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Factors in maternal explanations of the guidance clinic to the child requiring psychological treatment.

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children (who are really nearer to her in age). Father is adamant that there is nothing wrong with M, and that she will come up to scratch in time. He too started school very young, and did badly at the beginning. Only recently however, has her place in the class disturbed him.

Since the beginning of the year, mother has sat with M every afternoon, doing homework with her. There was a battle over this at first, but now M has accepted it as a routine. Mother becomes impatient at times, and M cries. But eventually she learns the lesson well, and performs a set task quite satisfactorily. Then at school the next day, she forgets everything she's learned, and gets very bad marks. Her worst subject is mental arithmetic. Mother said that she herself has always been hopeless at figures, and that she finds the new teaching methods very confusing. She mentioned a few times that father was far superior to her academically, and that M probably has mother's brain.

Mother is absolutely baffled by M. If her intelligence is average, her poor school work must indicate that she is disturbed in some way. Yet M shows no other symptoms of emotional disturbance, such as nail-biting, bed-wetting etc. (Mother made no mention of her obesity in this regard.) M is a much less difficult child than her brother, who is whiny and complicated. She is jolly, has many friends, and is quite unperturbed by the things that worry mother, her teacher, and also father. Mother thinks that she may not even understand the significance of exams, bad marks and disapproving attitudes.

Mother described her involvement with M as something different from that with her other children. She said she has a terrible guilt about her, but doesn't know why. "M is my conscience," she said. She added that she was extremely attached to her own mother, who died at the beginning of this year. She has not yet recovered from this loss, and doesn't think that she ever will. She described her own childhood as one in which she only saw her parents at weekends, because they both worked. She had a phobia that her mother (MGM) would die when she was eleven, because MGM had told her that her own mother had died when she was 11. "The day I turned twelve, I started to live," mother said. After marrying, she went overseas for about six years. Her separation from MGM at this time was so traumatic that "it took twenty years off [her] life." Later, when she came back on visits and went away again, the separations were almost as painful. (Mother had tears in her eyes as she talked about MGM.) Father brought the children

(all born in the UK) back to S.A. before mother returned, and she found this separation from them upsetting too. M didn't seem to be unduly affected by it. It was just then that M started school.

Mother seemed very eager for the Clinic's assistance, and remarked periodically that she herself might be mad, or in need of help and guidance from the Clinic. She also said that M knew nothing of her having come to the Clinic, and would probably not even understand why anybody was worried about her. M's name was put on the waiting list.

M.V. : Female, Thirteen years

(Mother : Involved)

Mother is a very intelligent and extremely articulate woman, who spoke fluent English, even though she is Afrikaans. She possesses a good deal of insight into the problem, about which she is very despairing. She had tears in her eyes throughout the interview, and couldn't look at the investigator in the face. She cried openly several times, and never really regained her composure.

She confessed immediately that she may have misinterpreted the Clinic's function, and come for the wrong reasons. She had been encouraged to do so by a radio interview she had heard with one of the Clinic's social workers, who said that people should not be so afraid to seek help for their emotional problems. She feels that it is she who has a problem rather than any of her children, and she has considered going to a psychiatrist before. She described herself as a snob, who sets very high standards for herself and her whole family, in intellectual, social and everyday living matters. Her children, bar M, have all been high achievers, and she is extremely proud of them. One of the others is perhaps unhappy, but the remaining three are all well-adjusted. It is M who upsets her. She was their first daughter, and mother thinks that she may have expected too much from her. She is a beautiful girl, but withdrawn and reserved; stubborn as a mule; not interested in anything mother would like; friendly with

children mother disapproves of; and in the D-class at school. Mother feels that she has handled her wrongly from the start. M irritates and niggles her, and mother becomes impatient and worked up. She can't get through to her, and finds it impossible to express any affection towards her.

Mother believes the whole trouble lies with her own mother (MGM). She cried bitterly as she described their relationship. Mother has never felt loved by MGM, although it was only recently revealed to her by an aunt, that MGM did in fact, reject her from birth. She always felt her brother and younger sister were preferred. MGM used to restrict mother's activities and interests, mute her extraverted manner, and shy away from discussing any matters of sex or feelings with her. Circumstances have now forced mother to have MGM live with her, where she has been for the last 18 months. MGM constantly complains that she would rather be with mother's sister (MA), idealises her other grandchildren, and shows no interest in mother's own children. She is a very bad arthritic, having suffered several strokes, and mother has to wash her every day. MGM always objects, but mother forces the issue, resenting it terribly. She can't love MGM however much she tries, and her overwhelming fear is that she is turning M into the sort of child who won't love her. She kept emphasising that the fault was entirely her own, excusing MGM on the grounds of age and upbringing, and M because she was merely the victim of her own handling.

Father is a wonderful husband, and she couldn't wish for a better provider, and a more constant and patient man. But he does not understand feelings, and spiritually they have nothing in common. She has lately become more tolerant of his ordinary friends, his mundane interests, and his inability to contribute anything to an intellectual discussion. Before this she was often ashamed of him, and frustrated by her inability to communicate with him. Her other children are like him, and she confessed that she may also be afraid that M is closer to his type than to her ideal. Father could not understand why she was coming to the Clinic, and thought she was making too much fuss over nothing.

Mother began to have epileptic attacks three months after she married. This was a very stressful period in her life, and she wonders how she survived it. The doctors wanted to sterilise her after she had had two children, but she refused. It was later thought that her attacks were 'nervous' in origin.

She is on a maintenance dose of phenobarb, and hasn't had an attack for six years. She worries about the long-term effect of drugs, and thinks that she has become more callous since taking them. She would rather be sensitive, as she used to be. Her father (MGF) was an epileptic, and until fairly recently, she was always afraid that her children would be too. She also mentioned the difficulties she experienced over menopause, and was surprised that no attacks occurred then.

She was very eager to receive the Clinic's support, despite her husband's opposition, and her own belief that it was already too late. She feels she has made a mess of things, but is willing to expose herself to a treatment programme for M's sake. She is especially keen to have M tested. (It wasn't quite clear at the end of the interview, how much of her self-blaming attitude was genuinely felt, or to what extent it was another intellectual defence. She seemed to be saying "I may be bad, but at least I know it." On the other hand, she appeared to despise reassurance, longing instead for somebody to recognise her guilt.) M's name was put on the waiting list.

Appendix B : Explanations of the Child Guidance Clinic

Non-Realistic Explanations

MDS : Male, eight years. Referred by doctor for school difficulties, speech problem, aggression, lying and fears.

Mother told him he was going to see the doctor.

BD : Male, five years. Referred by mother's sister-in-law for refusing to talk to other adults, and timidity.

Mother didn't tell him that he was going to a doctor, as he might have been afraid, since he associates doctors with pain. She said he was going to see an 'uncle', who would ask him some questions which he should answer nicely. He seemed happy about this, and didn't question mother further. Even if he had, mother said she wouldn't have told him the truth, as she doesn't want him to feel that she is anxious about him.

RF : Male, 12 years. Referred by pediatrician for 'abdominal migraine', pains, giddiness, and nausea.

He had overheard mother talking to the doctor about the Clinic, and refused to go. Mother returned from the Clinic after the Intake interview, and told him that they wanted to see him at the Child Guidance. He again opposed it. She didn't pursue the issue until she was phoned by the Clinic for the second appointment. She then told him that he had to go for an IQ test, and that was all. He 'played up', and said he didn't want to go, but mother insisted, and again told him that it was only for an IQ test.

JM : Female, seven years, 10 months. Referred by both parents for reading and spelling difficulties, a speech defect, concentration problems, nervousness, poor social relations, and a possible hearing defect.

Mother told her that she was coming to a doctor who would ask her lots of questions. She told her not to laugh, but to answer the questions. She was quite willing to come, and demanded no further explanation from mother.

RR : Female, nine years, nine months. Referred by mother for possible organic problems, poor parent-child and social relations, negativism, tantrums, poor school performance, attention-seeking behaviour, and general unhappiness.

Mother reminded her of an IQ test she'd done in the Sunday Express newspaper. She asked her if she'd like to do another one. She was keen, and mother said that the next time they were in town, they'd go to a special place to have one done. R expressed the fear of being taken to a doctor, but mother assured her that it wasn't a doctor who would give her the test. She had to be reassured about this more than once, but came quite willingly in the end.

RR_o : Male, seven years 10 months. Referred by father for stealing and lying.

Mother was very hasty to say that they had told him nothing at all about the Clinic. They sometimes take him to town in the afternoons, and he probably thought this was where they were going. She didn't know what he thought when the lady came to fetch him from the waiting room. After the interview, she revealed that some time ago, when he was naughty, father had said that he would take him to a head-doctor. He had laughed this off, and told his sisters about it. When mother left, she expressed anxiety about what to tell him now that he had been seen. She hoped that he would speak about it first, rather than that she would have to explain anything to him. If he asked any questions, she would just say that she and father had had an appointment, and that the lady had played games with him while he waited for them.

AM : Male, 10 years. Referred by mother for school difficulties, nervous habits, and general anxiety.

Mother didn't tell him anything. She had just said the week before that she was taking him to a doctor, who would ask him lots of questions, like Dr. M. (a General Practitioner/Psychologist, whom he had been taken to before). She told the other children that she was taking him to an eye specialist.

DF : Male, seven years. Referred by mother for disobedience, poor sibling relations, and sleep difficulties.

(The appointment was offered to mother the same day, owing to a cancellation.)

Mother didn't tell him anything. She didn't know what to say. She had to take his brother to her friend, because she didn't have a maid on Thursdays, and the friend invited D too. She didn't want to tell her friend where she was taking him, so she said he had a sore throat and that she was taking him to the doctor. He asked if he was really going to the doctor (he had been complaining of feeling sick with a stomach ache, and she thought he was perhaps getting 'flu). She said no, but to a lady who would spend the afternoon playing games and doing puzzles with him -- like school. He was thrilled.

DT : Female, five years. Referred by nursery school teacher for babyish behaviour, crying, fears, attention-seeking, pains, poor mother-child relations, and poor social contact.

At the Intake Interview, mother expressed some anxiety about bringing her to the Clinic, as she thought starting school and coming here all at once might bewilder her. She decided to wait until she was offered the next appointment, and then tell her that she was coming to the Clinic as part of the procedure of starting school, reassuring her that there were no doctors, and that nobody would touch her.

The history appointment was offered at the last minute, because of a cancellation. Mother then told her that she was coming to a place which was to do with going to big school. A friend popped in and suggested that mother say that somebody would play games with her. Mother did say this, and D seemed delighted. She asked mother if 'the teacher' would be a lady or a man, and came very enthusiastically, although mother had warned her that they may be separated for the interview.

GMG : Male, nine years. Referred by school principal for stealing.

Mother told him he was coming to a kind of school where they would find out how clever he was, and at what sort of things he was cleverest.

She didn't want to tell him anything about Child Guidance, incase he thought there was something wrong with him. He was very keen to come to the Clinic.

CH : Female, seven years. Referred by a social worker for negativism.

She asked mother where they were going, and mother said to some place where they would probably play games and do puzzles with her. That's all. And she didn't ask any more questions.

JG : Female, nine years. Referred by an acquaintance of mother's (a nursery school supervisor) for school difficulties, and poor mother-child relations.

Just before the first History appointment (which had to be postponed) mother told her that they were going somewhere together that afternoon. She would have said "to see a lady", but she didn't want paternal grandmother (PGM) who lives with them, to know about the Clinic, incase she interfered, scoffed at it, or told J anything detrimental about it. So in front of PGM, mother told her that they were going somewhere, and she would discover where when they got there. She shouldn't tell anybody about it, but keep it a secret between mother and herself. (She then had to tell her that they couldn't go that day, because of the postponement, but would go some other time.) The second time, PGM wasn't around, so mother said they were going to see a lady. She explained no further than this, and J asked no questions, but came quite willingly. (Father, who is against the idea of child guidance, had agreed to mother's plan to keep it a secret from PGM.) Again mother told J to keep it a secret.

After the History, mother asked how she should tell J about the next appointment. She didn't want her to feel that there was something wrong with her. But wouldn't J begin to think this if mother went on saying nothing? The investigator advised mother to be honest with J, and gave reasons. Mother agreed hesitantly, but said she would try.

CD : Male, seven-and-a-half years. Referred by school principal for poor parent-child relations, negativism, aggression, destructiveness, and jealousy.

Mother told him that she was taking him to a clinic where a lady would ask him all sorts of questions. At first he replied that he wouldn't answer any questions. Mother said that that would be stupid. He asked nothing further about the Clinic, and seemed to enjoy the idea of an outing with mother, especially without his sister.

AMB : Male, nine years. Referred by Speech Clinic for school difficulties, stuttering, general nervousness, and possible epilepsy.

Mother told him that they were going to see someone about his reading and spelling. She said that she was quite satisfied with his progress, and that there wasn't anything wrong. This was just a final check-up, and he'd never have to go again. (Mother knew about the forthcoming diagnostic interview, and accepted that they would in fact, be coming again in three weeks' time.) She didn't want to make him feel that he was a nervous case, or else he'd become one.

Realistic Explanations

JD : Male, 12 years. Referred by mother and teacher for depression, introversion, timidity, lack of self-confidence, school difficulties, poor social relations, and day-dreaming.

His teacher asked him if he'd been to the Child Guidance Clinic. He came home and asked mother about it. Mother had not intended saying anything until just before she brought him, but told him that it was a clinic where she was taking him about his school work. She mentioned it again when the Clinic phoned about the appointment, and said that they would ask him questions about his school work. He was apprehensive at first, and thought he might have to see a doctor, or have an injection. Mother reassured him, and he came quite willingly. Mother expressed the fear of putting him off by mentioning psychiatrists or psychologists. He knew what these words meant, and might have thought that there was something wrong with him. Mother herself denied that she was really

afraid of this; she was prepared to do anything to help him.

MT : Female, six-and-a-half years. Referred by mother for obesity, and school difficulties.

Mother returned from the Clinic the first time, and M asked her where she had been. She said to the Child Guidance Clinic, which was a place where they helped children who were unhappy. Later, when the Clinic phoned to offer her an appointment, she told her that they were going to the Child Guidance Clinic, to see if they could help M with her school work. Although this had improved, mother said she would still come. She reassured M that she would enjoy herself, and that somebody would do things and play games with her. She seemed a bit apprehensive about being separated from mother at the Clinic, and mother again reassured her that they were very nice to children there.

DC : Male, nine years. Referred by school principal for school difficulties, and poor parent-child relations.

Mother told him the day before that he was going to a clinic where they would try and find out why he could not do his homework. He seemed pleased, and asked if he could go every day if he liked it. Then his siblings teased him, and said he was going to a doctor who would give him injections. (Mother had told them about his difficulties and the Clinic.) He became very upset, and mother had to reassure him by telling him that they were just going to play with him at the Clinic, and do puzzles etc. He came quite willingly, and asked a few more questions in the car about what he was going to do. Mother again explained the Clinic in terms of games.

ER : Male, ten years. Referred by the University Speech Clinic for school difficulties, poor social relations, and stammering.

Mother told him in the car on the way to the Clinic that he was going for another test, to see why he couldn't get along at school. It was like remedial reading, an IQ test. He replied that he knew why he wasn't doing well at school; it was because he was too afraid to answer

questions incase he made a fool of himself. Mother didn't comment.

RM : Male, seven-and-a-half years. Referred by mother for school difficulties, timidity, and lying.

Mother didn't tell him anything until he came home from school that day, when she said she was taking him to town. Then at the Clinic she said she had brought him to find out why he got headaches at school (which he does sometimes), but mentioned nothing about his nervousness. She didn't imply that it was a doctor whom he was to see, but rather a man who would ask him questions. She admitted that she hadn't known what to tell him, and was going to phone the investigator for advice. She was afraid that his sisters might broadcast it in the neighbourhood, if she told him and them the truth, and that it would be thrown back at him, and embarrass him. They did however, know a child next door who came to the Clinic, and mother denied that she herself was afraid of the stigma attached to it. It was only R she wanted to protect. She asked at the end of the interview how she should prepare him next time, and what to say to his sisters. She expressed regret and feelings of failure about having done wrong this time.

CL : Male, nine years. Referred by teacher for disobedience, restlessness, stealing, and deceit.

Mother told him the day before that she was taking him to a doctor to have his head read. He asked what this meant, and she said the doctor would find out what was wrong with him, why he didn't listen, and why he did all the naughty things he did. She didn't know herself what was wrong with his head. He accepted this, and asked no further questions.

BL : Male, 11 years. Referred by an extra-lesson teacher for school difficulties, and advice on promotion, immaturity, excitability, aggression, poor social relations, fears, and enuresis.

Mother told him the night before that she was taking him to a place where they were going to try and help him with his arithmetic, and find

out what was blocking him. He complained, "Oh, not again!", and mother said it was only to help him. Perhaps she was not helping him properly, and they would be able to tell her what to do. A man would simply ask him questions. He came quite willingly.

FG : Male, 13 years. Referred by house doctor and school principal for running home from school, poor school work, and reticence.

Mother couldn't really remember what she and father had told him about the Clinic. He knew that his principal would not take him back until he had been to a psychologist, so the matter didn't really have to be explained at all. They said he was going as the doctor had advised it, to find out what made him do badly at school and then run away. They referred to the Clinic by its proper name.

AC : Male, 14 years. Referred by mother for defiance, rebelliousness, and school difficulties.

Mother returned from the Intake interview, and told him that she had been to the Child Guidance Clinic about him. She felt he was unhappy, and would be helped by somebody who was specially qualified to talk to children about their problems. She also told him that she felt that she herself couldn't give him the help he needed. He could rest assured that nothing he told the psychiatrist (not a doctor, but a special person who did this sort of work), would be revealed to her or to father. He consented to come, though rather sullenly.

LK : Male, nine-and-a-half years. Referred by mother for school difficulties, and effeminacy.

Mother told him they were coming to see if the Clinic could help them (i.e. mother and him) help him (L) with his reading and arithmetic.

DB : Male, 15 years. Referred by a friend of mother's for aggression, jealousy, and advice on school placement.

Mother told him about her interview with us. She talked to him privately

(which she often does), and explained to him that she thought something was troubling him that he couldn't easily tell her about. He would be able to discuss his problems with someone who was qualified for this purpose, and she assured him of the confidentiality of this relationship. He has asked mother many questions about the Clinic since she told him of it, and his main anxiety concerns the possibility that whatever he tells the psychiatrist will be revealed to her. He seemed keen to come, nevertheless.

MV : Female, 13 years. Referred by mother for a poor mother-child relationship.

About a month before, mother told her that she was taking her to a special place, a Clinic in Johannesburg. She asked why, and mother explained it wasn't a medical clinic, but a place where she could have an aptitude test. This would show what she was fit for, what she could do when she left school etc., and why she was having some of the difficulties she did have at home. Mother approached the subject again a week before they came, and M showed no interest at first. But the night before, she began to ask mother lots of questions. Would there be babies to handle, so that she could show them how good she was at this? Mother said there wouldn't be, but that she would be asked many questions. Would mother be there? Mother said no, but that she should answer everything truthfully, even if it was not in mother's favour. But wouldn't they tell mother all she said? Mother reassured her that they wouldn't. She seemed quite willing to come in the end.

CM : Female, twelve years. Referred by a friend of mother's for jealousy, and poor mother-child relations.

Mother first found the explanation task very difficult. She mentioned child guidance, and of course C flew into a temper, and said she wasn't going. No other children she knew had to go, so why should she? Then mother had a very good talk to her. She said she could see that she wasn't altogether happy, and that she wanted to help her. But perhaps C found it difficult to talk to her, and tell her what was on her mind. She might find it easier to discuss it with someone else at the Clinic.

Mother emphasised that even when C is naughty and misbehaves, she may not mean to be, but that something makes her like this. C cried all the while mother spoke to her, and then consented to come, after asking several questions about what the Clinic would do to her. Mother said they'd give her an IQ test, and perhaps talk to her. She came quite willingly, but on one condition, viz. that mother wouldn't tell anybody about it. Mother promised not to, and said it wasn't anybody else's business, anyway.

DO : Female, 12 years. Referred by sister and a friend of mother's, for truancy from home and school.

Mother and father had both been to the Intake interview, and returned home to tell her that they had come to talk about her, why she had run away etc., and that a kind lady at the Child Guidance Clinic wanted to see her too. She refused outright, and said she wouldn't see anyone who expected her to talk about things in a way that wouldn't be true to her own feelings. Mother reassured her that she could say just what she liked, and that nobody expected her to see things in any particular way at all. Her adult sister persuaded her that the Clinic was really to help her, and find out what problems she had. The day before the History interview, mother reminded her that she had to come, and she was then quite willing to. Her sister feared that she still might not, and encouraged her further, saying that a lady would spend time doing things with her, and that it would be very enjoyable.

JDS : Male, 12 years. Referred by mother's psychiatrist for aggression, and poor parent-child relations.

Mother had told him even before the Intake interview that the Clinic was a place where people went when they could not get along with each-other. She and he seemed not to, and needed to go for this reason. She told him the day before he was due to come that she was now bringing him to the Clinic. She regretted that she had mentioned it once before in rather threatening terms. She now explained it as a place where professional people would try and find out what was bothering him (and them jointly), at home. He replied that there was nothing wrong with

him, and he would be quite okay if mother got rid of his brother and sister. He didn't ask any more questions, and came quite eagerly.

SC : Male, 12 years. Referred by a friend of mother's for stealing, lying, and school difficulties.

Mother had asked why he stole on several occasions. He always replied that he didn't know; something inside made him greedy. Mother explained the Clinic as a place where a doctor would talk to him, and try and find out why he was like this. She reassured him that she wouldn't tell his brother that he'd been there. He accepted this, and came quite happily.

CDV : Female, nine years. Referred by eye specialist for lying, fears, and school difficulties.

Mother had mistakenly brought her along to the Intake interview, telling her that she was taking her to someone who would find out why she was so nervous.

IMC : Male, eight-and-a-half years. Referred by mother and a close friend of hers, for stealing and lying.

Mother did not tell him about the Clinic after the Intake interview, until in an argument with her, he begged her to take him to see a 'scientist'. He felt that she didn't understand him, and wanted to tell the 'scientist' his side of things. Mother promised to do so, and from then on, he frequently asked when he would be seeing the 'scientist'. Mother explained that many boys and girls wanted to go, and that there was a long waiting list, but she reassured him that he would have his turn too. She never mentioned the word 'problem' in talking to him about himself, or about the other children who went to the Clinic. She only told him that he was coming just before the appointment, and he was very excited.

Appendix C : The Projective Instrument Pictures


CHILD
GUIDANCE
CLINIC


CHILD
GUIDANCE
CLINIC



ANGRY



FRIGHTENED



ASHAMED



CONCERNED

Appendix D : Children's Responses in Interview with Psychologist

(The first line is the child's answer to the question of whether he knew why he had come to the Clinic. The second is the child's choice of the Maternal Reaction Type, from the pictures of the Projective Instrument. The third is the child's own explanation of why he has been brought to the Child Guidance Clinic. In brackets are the investigator's assessments of the Maternal Reaction Type, and the Preparation of the Child for the Clinic, made at the Intake and History interviews with the mother subjects.)

MDS : No
Angry
He was naughty; he hurt somebody. He hurt his sister.
(Non-Involved / Non-Realistic)

JD : No. Because he couldn't get along at school by himself.
Upset (Concerned)
Didn't do his homework.
(Involved / Realistic)

MT : No
Angry
Naughty. She did what her mommy didn't want her to.
Her mommy said 'sit', and she didn't.
(Involved / Realistic)

RF : No
Frightened
About questions they'd ask the boy.
(Non-Involved / Non-Realistic)

DC : No
Upset (Concerned)
Don't know.
(Non-Involved / Realistic)

ER : Yes, how I get along at school.
Concerned
Didn't do well at school.
(Involved / Realistic)

AC : No
Concerned
Didn't behave.
(Involved / Realistic)

JM : No
Angry
Stood outside the Clinic door.
(Non-Involved / Non-Realistic)

RR_C : No
Upset (Concerned)
Don't know.
(Involved / Non-Realistic)

DB : Yes; so that my mother can bring me up better.
Concerned
Running away with ducktails.
(Non-Involved / Realistic)

MV : No
Frightened
I don't know.
(Involved / Realistic)

AM : Nee
Kwaad
Ek weet nie.
(Non-Involved / Non-Realistic)

RM : Because he was nervous.
Upset (Concerned)
I don't know.
(Involved / Realistic)

CM : No
Ashamed
She was rude to her in public.
(Non-Involved / Realistic)

TF : No
Frightened
Because he was going away from home.
(Non-Involved / Non-Realistic)

GL : No
Upset (Concerned)
I don't know.
(Non-Involved / Realistic)

DO : No; my mother didn't tell me.
Ashamed
Because she's been naughty.
(Non-Involved / Realistic)

LK : To pass; to read properly.
Ashamed
I don't know.
(Involved / Non-Realistic)

AMB : For reading and spelling.
Frightened
I don't know.
(Involved / Non-Realistic)

BL : For my arithmetic.
Upset (Concerned)
He couldn't do something and his mommy was concerned about it, unhappy.
(Involved / Realistic)

BF : Ma het gesê ek moet hospitaal toe kom.
Kwaad
Die seuntjie was stout.
(Non-Involved / Non-Realistic)

JDS : Yes
Ashamed
I don't know.
(Non-Involved / Realistic)

GMG : No
Frightened
He did something naughty; he broke something.
(Involved / Non-Realistic)

CH : Yes; to do things, puzzles.
Angry
Because she was playing.
(Non-Involved / Non-Realistic)

CD : I don't know; I can't remember now.
Frightened
Running to the windows or something.
(Involved / Non-Realistic)

IMC : To get better.
Concerned
Because she wants to see that he gets better.
(Non-Involved / Realistic)

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