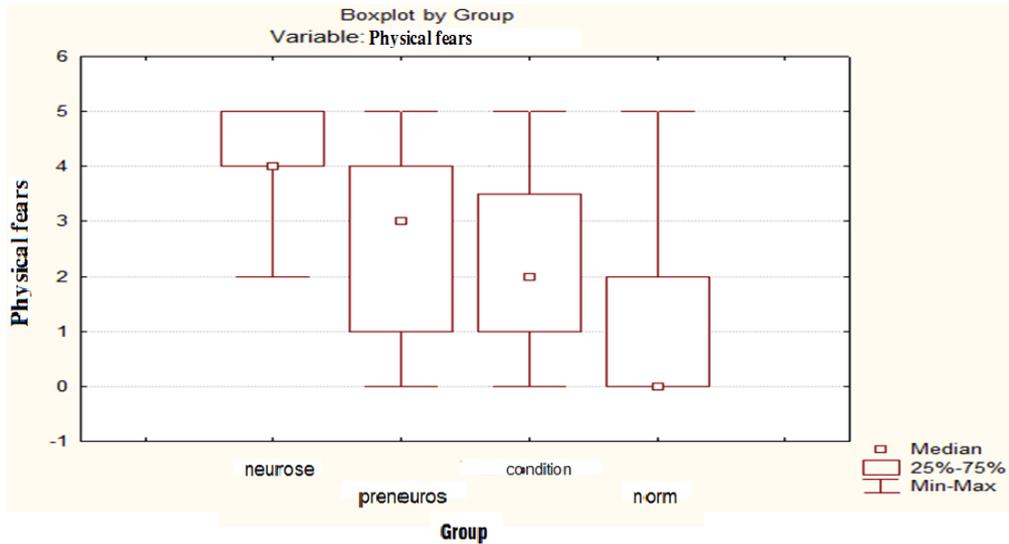
The first parameter that found significant differences is medical fears. As seen from Table 1, H-criterion equals 33.46 at the level of  $p < 0.001$ . The direction and nature of the differences graphically presented in Figure 1. As you can see on this chart, the number of medical fears quite slowly increasing neuroticism, and, if the distribution of the Group "Norma" and "Anxiety" close to each other in the future median obviously going quite up increasing the average number of health fears from 2 to 5.



**Figure 1.** Distribution of the median values and quartile span in groups in the parameter "Medical fears"

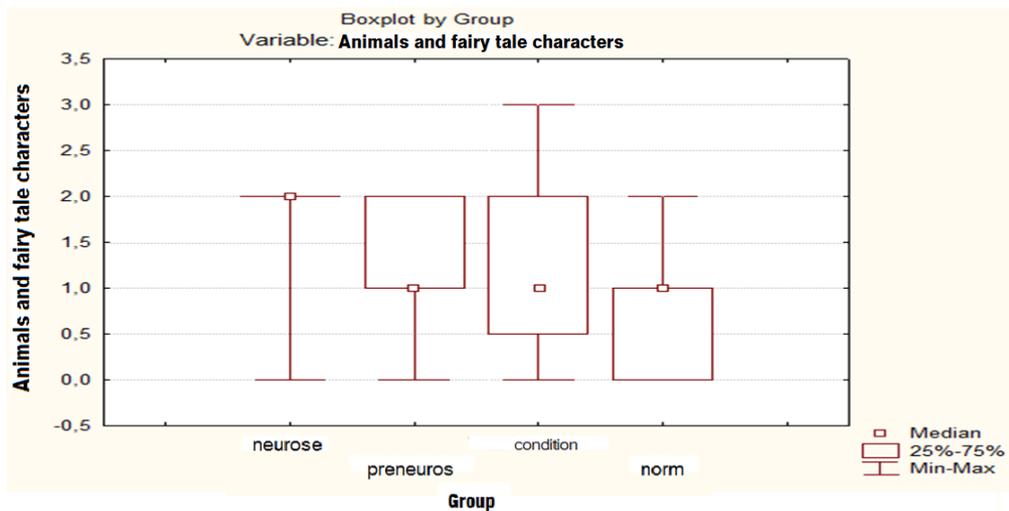
Physical fears are the next parameter with significant differences. Table 1 shows the value of the H-test equivalent to 46.34 at  $p < 0,001$ . Analysis of the distribution of the medians and quartile Range in groups shown in Figure 2, allows us to identify the specific characteristics of the differences.

As in the previous case, in Figure 2 can be seen gradual increase in the average number of fears from zero in the group with the norm, up to four fears in neurotic group. Pan of upward range values (quartile range), which is consistent with the median growth trend and even makes it more demonstrative in "Neuroses" group.



**Figure 2.** Distribution of the median values and quartile range in the groups to the parameter of "Physical fears"

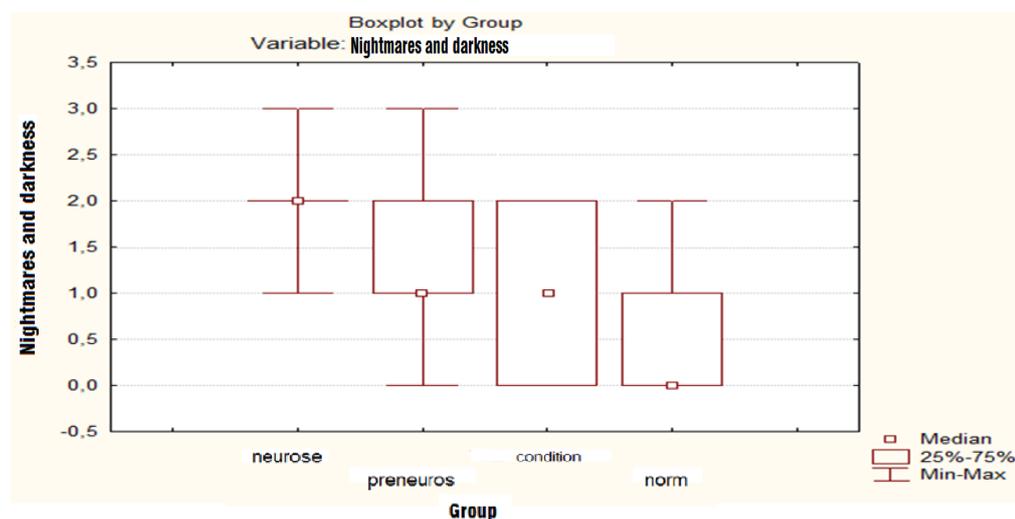
After the physical fears, differences were found in the parameter "Fears associated with animals and fairy tale characters." The total amount of co-fear of this type was not great, but the value of the Cree-deuterium Kruskal-Wallis was equivalent to 24.91 at  $p < 0,001$ , which made it possible to talk about the presence of statistically significant results. The general nature and direction of these differences can be seen in Figure 3.



**Figure 3.** Distribution of median values and quartile range in the groups to the parameter of "Fears associated with animals and fairy tale characters"

Figure three shows that frequency characteristics of fears in the relation of animal and fairy tale characters smoothly accrue from normal group to group with neuroses and if indicators of the next groups are close, then in general, normal children definitely differ from children with neurosis in smaller amount of fears of this type.

The next parameter of frequency, which showed a statistically significant difference is the option "Nightmares and nyctophobia". Statistical analysis using H-criterion has shown a value of 43.84 with  $p < 0,001$ . As in previous cases, for a better understanding of the specific differences found turn to their graphic representation (Figure 4).



**Figure 4.** Distribution of median values and quartile range in the groups to the parameter of "Nightmares and nyctophobia"

The graphic analysis of distinction, shows increase in values of a median (average amount of fears), in process of increase in a neurotization of children – beginning from zero values on Norma group and finishing on average with two fears on Neurosis group. As well as in the previous case, the smooth growth of median values most likely does not allow to speak about differences of the next groups; however, the difference between normal children and neurotics is obvious.

Spatial fears as a parameter of "Children's fears» method showed statistically significant differences at the level of 27.32 at the  $p < 0,001$ . The range of the amount of fear in this section was not great - generally, from zero to three, but even in this state, the data meet the criteria for admissibility of Kruskal – Wallace use.

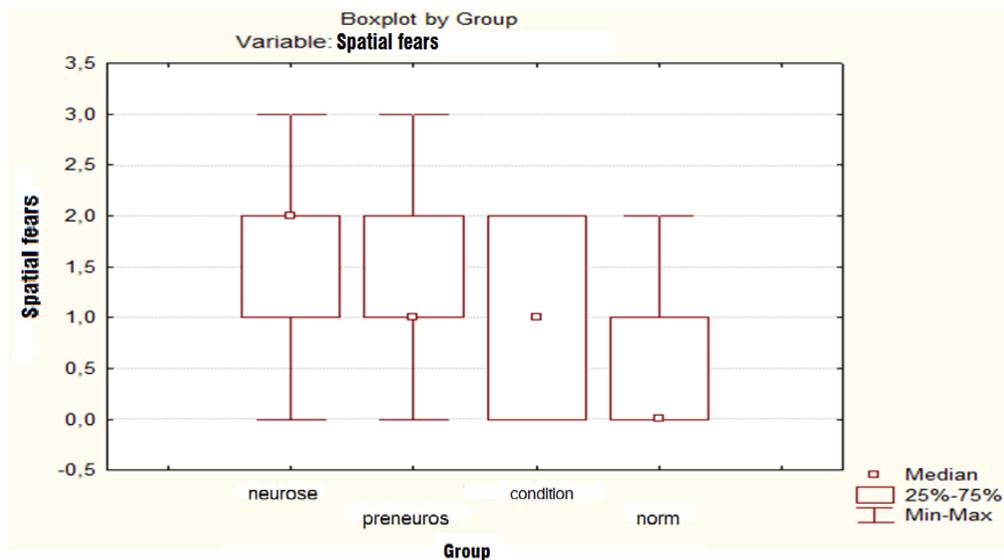
The graphic nature of the frequency differences on this scale is shown in Figure 5.

Analysis of the trends of differences gives, which is already a familiar sight for us - an increase in the average number of fears with an increase in

neuroticism children, as usual - the least amount of fear in the group of "Norm" (median equal to zero), the largest number in the group of "neurosis" (the median is equal to two).

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**Figure 5.** Distribution of the median values and quartile span in groups of parameter "spatial fears"

The next parameter showing significant differences is "Social fears". H-criterion shows significant differences at the level of 25.17 at the  $p < 0,001$ .

Performance analysis on median values and quartile scale, which are depicted in Figure 6, confirms the pattern detected in the processing of the previous parameters: the total number of social fears increased with the growth of neuroticism. As can be seen from the graph in Figure 6, if the median number of social fears in the group of "Norm" is zero, the group of "Anxiety" is already one and in groups "Preneuroses" and "Neurosis" are two and three respectively.

In this context, it is not surprising that the last synthesis and total parameter "Total Fears", which counts the total number of fears, also gave significant differences at the level  $H = 25,17$  at  $p < 0,001$ .

It is not unexpected that the nature of the differences again reflected many times described the trend - if neuroticism increases, then the number of fears are growing, it can be seen from the graph on Figure 6.

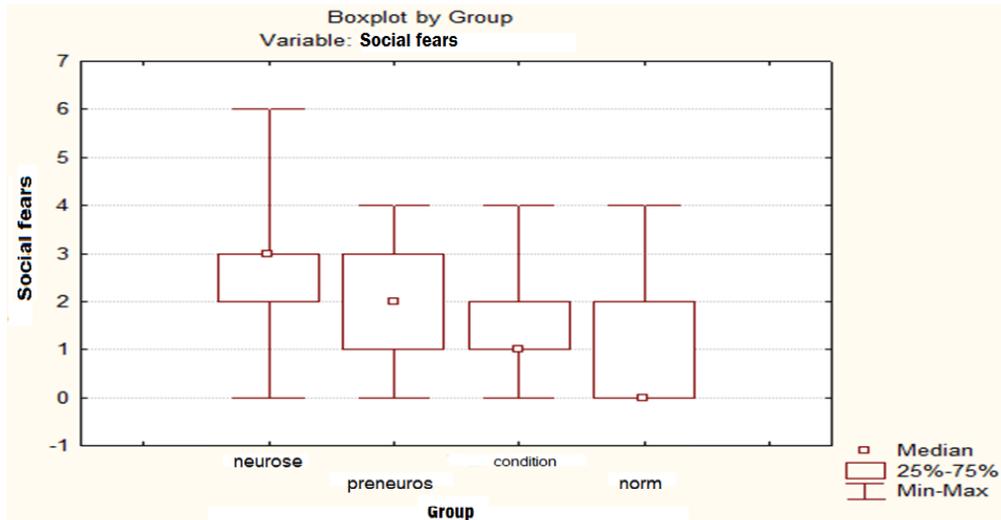


Figure 6. Distribution of median values and quartile range in groups to parameter "social fears"

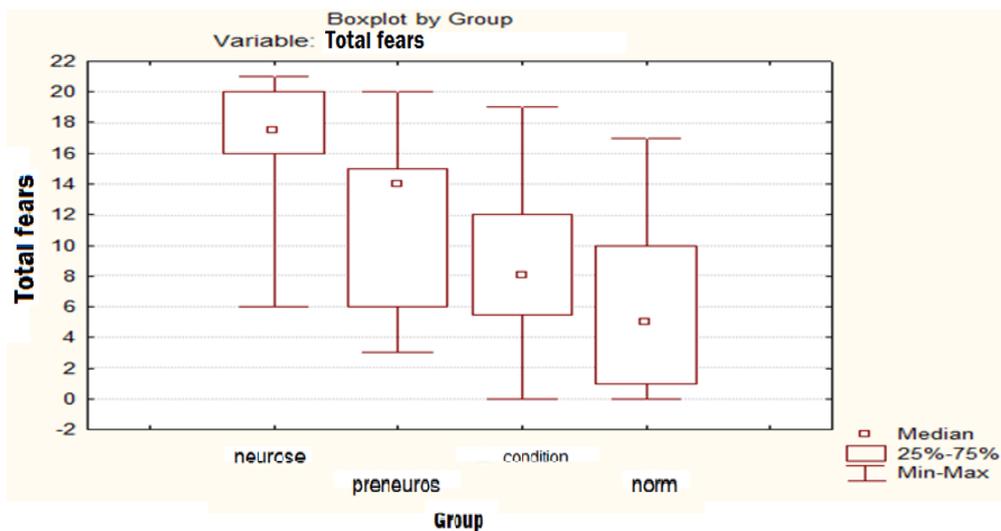


Figure 7. Distribution of median values and quartile range in groups to parameter "Total Fears"

One of the parameters "Children's fears" technique (according to Zakharov, 1995) it could not be classified as an ordinal scale as it has the peculiarity of processing and carrying out. Section, which is dedicated to the fear of death, was recorded (as incorporated in the design technique) by binary principle - there were only two values, "there is" and "there is no."

Obviously, this leads us to a clear understanding of this parameter as a nominal scale. Accordingly, an attempt to measure the differences in fear of death between the groups using the Kruskal-Wallis would be wrong, in this regard,  $\chi^2$ - criterion Ch.Pirsona consent was used.

The analysis of data by criterion of Pearson consent is based on comparison of empirical distribution of frequencies (real distribution) and the expected distribution of frequencies (theoretical distribution the showing lack of distinctions between signs). Both distributions are presented in table 3 and table 4.

**Table 3.** Empirical distributions of frequencies in the Fear of Death parameter ("Children's fears" technique)

<i>Group</i>	<i>The fear of death is absent</i>	<i>The fear of death is present</i>	<i>Total</i>
Neuroses	8	14	22
Preneuroses	9	9	18
Normal condition	21	19	40
Norm	33	14	47
Total	71	56	127

**Table 4.** The expected distributions of frequencies in the Fear of Death parameter ("Children's fears" technique)

<i>Group</i>	<i>The fear of death is absent</i>	<i>The fear of death is present</i>	<i>Total</i>
Neuroses	12,30	9,70	22
Preneuroses	10,06	7,94	18
Normal condition	22,36	17,64	40
Norm	26,28	20,72	47
Total	71	56	127

Counting  $\chi^2$ - Pearson criterion has shown significant variations in the distribution of feature-division between the four groups - 7.75 at  $p = 0,05$ . An analysis of the above table reveals the specifics of this deviation. Comparing expected and empirical distribution of the death fear from "Norm" group and "Anxiety" group, it can be seen that there is almost no difference between them, in both directions the number of cases with the absence of the death fear is greater than the number of cases of the presence of the death fear. Apparently, significant indicators  $\chi^2$  are forming due to differences in the distribution of the remaining two groups.

Indeed, it is in the groups of "neurosis" and "Preneurosis" observed a different direction in frequency by comparing the expected and actual values. As a result, it can be stated the following - if in "Norm" group the number of cases of absence of death fear is much more than a presence, then according to neuroticism the situation is changing to the opposite side.

## Discussion

The result of our investigation allows to state that there is a tendency to increase of the number of children with fears. The reason lies not only in the individual characteristics of the children, but also in the presence of a large amount of stress, neuroticism of preschool children. Analysis of the data which was obtained during the investigation, revealed the main fears in children of different age groups. Children at the age of 3 years and 8 months till 5 years have socially mediated fears (fear of being alone, of punishment), dark, fairy tale characters, medical fears (of pain, injections, doctors, hospitals).

For such ages as 5 years to 5.5 years is typically occurring: the fear of death, the death of parents, animals, nightmares, sick and fear of punishment. There has been an increase in "social fear" (fear of war, natural disasters, etc.), though previously were not typical for this age. If the number of fears is more than in norm, then in neurotic character appears the state of mental stress, stiffness, the desire to seek the support. Behavior becomes more passive; children cease to be curious, avoiding any risk associated with entering into a new, unknown consequence of their situation of communication.

Thus, fears in the process of the neuroses in all age groups were significantly higher than in norm, which underlines the heightened sensitivity to the fears of the neuroses, their greater severity.

These findings are consistent with the study of A.I. Zakharov (2011), who shared fears as day fear and night fear, and pointed to the heightened sensitivity of preschool children to sudden pain and stress, loneliness and lack of adult support. Accordingly, all that is connected to family conflicts, medical procedures, finding, against the will of the child in the garden, it can be a significant source of emotional stress, anxiety and fears.

A.S. Sarzhanova & A.K. Yegenisova (2013) argue that fears appear in 40% of children, depending on the particular nature of the child (anxiety, hypochondria, pessimism, self-doubt, dependence on other people, etc.) According to them, one of the most common causes of fear - baby fantasy. The child often imagines the subject of fear. However, each child reacts differently to such fantasies.

Our researches are the confirmation of the result where the comparison of amount of fears at preschool children is carried out. In-group of children with neuroses and preneuroses the most expressed: fears of fairy tale characters (fear of monsters, monsters, mummies and so forth) in 100% of cases at girls and in 87% of cases at boys. At children with high degree of uneasiness, similar fears make at 70% of cases of girls and at 50% of cases of boys.

L.S. Akopyan (2010) who considered that the content of the social fears endured by children has changed pointed to emergence in children of new types of fears; negative characters of last decade were replaced by new characters of horror films (Dracula, Freddie Kruger, etc.). He has revealed the increased fear of terrorists (explosions, etc.) which is noted by children of this age in last decades.

Results of research demonstrate that modern children have fears, which were not peculiar to their peer's last century. In particular, in groups of children with neuroses and preneuroses have sensation of fear looking at terrible children's toys of 87, 5% of cases at girls and boys at 39% of cases. It, in our opinion, is explained by "computerization" of society and children in general, availability of information, about accidents, destructions, disasters; broadcasting per television of horror films, lack of control from parents when children watch TV — all this forms new psychological reality in consciousness of modern children and causes the mental tension and uneasiness which are shown in emotional conditions of children.

Russian psychologists developed a question of children's fears in the course of a problem of neurosis. V.I. Garbuzov & Y.Fesenko (2013) considered the concept of a mental trauma and its role of emergence of painful states. Russian

psychologist considered that a source of all fears of children's age is that the child aware the death, most of all it happens at the end of preschool age – the beginning of younger school age. In other words, all children's fears they are forms of demonstration of death fear. Really, in our research in groups of children with neuroses and preneuroses are observed increase in death fear in 63, 6% and 50% cases respectively. This type of fear is the steadiest and also takes the longer correctional influence.

However, as Ye.A. Zakharov (2015) claims, we will not be able finally to overcome death fear at children as it is transformed to death fear of parents. In our research in-group of children with neuroses and preneuroses, the death fear of parents is present at girls in 100% of cases and at boys at 91%. Children who were examined from anxiety group we have such statistics as 88% at girls and 52% at boys.

Results of research have confirmed that among children of preschool age in groups of children with neurosis and preneurosis is tended to increase of darkness fear in 100% at girls and boys have 91%; fear of dreams at children of the same groups is at girls in 87, 5% and at boys in 70%. Children from "Anxiety group" have the decrease, but the above-named fears observed at 76% at girls and 56, 5% at boys.

Under dreams fear should be understood horrible, frightening dreams. In the scientific literature, they are called "night terror" (Pagel, 2000) due to the sudden awakening of the child, often followed by crying, anxiety, tachycardia, dilated pupils. The first episodes of nightmares usually recorded at the age of 3-6 years, the maximum rate - 10-12 years Delyagin, 2012).

Long-term fears and anxiety: the fear of death, fear of life changes (moving home, divorce of parents, change kindergarten, etc.) lead to stressful conditions of a child. Hence, as a result, and there is untypical for their behavior, which manifests itself in increased aggression, regression in development, health problems, and the symptoms can be so severe that it causes physical pathology, which is directly connected with psychosomatic: fatigue and sleep disturbance, compulsiveness. This happens when emotion force reaches such degree that leads to developmental disorder, deviation. The development of a child's abnormal behavior, nervous or physical illness because of stress depends on several conditions. Such conditions M. Perrez (1994) considered the mental and biological characteristics of the child, his social environment and the characteristics of the events that cause serious emotional reactions.

Of course, the fear, as any emotional stress is useful when performing its functions, and then disappears, but when fear does not disappear for a long time, or the child has a great number of fear, then it can be said about preneurotic condition of the child, which in turn can lead to fear neurosis that is a pathological condition. In a different age, fears appear different, depending on the maturation and development of children.

The primary emotion is fear of a strong stimulus has been observed in the child of the first year of life - fear of strangers (Ranshburg & Popper, 1983). Fear of animals and darkness appears after three years, reaching a peak of four years.

Several researchers have pointed out that in the pre-school age imaginary fears are dominated over the real one. In subsequent years, the significance of imaginary dangers reduced, and real increases (Zobov, 1983).

Issues related to strong fears are the most studied and significant, and also cause argument. At the moment, a large number of theories fears are developed, each of which is supported by experimental or clinical studies. These studies let us point out some theoretical positions.

J. Bowlby (1940) notes that the reason for the fear is the presence of something - something threatening, but also the lack of providing security.

K.E. Izard (1999) subdivided the causes of fear as external and internal. The causes of many fears, according to A.M. Prikhozhan (2000) are external sources of fear in different periods of life, especially the accumulated emotional experience anxiety children at different age levels, the effect of age of intrapersonal characteristics that cause fear and anxiety in children of different age.

A.S. Zobov (1983) investigated all the dangers of causing fear divided into three groups: real, objectively threatening the health and well-being of the individual; imaginary, not objectively threatening person, but perceived it as a threat to the well-being; prestigious, threatening to shake the authority.

Pathological nightmares, i.e. the fear neurosis which is suddenly arising and unconnected diffusion fear or strong unmotivated alarm. Having arisen, this feeling does not abandon the child throughout the day and keeps quite often for weeks or months. Quite often, they have oppressive, unpleasant feelings in heart or epigastria (Ducasse & Denis, 2015).

Fear neurosis occurs at children. It is most common in young children or the children of infantile, with mental retardation. The disease can cause new and unusual kind of stimuli (a terrible mask, attack dogs, etc.), sharp sound and a sudden bright light. Children, at the moment of fright, are often occurred by short-stuporous state with mutism or condition of sharp agitation with trembling. Further it is detected the fear in front of frightened person. Young children may lose previously acquired skills, for example the loss of neatness skills, the ability to walk.

Certainly, this research has a methodological restriction as research was based only on answers of the child and parents were not investigated on knowledge of fears of their children. Meanwhile, P. Muris et al. (2001) having investigated children and their parents, have established that 26, 7% of children have not reported about any nightmares, and their parents have reported about much smaller quantity of nightmares of the children. According to parents, only 34, 0% of children had nightmares. And this appeared at the age of 4-6. However concerning the fear reasons, the only considerable difference between children's and parental answers about an origin of nightmares was that children mentioned more often negative information on television than their parents did.

It is supported by results of the study confirmed that among children of preschool age in the group be called "normal" that age fears are presented, which is typical for this age and are not maladaptive. The prevailing fears in this group of children is the health, namely the fear of injections in 60% of girls and 45% boys; Punishment 50% girls, 40% boys. It should be noted and a small amount of space fear (height, water, enclosed space) in 20% of girls, 10% boys.

We have found that the maximum experience fear at the senior preschool age observed in girls. Moreover, the most active at this age shows the physical fears. Currently, there is a tendency to an increase in preschool children socially mediated fears associated with the fear of the future, uncertainty about the future, the lack of money. Apparently, it is a form of expression taking place in the country of social change, not always create a favorable background for the well-being and mental development of the child.

On the basis of theoretical and empirical studies it can be stated that by presenting a complex phenomenon that has different forms and types, frequency and degree of manifestation, not giving an unambiguous assessment, fear can carry both a positive (mobilizing) and negative (destructive) impact the formation of a child's personality.

The findings suggest that there is a relationship between the amount of fear and neurotic condition of the child. Fear acts as an indicator of many nervous and mental diseases. In relation to the health of children of preschool age, the fear can be regarded as an independent morbid condition of the body, giving rise to other neuropsychiatric diseases. The results can be used to construct psycho strategy work, as well as the optimization of mental development of preschool and development activity for children 3-6 years of age.

## Conclusion

The results lead to the conclusion that the pre-school age is one of the most difficult periods of age, which may appear neurotic fears, which subsequently deteriorating emotional state of the children. The study of fears at different stages of childhood is important for disclosure of the essence of this phenomenon, as well as for understanding the age patterns of development of emotional sphere of a person becoming emotional and personal entities. Fears lie at the heart of a number of psychological difficulties of childhood, including many developmental disorders, the reason for the employees in the service of psychological complaints.

Without knowing the cause of the fear, the mechanisms of its development, transformation, conversion into other states, often impossible to understand what is happening with the child, what the true motives of his actions, and most importantly how to help him. It is therefore necessary mandatory fixing of emotional disturbances in children.

Identified fears take some psycho work, as there is a danger that children who were exposed to anxiety and fear after a while become subject of anxiety and fear of adults, because we carry into adulthood the experience of childhood. In addition, the sooner we teach children to cope with fears, the healthier and more energetic they will be in adulthood.

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No potential conflict of interest was reported by the authors.

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