

# Management of Anxiety among Students with Learning Disabilities: A Critical Analysis Review

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## Abstract

The present study aimed at exploring the reality and management of anxiety among students with learning disabilities. The study adopted the descriptive critical approach throughout reviewing the literature related to psychological disturbances in general, and anxiety in particular, among students with learning disabilities. The findings of the study revealed that anxiety is more common among learning disability students compared to their counterparts without learning disability. In addition, the study found that there is a significant overlap between the symptoms of anxiety and other psychological disturbances on one hand and the learning disability disturbances on the other hand. Further, the study provided a suggested educational intervention based on building a relationship with students with learning disability, previewing and checking in to reduce the level of anxiety among students with learning disabilities. The study recommends conducting a systematic literature review to provide a research-based evidence regarding the prevalence, management and interventions related to anxiety among learning disability students.

**Keywords:** Anxiety, Learning Disability, Psychological Disturbances, Critical Analysis

## Introduction

There are many psychological and educational issues and problems in the field of psychology, on top of which is the problem of learning disabilities that children and students suffer from in some academic subjects, especially with regard to the students' basic learning stage (Skues et al., 2020; Bo et al., 2016).

We find that the field of learning disabilities is clear in which individual differences between students, as it becomes clear that we have students who look like students in general education, but suffer from a clear deficit in some academic or cognitive skills (Krishnan et al., 2016; Al

Shobaki & Samawi, 2013)), but they have normal abilities in some areas, but what made the matter more complicated is the presence of students who are not deaf, blind or mentally handicapped (Woodcock & Vialle, 2016), but they are unable to learn in normal educational systems, and this category is classified within the category of students with learning difficulties, which is considered one of the most prevalent categories of special education, and it is the most popular group that attracts the attention of scientists and researchers (Baten et al., 2019; Samawi et al., 2022), as they constitute a large segment of students, and many students with learning disabilities suffer from cognitive difficulties that affect their academic achievement, such as arithmetic skills, visual discrimination, spatial relationships, and motor skills (Baglama et al., 2017).

Children with learning disabilities also show a number of characteristics related to disturbances in attention, perception, memory, and inconsistent thinking of oral and written language and mathematical logic (Fletcher et al., 2018). We find that they suffer from a number of psychological problems, since anxiety is a common disorder that is included in all disorders and Psychological problems especially that it has appeared significantly recently in children due to the multiplicity of psychological stimuli, which makes us address the definition of the variables of anxiety and learning disabilities (Kormos, 2016).

### ***Anxiety in the Context***

Fear is defined as an emotional response to real or perceived imminent threat. In contrast, anxiety is the anticipation of future threat (Hamm, 2020). Barlow defines anxiety as distress or uneasiness of mind, and it really reflects a fear of danger. Anxiety is a basic human emotion that we all experience at some point and it is a part of typical development (Carleton, 2016).

Anxiety is a short term stress reaction that is part of our human experience (Dhabhar, 2018). If an individual is facing a threat source or danger, the brain signals that he/she is in danger (Lambert et al., 2019). The sympathetic nervous system kicks in and an individual may experience symptoms such as rapid breathing, sweaty palms, butterflies, muscle tension in the stomach, and the response to the perceived danger may be fight, flight, or freeze (Boyce et al., 2015). The problem now is that the perceived danger may no longer be, something like encountering tiger but more like a math test, or having to read in front of the class, or having to navigate a school cafeteria. The brain perceives these situations as dangerous just like a tiger attack and reacts with an activation of the

sympathetic nervous system, and may respond with fight, flight or freeze. Yet, this may not be adaptive for the situation (Dacey et al., 2016).

Anxiety is a basic human emotion, it is hard wired and adaptive. Anxiety cues us to be alert and it is necessary and can even be helpful. For example, anxiety activates our adrenaline (Suzuki, 2021). It helps us to be energized, aroused and that can be adaptive if you are running a race or giving a presentation or speech (Klemanski & Curtiss, 2016). Anxiety is also adaptive as an early warning signal for dangerous activities (Steimer, 2022). You might get that adrenaline rush when you are skydiving or if you are walking near the edge of a cliff or on a high ropes course, and that may help you to be just a little bit more vigilant and alert (Chishti & Rana, 2021). However, there are times when it is not helpful to have an anxiety response. Sometimes, the perceived threat may be something like a spelling test or talking to a group of students, or even going to school, and the brain may respond as if we are in danger, activating all the nervous system arousal, but that really isn't helpful for the situation (Shekhy & Shakouri, 2015).

### **Learning Disabilities and Anxiety**

Students with learning disabilities have higher rates of anxiety. For example, it was reported by Githara et al (2016) that 30% of children with learning disabilities met criteria for an anxiety disorder. In addition, it was reported that children with learning disabilities are 2 to 3 times more likely to experience mental health issues (Wilson et al., 2009). This is evidenced by the results reported by Aro et al (2019) who reported that students with learning disabilities have higher rates of anxiety. Different recent studies reported that it is common for students with learning disabilities to have some level of anxiety (Mutlu, 2019; Liu et al., 2019). They may be feeling anxious at times or in response to specific situations, all the way up to meeting criteria for a disorder with more intense and impairing levels of anxiety. So, if you work with students with learning disabilities, the odds are that they may experience some level of anxiety at some point (Namkung et al., 2019).

In a study conducted by Reardon et al (2015) over youth with learning disabilities who also met the criteria for an anxiety disorder, it was found that almost 30% of that sample met the criteria for Generalized Anxiety Disorder (GAD). In addition, it was also common to find those having social anxiety and specific phobias among the same study sample. In this study, there does not seem to be a gender difference as both boys and girls with learning disabilities had anxiety at similar rates although the presenting issues may look different.

One way to think about the relationship between anxiety and learning disabilities is to consider the mental health on a continuum (Mammarella et al., 2016). In the continuum, many of us fall in the green zone, meaning that we generally feel pretty good, but that doesn't mean that we are happy all the time but we have social supports and sufficient personal resources to cope with everyday life things (Schotanus-Dijkstra et al., 2019). Most of us occasionally experience periods where we move into the yellow zone of feeling stressed, which could be changes, a new job, a lost, a family member who is struggling, changing schools, stress at work that demands exceed our resources, and we may feel a bit stretched, we may have difficulty sleeping, we may feel tense, or overwhelmed (Guo et al., 2015). For many of us, the situation changes, or we develop new coping strategies and we move back to the green zone. For others, the mental health issues are more serious and have a functional impairment. For example, we may have significant low mood and we may have trouble getting out of bed in the morning or may not get to school. That might be the red zone. So, again it is a continuum and with intervention, supports, sometimes medications, we may move out of the red zone back to the yellow zone or the green zone (Franken et al., 2018).

In A study by ....., it was reported that a large proportion of students with learning disabilities are in the yellow zone as their baseline because they are chronically distressed; school for kids with learning disabilities is often an ongoing stressor. However, for a portion of these students with learning disabilities, so as high as 30% or possibly 40%, these students move into the red zone of more serious mental health issues such as anxiety disorders (Sitoula, 2021).

So, if you think about the students with learning disabilities in the school, there are different types of everyday situations that might provoke anxiety, or that fight, flight, or freeze response in your students. To reflect on what kinds of situations a teacher notices, one can imagine would be anxiety provoking, if having a learning disability (Holland et al., 2017).

### ***Sources of Increased Anxiety for Students with Learning Disability***

With regard to the sources of increased anxiety for students with learning disabilities, there can be a lot if things in a school setting depending on the student and depending on the nature of their learning disability (Acharya, 2017). So, for some it might be reading or writing in front of others, for others could be navigating a social situation with peers, like having lunch or recess, unstructured time or managing group work, figuring out how to hold conversations. For some, it

is learning a new skill in gym and then having to go first without enough time to really see how it is done (Lin et al., 2015).

### *Overlapping between Learning Disability and Anxiety*

When we consider the interconnected relationship between anxiety and learning disabilities. It can be tricky to know when to be concerned. So that is when is anxiety a red zone problem, or even a yellow zone problem that needs attention (Kadosh et al., 2015). One challenge is the overlap in symptoms between learning disability and anxiety disorders. For example, a teacher might notice a student who has trouble concentrating and that could be related to the student's particular learning disability with attention difficulties or a weak working memory or they could be distracted by internal thoughts or worries (Brenneisen Mayer et al., 2016). Similarly, you may have a student who doesn't follow instruction, do they have trouble understanding or remembering the instructions or do they need more time to process what the teacher said, or did they miss the instructions altogether because they were worrying about something else (Deb et al., 2015). For some rigid decision making and difficulty, shifting to a new point of view might reflect executive functioning problems or it could be because that student has Obsessive Compulsive Disorder (OCD) and has to complete a task three times before they can move on (Jiujiias et al., 2017). Sorting out the relative contributions of social competence impairments related to learning disability, in comparison to social anxiety can be particularly tricky.

So, if anxiety is typical, and we all have it, and students with learning disabilities are really likely to experience some extra levels of distress in certain circumstances, the teacher should be able to know whether it is a problem or not (Nag et al., 2019). Different studies reported that anxiety becomes a disorder when it seriously interferes with the child's ability to do the tasks of everyday life, that risk could restrict their ability to go to school or to hang out with friends, or it interferes with their concentration so much that they can't think about schoolwork or they can't sleep, when the anxiety is persistent, it is not just a period of time when a big change is happening (Van Hees et al., 2015). So for example you may have a student who is not sleeping well and is really distracted in grade eight because they are going to worrying about starting high school. But for it to be a disorder it needs to be persistent and last at least six months. Also, when the intensity of the child's responses are outside the norm, which becomes a key factor (Mammarella et al., 2016).

### ***Role of the Educator in Diagnosing Anxiety Disorders***

Educators are the key, because they may be the first to raise concerns about a student, or may they validate a parents' worry about their child (Rodrigues et al., 2018). Educators have the opportunity to see a lot of children and adolescents of the same age. Unlike parents who may not have a comparison group. However, with the overlapping symptoms, diagnosis of an anxiety disorder is a tricky thing, especially for students with learning disabilities and it requires careful assessment (Merten et al., 2017). Often, diagnosis includes the use of standardized tools and interviews and comprehensive knowledge. Diagnosis is a controlled act that can only be carried out by qualified professionals such as psychologists or physicians (Spence, 2018).

It matters whether a child is diagnosed with an anxiety disorder because diagnosis can inform treatment. There are effective medications and evidence-based therapies, such as cognitive behavioral therapy (CBT) that can be quite helpful (Dobson & Dobson, 2018).

### ***Educational Strategies and Cognitive Control in Anxiety***

Anxiety results in cognitive control deficits (attention, memory, etc.), which are caused by changes in decision-making process, so they are much related to motivation. Despite the great value of educators' efforts of reducing anxiety among students with learning disabilities, different causes were reported to be participating in failure of these efforts (Tian-Ci Quek et al., 2019.) These include that efforts do not lead to the expected outcomes, allocating less control, and less motivation. However, it was reported that for students with learning disabilities to feel in control, students need to understand why a certain outcome happens. For example, repeated reading problems could lead to avoidance of schools as well, which will consequently lead to school refusal (Turner & McCarthy, 2017).

### ***A suggested Strategy***

Building a relationship with a person, specifically who is anxious, is extremely important. The basic process steps to build a relationship with a learning disability students starts by asking questions about how the student is feeling, allowing the student to understand that you care and using the child's language, which is achieved through using their own words after he/she describes his/her feelings. A following step is to validate his/her feelings through stating reasons why

someone might not want to do a specific activity and offering alternative options that still encourage him/her to try.

A significant approach is previewing, which is a great way to ease a student's anxiety. It involves providing a general idea about what will happen next without too many details is ideal. When an educator provides too many details, a student can get stuck on one of them, especially if they do not feel good about it. A "Flow of the Day" is a great example of previewing, it should be top to bottom or left to right, i.e. consistent flow of the day. Previewing a space can be equally important. A person can do it by person but may opt to do with the use of technological means such as a phone. In addition to previewing the space, and giving a general layout of the activity, there should be a separate place in the classroom, depending on the age of the student and the staff available. A break or calm down space can be designed with things the person can use to calm down. An educator can always provide books, play dough, or other things that the student with learning disability might be interested in to get their mind off of what is causing their anxiety. Creating a go-to student might be enough for someone to know there is someone checking in on him/her. They can ask for that person instead of needing to go to a separate place. When making a plan for this student, educator should ask them which they prefer, or if they want both options put in place.

Frequent check-ins are important. However, educator can observe without everyone else in the room knowing why you are there. In the check-ins, the educator first asks the student how he/she is doing, then remind him/her of where you are if you are needed, then providing positive appraisal statements or encouragement about what the student is doing without drawing attention to the student. Facial expressions are a great way to show someone that you are proud of them without drawing too much attention. If at any of the check-ins someone is not doing well, giving choices about how to proceed is a good way to approach this. The educator should be careful not to give too many choices, though. For younger children, grades K-5, two choices is more than enough. More than that might cause more anxiety. Grades 6-12 can have a third choice, but the more you know a person, the more you will know what they need.

## **Conclusion**

The present study sought to critically review the reality and management of anxiety within the context of learning disability students. It is obvious from the literature reported in this study that there is a significant effect and overlapping between anxiety and learning disabilities, which



complicates the interventional procedures required to reduce anxiety among learning disability students. In addition, it is clear that there is a significant overlap between learning disabilities and psychological problems in terms of signs and symptoms, which requires the educators to be fully aware of this overlapping and having the skills needed to identify anxiety signs and symptoms among students with learning disabilities.

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