

# Assessing fears and related anxieties in children and adolescents with learning disabilities or mild mental retardation

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Received 17 February 2006; received in revised form 12 June 2006; accepted 14 June 2006

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## Abstract

The purpose of the present study was to examine self-reported fears and related anxieties in children and adolescents (7–18 years of age) having learning disabilities (LD) or mild mental retardation (MIMR), and whether these fears and related anxieties differ based on gender and age. Students responded to two well validated instruments, *The Fear Survey Schedule for Children-Revised* and *Revised Children's Manifest Anxiety Scale*. The results revealed age, gender, and disability interaction effects. Adolescent boys having mild mental retardation reported highest levels of fear related to failure and criticism, a finding that was different from those reported in previous studies. In addition, girls reported higher levels than boys of total fear, fears related to minor injury and small animals, and worry/oversensitivity. Age main effects were also observed where younger students from both the LD and the MIMR groups reported higher levels of non-specific general anxiety. Implications and directions for future research were presented.

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*Keywords:* Fears; Anxieties; Learning disability; Mild mental retardation; Children; Adolescent

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Fears are viewed as normal reactions to a specific environmental threat, either real or perceived, such as darkness, lightning, deep water, tombs, or spiders. Researchers have suggested that normal fears are essential for people to survive in the world, with such fears having a protective function for children (e.g., Morris & Kratochwill, 1983, 1998). According to Barrios and Hartmann (1997), anxieties are a broad collection of distressing subjective, motoric, and

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somatic responses. Anxieties are also described as apprehension without apparent cause, and they can be distinguished from fears based on the specificity of the threatening stimuli and accompanying responses (Coleman, 1996). In spite of researchers' attempt to differentiate the two concepts, "fears" and "anxieties" are often used interchangeably in the literature (Morris & Kratochwill, 1998).

Researchers have found gender differences in children's fears and related anxieties, with females reporting higher prevalence and intensity of fears and anxieties than males (American Psychiatric Association, 2000; Beidel, Turner, Hamlin, & Morris, 2000; Dong, Yang, & Ollendick, 1994; Ollendick & King, 1991). Such differences appear to persist across a variety of assessment instruments, like the *Revised Children's Manifest Anxiety Scale* (RCMAS; Reynolds & Richmond, 1997), *Fear Survey Schedule for Children-Revised* (FSSC-R; Ollendick, 1983), and *Revised Anxiety and Depression Scale* (RCADS; Chorpita, Daleiden, Moffitt, Yim, & Umemoto, 2000).

Moreover, the nature and content of children's fears and related anxieties appear to change as children mature, although some overlap occurs across ages (Morris & Kratochwill, 1983, 1998; Ollendick, Matson, & Helsel, 1985). For example, children of elementary school age are reportedly fearful of supernatural beings, bodily injury, and loud noises. In addition, they are increasingly sensitive to and fearful of failure in social situations and in their academic performance. As children enter middle school and high school, social, academic, and health-related fears become predominant, and these fears may continue to exist into adulthood (Barrios & Hartmann, 1997; Morris & Kratochwill, 1983, 1998).

Although considerable efforts have been directed towards the understanding of fears and related anxieties amongst children and adolescents without disabilities, far less is known about the levels and nature of fears and related anxieties in young people having disabilities. Depending on the specific disability category under investigation, there are some differences in adjustment and outcome status, but a substantial body of evidence supports the claim that children and youth with learning disabilities (LD) and mild mental retardation (MIMR) are at heightened risk for experiencing emotional difficulties and manifesting higher levels of fears and anxieties than their typical (or regular education) peers (Al-Yagon & Mikulincer, 2004; Pearl & Bay, 1999). To further illustrate, almost three million children (ages 6–21 years) have some form of a learning disability and receive special education in schools (*Twenty-Fourth Annual Report to Congress, U.S. Department of Education, 2002*). In addition, the Foundation for People with Learning Disabilities (2001) reported that 40% of those students having LD reportedly experience anxiety to a marked degree. Some researchers have even suggested that this increase in emotional difficulties in students having LD is due to the increased frustration and failure that these children experience in academic and social activities (e.g., Fisher, Allen, & Kose, 1996; Tur-Kaspa, Weisel, & Segev, 1998). Furthermore, their anxieties may be manifested by psychophysiological changes, such as stomach discomfort and headaches (e.g., Margalit & Raviv, 1984; Thomas, 1979).

Nearly 613,000 children between 6 and 21 years of age have been diagnosed as having some level of mental retardation and determined to be in need of special education services in the schools (*Twenty-Fourth Annual Report to Congress, U.S. Department of Education, 2002*). Of these latter youth, approximately 87% will be classified as having mild mental retardation. In this regard, researchers have found that at the same chronological age children having MIMR exhibit patterns of fears similar to those of younger children who are not disabled (e.g., Duff et al., 1981; Vandenberg, 1993). Such fears include fear of thunder, lightning, and being kidnapped, whereas the typical children are more afraid of such abstract concerns as criticism and failure (Knapp, Barrett, Groden, & Groden, 1992).

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