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THE FEATURES OF FEARS OF CHILDREN WITH MENTAL AND AUTISM SPECTRUM DISORDERS

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ABSTRACT

During the time of a child's development, fears are unavoidable and normal for that period. They have their own characteristics of evolution and manifestation in any period of a child's upgrowth.

It's obvious that fears of children with different upgrowth disorders are expressed within particular patterns. So we carried out an exploration in order to study the particularities of the patterns of children's mental upgrowth disorders and children with autism spectrum disorders and during studies we investigated 60 children with mild mental upgrowth disorders and 60 children with autism spectrum disorders. The fears of preschool children representing these two types were investigated in the context of a comparative analysis of the particularities of the fears of their peers with neurotypical development.

***Key words**: fear, overcoming fear, neuro-typical development, developmental disorder, anxiety, psychological intervention, diagnostic methods.*

INTRODUCTION

Fears are unpleasant feelings arising in response to a real or perceived threat (Marks, 1987) while a phobia can be understood as an official diagnosis of a fear, which may be more severe, long-lasting, or age-inappropriate in nature (Turner & Romanczyk, 2012). Fears are usually recognized as a part of normal development; nevertheless, they can become maladaptive and problematic if they do not continue to progress according to the existing standards.

In case of some upgrowth problems, the child's ability to respond to the environment is violated as well as the hierarchy of the child's adaptive problems. In other words, protection becomes more important for these children than active adaptation to the environment around them. We opine that the types of protection can have different manifestations in case of upgrowth of different problems but the

main reason is the low adaptive capability which is also expressed in the process of showing emotions.

Unusual fears have long been recognized as common in autism and mental disorders, but until now very little research exists and in most of the cases the phenomenology of fear remains unknown.

DISCUSSION OF THE TOPIC

So let's rebound to the children with mental disorders. As a result of the study, we can see that the fears of children with mild retardation are weaker compared with the fears of their peers with neurotypical development. Therefore, the group of children with neurotypical development had a high level of fear (43.3 %) than the group of children with mental retardation (30 %). We deem that this evidence is caused by problems of mental development, which, as we have already mentioned cause a lot of problems related to the upgrowth of emotional part having their certain effects on a child's perception of the environment and in particularities of showing emotions and on interrelation within it.

We can see also a lot of peculiarities in expressing certain fears. As a sample, only 7 % of examined preschool children with mild mental retardation problems had fears related to the dangers of getting physically damaged from fire, water, blast, etc. We believe that this fact is caused because of insufficient development of the ability to correctly evaluate the situation as a result of intellectual shortfall and a low level of the ability to distinguish a potentially dangerous situation from a safe one.

Hence, out of 3 of 7 examined children, who have fears of water and fire, have inspired fears which were also mentioned by their parents in our meetings. They also mentioned that inspired fears helped them to be safe from such dangers because the child himself can't adequately assess and distinguish the dangerous situation.

It's necessary to mention that both our explored literature (Mcclur, Halpern, Wolper & Donahue 2009; Wishart, Cebula, Willis & Pitcairn, 2007; Lafren'ye 2004; Lebedinsky 2003), as well as the analysis of our research prove that the fear of preschool children with mild mental retardation is related to certain situations which happened to them or to the information they receive during the communication with their crony people reflecting on children life experience.

Pointing up the above, referring to the types of fears by their origin, we can note that the fears of children with mild mental retardation are based on their own life experience and immediately show the direct connection that exists between the child's fears and his life experience. The reason for the fears of a child with mental retardation is usually determined not by external information but by his own life experience. As we have already mentioned 26.7% of the 60 children with neurotypical development we examined had a fear of water, while only 13.3 % of them had some unpleasant incident with water. In parallel, 18.3 % of the children we studied expressed fear of fire and blasts although only 10 % had been witnesses of any dangerous effects of fire. Meanwhile, the fears of children with mild mental

retardation which we mentioned, and a number of other situations and phenomena showed their personal experience. 43 % of examined children with mild mental retardation (26 children) had medical fears. Fear of animals was expressed in 14 of these children (23.3%). Comparingly fears of the dark and closed space were weaker. And fear of height had only 12 (20 %) of the examined children with mild mental retardation.

Compared with their peers with neurotypical development children with mild mental retardation had weaker fears related to sleep. Only 6.7 % of the examined children mentioned about their being afraid of bad dreams. And 20 % of the preschoolers with mild mental retardation had a fear of death and 10 % had a fear of the death of their parents.

There is also an important fact that we revealed during our research that even if the fears of children with mild mental retardation differ from the fears of children of their age with neurotypical development in their futility and unstable nature, however, in a number of cases (from the children we studied 8 (13%)) they can have highly expressed nature and be caused by such elements of the situation which are perceived by the child dangerous because of their separate sensory characteristics.

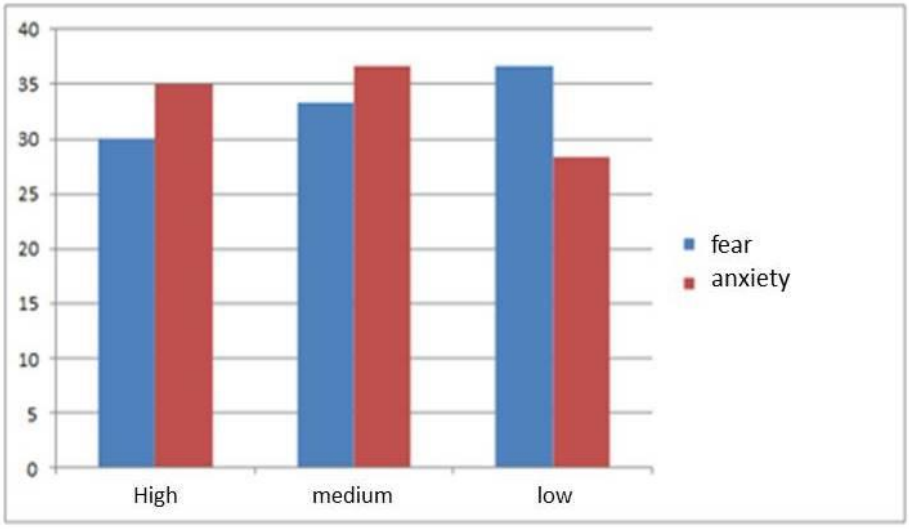
You can see the association of some fears of preschool children with mild mental retardation with separate sensory characteristics and the particular features of the manifestation of these fears, we should note that 30 % of the examined children had fears of very loud sounds (vacuum cleaner, the sound of water rustling in pipes, hair dryers, music, etc.) from the material of a certain quality (cotton, flat paper, plasticine, paint, viscous material, etc). In such cases, children sometimes felt not only fear but also disgust when they touched any viscous material, plasticine, when water dripped on their hands, when their fingers were stained, etc.

Fears of social character such as fear of parents, some people or being punished by someone, being late, etc. are weakly expressed in a group of children with mild mental retardation than in a group of children with neuro-typical development. We opine that a low level of fear of social character in a group of children with mild mental retardation is based on the feature of the emotional sphere as a result of the low level of mental development as a low ability to understand the emotional fettle of others.

Parsing the levels of fears of the examined children with mild mental retardation we can prove that 18 (30 %) of the examined children with mild retardation had a high level of fear, 20 (33.3 %) had a median level of fear, and 22 (36.7%) had a low level of fear (see Diagram 1).

Diagram 1.

The indicators of levels of fears and trepidation in a group of the examined children with mild mental retardation



We were also interested in the trepidation levels of these children and the ratio between fears and trepidation. Our research proved that only 30 % of examined preschoolers with mild mental retardation had high levels of fear, while 35 % had high levels of trepidation.

Only 33.3 % had a median level of fear but the median level of trepidation was 36.7 % of the examined. As for the low levels of fear and trepidation, it was in 36.7 % and 28.3% of the examined children respectively. The conducted statistical exploration also recorded a reliable connection between the development features of this group and the level of fears (p=0.01).

Speaking about the other research group, children with autistic spectrum disorder, we consider it necessary to mention that the group of children with autism, were children with different degrees of autism expression. In their behavior, who had strongly expressed autistic problems, (37-60 points according to the Childhood Autism Rating Scale) it was really difficult to recognize the signs of fears. An interesting fact is that the results of their survey and analysis of our conversations with the parents of these children indicate that parents are sure that their children, in a number of cases, are not afraid of anything at all, don't notice, and don't recognize the real danger. These children showed a rather stressed movement in their behavior and had a frozen facial expression which, for certain reason, sometimes, could be wrenched by an expression particular to horror, creating the impression that the child is very

whirled or worried about something. In this case, children's behavior usually became topsy-turvy, including excessive and high-intensity activity in their movements, stereotypic interjections, stereotypic movements, negativism, physical aggression also self-aggression.

At the same time, there were moments when the children's faces did not express any worry, conversely, they were peaceful, calm, and even extremely placid. In this case, they could not focus their attention on any specific object, and constantly made transitions from one object to another, as if looking for something in space, which is more particular to whirl behavior. The children 's attempts to stop these transitions forcibly as a rule ended with external discomfort manifestations, highlighting the intensive interjections and occurrence of mobile stereotypes.

We think that in this case the child's facial coldness or lack of external manifestation of fear does not show that the child is not afraid of anything, but that the body-emotion connection is disturbed as a result of low tolerance to fear and frustration. The divide in the body-emotion connection of autistic children is obviously reflected in self-stimulations, with which they try to decrease the unpleasant impulses of their environment. So, protection from the surrounding world is the main thing for them, which is also reflected in their fear of the child's bodily rejection by the parents, to remove it from his body, therefore weaken its influence (Manukyan, 2019; Manukyan & Mikayelyan 2017). We believe that both mild mental retardation and autism spectrum disorder children's asynchrony of facial expressions and emotions, which is reflected in the impoverishment or in their mismatch, is an unconscious means to low the feeling of fear.

Therefore, our chosen diagnostic methods were extremely difficult with these children, with their very limited verbal and non-verbal abilities, as well as because of their difficulties in understanding the instructions of tests. That's why the research of the mentioned 10 children's fears was actualized through evaluating their behavior and conversations and surveys with psychologists who work with children and parents.

Our views as well as the conclusion of the results of interviews and surveys with parents of children and psychologists working with them, allow us to presume that chaotic behavior like whirl can mean not only high trepidation but also separate fears though their objects are often difficult to define clearly.

The high level of trepidation was also testified by the results of surveys in Lavrenteva's and Tetarenko's "Questionnaire to identify child's trepidation" (Lavrenteva & Titarenko, 1992). From the analysis of the results of the aforementioned survey, it turned out that the trepidation scores of these children ranged from 15 to 20 points, expressing a high level of anxiety. Based on our views, the survey of psychologists and parents working with children, and the analysis of the results of the conversations held with them, we can prove that the above-mentioned 10 children had a high level of fears, their

number oscillates between 17 to 22.

It is also prime that children react with chaotic behavior expressing general trepidation, not to a specific thing or any of its properties, but to situations in which the conditions that have become common for the child, the actions or behavior of a person significant or close to him undergo even the smallest changes. Moreover, if we rely on the point of view that such behavior of the child is caused by generalized anxiety, then we can note that it increases in case of an attempt to interfere with the child's actions or in any try to change the situation .and one of its indicators, like the previous one, is the strengthening of auto stimulation.

Analyzing the behavior of children with a high degree of autism, the results of interviews with parents and psychologists working with children, it was possible to state that 8(80%) children were afraid of different voices.

While looking at the numbers, you can see that 7 out of 10 children (70%) were afraid of new clothes, 5(50%) were afraid of bridges and some roads, 9 (90%) were afraid of objects of this or that color or shape, 8(80%) children had a fear of objects including clothes, food, etc., and various household items (vacuum cleaner, electric mixer, hair dryer, etc.), moreover, this fear was connected to the sounds of these devices even in cases when the devices appeared in the children's field of vision, but were not turned on. 6(60%) of these children were afraid of certain commercials or their music. 4 out of 10 children surveyed (40%) were afraid of churches.

One more interesting fact is that only 3(30%) of the children with a high degree of autism were afraid of being alone, 6(60%) were afraid of closed spaces, and 3(30%) were from an open area. 6(60%) of the examined children were afraid of strangers, 4(40%) were afraid of heights, 5(50%) were afraid of open doors.

We want to mention that if it was extremely difficult to identify the presence of fears of the children examined with a high degree of autism, then it was much easier to identify the fears of 16 children with moderate autism (34-36 points according to Childhood Autism Rating Scale), but not from the point of view of the methods we used for research goals, but for the simple reason that the children of this group usually expressed them in their behavior. In our mind, high-intensity auto stimulations, through which the child tries to silence the unpleasant impulses of the outside world by artificially inducing certain feelings in his body, in this case also reflect the weakening of the body-emotion connection, once again pointing out that we were dealing with psychophysical synchronization. This fact was also reflected in the fact that though the fears of these children were expressed in their stereotypical interests and addictions, however, as a result of our surveys and conversations with their parents and psychologists showed that the adults around the child often cannot imagine, that their aforementioned behaviors are closely related to their fears.

So, 34 children we examined were diagnosed by a psychiatrist as having mild autism (30-33 points on the Childhood Autism Rating Scale).

Studying the fears of children with mild autism was much easier in communication and from the view of research methods.

The generalized retardation characteristic of these children which was especially increased in new situations, the need to get out of the stereotypical forms of contact that have become common, in case of increased demand on them. The increase of retardation among some children was manifested by movement anxiety, and by others by restraint, the active clinging actions.

Expressions of retardation became more evident in a series based on some sensory impressions b (noisy household appliances, singing toys, some musical instruments, loud sounds, etc.) and real danger situations (height, water, etc.) .43(86 %) of the 50 studied children with middle and mild autism had fears of different household objects and subjects, 38(76%) children had fears of different sounds. Of the children we studied, 46 (92%) were afraid of objects with one or another color or shape, including clothes, food, etc.

11(22%) of the children had a fear of being alone, 16(32%) had a fear of closed spaces and 19(38%) had a fear of strangers, cartoon characters, and TV characters. A fear of height was in 12(24%) of the children studied, and it was often expressed as a fear of stairs. Only 2 of the children we studied had a fear of dark (4%)/diagram 5/.

One more interesting fact: in spite of the seeming indifference of children with autism to the surrounding environment, the children with middle and mild autism studied by us were characterized by such socially conditioned fears, such as fears related to the negative evaluation of their behavior by people around them, and first of all, by those who are close to them.

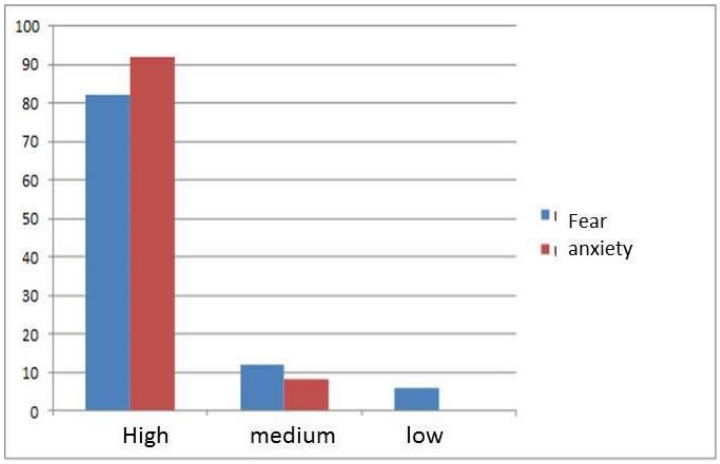
19(38%) of the children we studied were afraid of being punished, being late as well as of their parents/diagram5/. Our conversations with the children's parents and psychologists allow us to assume that these children's worries often have their own foundations because as parents and professionals working with children noted, and as our observations showed, these children often had difficulties with focusing attention, certain difficulties with orientation, which were most vividly expressed especially in new or unusual situations for the child. We guess that the aforementioned circumstances led to the formation of a negative experience of the child’s connection with the environment.

The high intensity of fears was indicated in the presence of such indicators of intensity as increased motor activity, nausea or vomiting, trembling hands or the whole body, increased sweating, etc.

Therefore, in the case of autism, the causes of the child’s fear may remain completely unclear and unknown to those around them, or may not be given any analysis in terms of the period of their occurrence, in other words, they are often fairs of unknown origin.

Diagram 2.

Indicators of fear and retardation levels of the examined children with autism



Of the children with high degree of autism examined, 4 (8%) had middle levels of anxiety, while there were no children with low levels of anxiety in this group. A study of anxiety in preschool children with middle and mild autism showed that 46 of the children (92 %) had a high level of anxiety (anxiety index according to the test of Temple, Dork and Amen ranged from 71.4% to 78.5 %, according to the anxiety questionnaire of Lavrenteva and Titarenko, in the range of 15-20) (see Diagram 2).

In conclusion, we consider it necessary to note that during our research, both children with autism and children with mental retardation were characterized by the manifestations of emotions inadequate to the situation, or some emotions, as well as fear's facial manifestation, being really late after perceived danger. This nuance lets us prove that in both cases of autism and mental retardation, the child's experience of any emotion, including fear, and its facial manifestation are subject to the principle of asynchrony, which is not in the norm. That is facetious manifestations appear much later than the child experiences this or that emotion. This means we should review the opinion about the poverty or passivity of facial expressions of children with autism and mental retardation. We believe that in this case, we are dealing with psychophysical or psycho-bodily synchronization. This theoretical view allows us to make changes in the psychotherapeutic process in order to overcome the fears of children with developmental problems.

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