Childhood fears among children who are blind: the perspective of teachers who are blind

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ABSTRACT
The aim of this study was to investigate childhood fears in children who are blind from the perspective of teachers who are blind. The study was conducted in Jordan. Forty-six teachers were interviewed. Results revealed that the main fear content in children who are blind includes fear of the unknown; environment-, transportation- and people-related fear; and fear of animals. The teachers reported that the reasons for fear in children with visual impairment include child-related reasons (internal reasons), lack of training (hearing, social skills, orientation and mobility [O&M] and tactile training), family factors and an unsuitable physical environment. O&M training, independence training, family counselling and environment adaptation were reported to be the best procedures to deal with fear in these children. Recommendations are provided in the light of the study.

Introduction
Childhood and adolescence are critical periods, during which the risk for many disorders and problems increases, including fear. Fear is an emotion elicited by the possibility of real or imagined danger (King, Hamilton, and Ollendick 1988). According to the literature, the most salient fears in childhood are of physical harm and animals (Ollendick, Yule, and Oilier 1991). Fears of particular animals, such as snakes, rats and bees, as well as fear of the unknown, death and danger (Burnham and Lomax 2013), and of darkness and hospitals (Salmela and Salanterä 2009) are most common.

High levels of fear are a threat to psychological well-being, particularly in children and adolescents (Salmela et al. 2009), and may interfere significantly with daily activities (Ollendick and King 1994). Excessive fear is implicated in anxiety, social difficulties, academic problems, depression and drug abuse, leading to great personal distress (King, Muris, and Ollendick 2005), which may compromise the well-being of the child (Salmela et al. 2009). Fear affects how children judge frightening events. Preschool-age children judge happy events as more likely to occur than fearsome events (Carrick and Quas 2006).
Various explanations for the development of fear in children are discussed in the literature. Negative information conveyed through television is one of the main reasons for fear in children (Muris et al. 2001). Fear is also considered a developmental phenomenon that occurs in many children and adolescents (Kushnir and Sadeh 2010; Muris 2007; King, Hamilton, and Ollendick 1988). Cognitive, biological and ecological factors interact in the development of fears (Muris 2007). In addition, several studies indicated age, sex, ethnic and cultural differences in the prevalence of particular fears among children (Muris, Schmidt, and Merckelbach 1999; Fisher et al. 2006).

Among the explanations of fear acquisition, Rachman’s three-pathway theory (1977) is one of the most commonly studied models. This theory focuses on the environmental learning pathways and suggests that fears are learned through three pathways: (1) classical conditioning – individuals’ direct exposure to the fearful object or event results in fear; (2) modelling – individuals’ observations, not direct exposure, results in fear and (3) negative information transmission – negative information about the fearful event or stimulus results in fear. Meanwhile, Walton (1978) reported that the only way to be in true fear is to be in harm’s way, but a genuine kind of fear can be experienced from the imagination. He called this his Make-believe Theory, as it applies to those who are not actually in harm’s way but believe that they are.

Children with visual impairment (VI) have lower level of quality of life (QoL) and higher psychosocial distress than those without such disabilities (Rubin et al. 1994), and VI is a precursor of fear in children (Ollendick, Matson, and Helsel 1985; King, Gullone, and Stafford 1990; Salha 2007). In addition, social factors such as mobility, literacy, adjustment, making friends and presenting themselves in a socially acceptable manner may be significant challenges in their daily lives (Quinn 1998). They may be reluctant to attend social functions or go to crowded places for fear of embarrassment (Jackson and Taylor 2000).

The literature review indicated a potential relationship between independence, fear and education among children with VI. VI may affect the child’s ability to function independently, to perform activities of daily living, and to move safely through the environment (McKean-Cowdin et al. 2008). For example, children with VI are at a particularly high risk of falls due to impaired balance and have difficulty identifying environmental threats (Ray et al. 2008). Persons with VI may be afraid to leave home because of safe mobility issues. Transportation can be a problem. Bruce, McKennell, and Walker (1991) reported that 20% of young people who were blind had not left their home. Clark-Carter, Heyes, and Howarth (1986) reported that most people with VI who do venture outside their home independently adhere to known routes, as exploration can cause disorientation, fear, stress, and panic associated with being lost. For people with VI, access to the physical world is limited – they have to rely on their remaining senses to collect information about the world (Jacobson and Kitchin 1997).

So, there is a need to develop the orientation and mobility (O&M) skills of people with VI in order to improve their QoL through increased mobility and independence and to decrease their fears, so that they will be as safe, efficient and confident as possible. O&M aims to develop travel skills so that an individual can move about safely and confidently in any environment. Such instruction helps an individual develop his abilities, understand his limitations, recognise unsafe situations and solicit assistance when needed (Department of Veterans Affairs 2002).
These problems of children with VI which are related to low independence skills that lead to fear may significantly impair their ability to learn, educational attainment and gainful productivity.

However, Jordan offers particular cultural dimensions to the previous debate, for two reasons. First, the practical issues in our country: for example, one field study in the Jordanian environment asserted that the Jordanian environment was unsafe and inappropriate for persons with VI and had barriers which decreased their ability to be safely mobile. This applied to schools, roads, houses, transportation, governmental organisations, recreation facilities and mosques, and the barriers existed both inside and outside buildings (HCAPD 2011). From another angle, Mohammed (2009) reported the absence of O&M training for children with VI in Jordanian schools.

Second, it is likely that deeper cultural differences in Jordanians’ views of risk, educational priorities, and roles of the family compared to those of people in western countries can be considered an important element in the debate on fear among children with VI. Despite recent progress, Jordan still confronts many problems in Special Education services (Al-Rossan 2013). Furthermore, the ‘Arab Spring’ that swept the Arab region from 2010 has caused economic problems and harsher living circumstances, with the influx of refugees throughout the region and the subsequent draining of local resources. These challenges have had a negative effect on the QoL and learning opportunities available for children with VI and have meant that children with VI did not represent priority concerns (Al Khateeb and Hadidi 2015).

Negative attitudes towards children with VI still dominate in Arab societies, where people with VI are viewed as a heavy burden on families, care-givers and society in general (Nagata 2007). Al-Shammari (2000) indicated that parent involvement in Special Education is generally minimal in Arab countries.

Consequently, these contextual factors affect the quality of SE programmes and services, as they diminish the care and attention required to create more confident and independent children and increase the possibility of more frightened children.

There is a paucity of literature on fear in children in general (Kushnir et al. 2010), and in children with VI in particular (Visagie et al. 2013). A study comparing 106 sighted children with 70 children with VI demonstrated that the latter have higher overall levels of fear, are more vulnerable to the development of psychological problems, and are more vulnerable to physical harm, such as being hit by a vehicle. They also report a significantly higher fear of fire (Visagie et al. 2013).

Another study comparing 129 children with VI with 129 controls demonstrated that the two groups did not differ significantly on measures of fear and that the controls in fact reported higher levels of fear – not only of failure and criticism, but also of physical harm (King, Gullone, and Stafford 1990). According to Salha (2007), fear is a significant emotional and behavioural problem in people with VI.

Based on this literature, fear in children with VI is an important area of research. There do not appear to be existing studies on the strategies to help children with VI to overcome fear. Teachers have important roles in their students’ lives and in their educational experiences and rehabilitation (Yahia 2006). In addition, there is a lack of studies on childhood fear from the perspectives of teachers who are blind and with a qualitative research approach. Patton (2001) describes the qualitative method as ‘a naturalistic approach that seeks to understand phenomena in context-specific settings, such as a “real world setting [where] the researcher does not attempt to manipulate the phenomenon of interest”’(39). Since children with VI
are at greater risk for the development of psychological difficulties, and because fear has been shown to exert a negative effect on such children, the quality and content of childhood fears in children who are blind were investigated in a sample of teachers who are blind.

**Methods**

**Design**

A qualitative research design was adopted, in order to gain an in-depth understanding of the quality and content of childhood fears in children who are blind from the perspective of teachers, who are also blind.

**Participants**

Because the current study was interested in exploring the childhood fears in children who are blind from the perspective of teachers who are blind, 18 females and 28 males were selected using purposive sampling. These 46 teachers were all visually impaired and were working with children who were blind. All 46 teachers who met the criteria agreed to participate in the study, thereby creating a purposive criterion sample. All the teachers, whose ages ranged from 25 to 50 years, were recruited from major schools and centres for children who are blind in Jordan. The interviews were individually conducted in the meeting rooms in their schools. To protect the participants’ anonymity, actual names were not used in this study, with pseudonyms being allocated to report the results.

**Data collection**

The data were collected using semi-structured interviews, as this is considered one of the best means of gathering qualitative data (Kvale 1996). Open-ended questions were designed to elicit the perspectives of the teachers on the topic of childhood fear.

This was accomplished by asking the following questions:

- What is the level of childhood fear among children who are blind?
- What are they afraid of?
- What is their experience of fear?
- What are their opinions about the reasons underlying these fears?
- What is the explanation for the development of their fears?
- What are the potential interventions or procedures to deal with these fears?

The interviewers were trained in how to conduct interviews through lectures and individual instruction. To ensure consistency, all the interviews were based on standardised themes and were supported by the interview guide (Patton 2001). Each interview took approximately 25 min to administer.

**Ethical considerations**

Data were collected in accordance with ethical principles. Official approval for the study was obtained from the Ministry of Education. Participants were informed about the aims of the research on initial contact, and their consent was obtained. Interviews were scheduled to
take place at their school at times convenient to them. Assurances of anonymity and confidentiality were given, and all names in this report are pseudonyms. This study has been conducted in consistent with the ethics issued by Institutional Review Board at the Hashemite University.

Data analysis

The theoretical approach used in data analysis was an inductive approach. Thomas (2006) reported that inductive approaches are intended to aid an understanding of meanings in complex data through the development of summary themes or categories from the raw data. Adoption of an inductive approach is usually associated with qualitative methods of data collection and data analysis (Neuman 2003).

All interviews were recorded and transcribed, and content analysis was applied to the data. The data were read several times, then coded and grouped into categories in order to identify themes and consolidate data into the theoretical context (Holloway and Todres 2003). Coding was checked for substantive significance (Patton 2002).

Data analysis was carried out on the original Arabic transcribed text; only the emerging themes and selected excerpts were translated into English. Quotes were chosen from the interviews and provided to support the findings. The criteria that were used to include and exclude quotes were: the richness of the quote, its illustration and representation of the research findings and the extent of the perspective among the participants (Anderson 2010).

Research validity and credibility

Peer control was applied to enhance validity: various researchers assisted in coding and identifying themes. Themes were revised until there was 100% concordance among reviewers. Co-researchers were asked to provide feedback on the final data analysis. Thereafter, one colleague read the interview transcripts, took notes and reviewed the identified themes. The findings of previous studies were compared with the current findings.

Results

Four themes emerged based upon the four research questions: the views of the teachers on the content of childhood fears in children who are blind, reasons for these fears, the effects of these fears on their lives, and possible procedures to deal with these fears.

The contents of fear in children who are blind

The teachers described a wide variety of fears in their own childhood. Most frequent was fear of the unknown, followed by environment-related fear and then transportation-related fear. Several participants reported fears of animals and of people, and some reported fears of unspecified voices and dangerous things. Finally, fear of the metaphysical was reported least.

Most participants agreed that the most prevalent fear content in children who are blind is fear of the unknown. Teachers described it as the core fear. For example, Suha stated that:
Fear of the unknown is the main object of fear in children who are blind. I had a sense of fear about what might happen to me, and whether I would be able to deal with such events. For instance, children may fear a dog if dogs are unfamiliar to them, something they have never dealt with.

Samira elaborated, saying:
I didn't fear strange and new places themselves, but I had a sense of fear about unknown events that may befall me in those places, and may harm me. For example, I didn't fear the road itself, but I was afraid from unfamiliar things that could happen on the road.

Rami said:
I was afraid from missing the school bus. I didn't know how I would deal with that situation.

It is notable that several of the female teachers were of the strong opinion that the childhood fears of children with VI are no different from those of sighted children. Samia said,
I think that sighted children fear more than children who are blind, because they see dangerous things. For example, they fear things like ghost rooms, fires and roller coasters more than children who are blind, because they see them.

Another teacher said:
I had no sense of fear from high places because I didn't realise the height. In addition, I might fear teachers, just as did sighted children.

The effects of fear on the lives of children with VI

When asked about the effects of fear on the lives of children with VI, participants emphasised the negative effects of fear rather than the positive. Some described fear as a positive motivating factor that improves learning and behaviour modification, and protects the child from dangerous things. Some of the positive effects noted by teachers were expressed as follows. Rami noted that ‘fear is important for children who are blind; it is an impetus to be more cautious and interested in studying. Some children perform very well if you frighten them’. Maraya noted that ‘Fear is useful for protecting them in dangerous situations, such as roads or animals’.

It was also evident throughout the analysis that most participants believe fear impacts negatively on all development domains. Several participants reported the negative effects of fear in the social domain, such as withdrawal and poor social skills. Several participants described its negative effects on learning and cognitive domains, such as hating school, attention deficits, avoiding experimentation and low environmental awareness. Emotional effects were discussed by most participants and included anxiety, low self-confidence, nightmares and wakefulness, while a few participants indicated the negative effect of fear on motion, as manifested by movement in the environment, and on the physical domain, expressed as stomach pain and headache. The following excerpts exemplify participant sentiment on these issues. Ahmad said:
A fearful child is not able to concentrate. He thinks constantly about the fear object.

Rami reported that:
Fear prevents children from learning and experimenting. It also affects their acquisition of knowledge and awareness of the environment. It affects their self-confidence and independence, thus decreasing future opportunities for study and employment.
Dania related the following:

I had an experience with fear when I was in preschool. I was attending a centre where children who were deaf and children who were blind were studying together. I was hearing the strange voices of the children who were deaf and they were wearing a yellow uniform. I developed a fear of the colour yellow (as I have the ability to see indistinct shapes). I was afraid of their voices; I considered them strange creatures. During that phase, I hated school and I stayed in the administration room all year, until the two disability groups had been separated.

Taha noted that ‘the main effect of fear appeared in anxiety and stress in the child’s personality. In addition, fear causes the child to withdraw’.

Tamer also related his own experience, saying:

I feared cats and this fear affected my life, as it caused nightmares and sleeping problems. This fear still affects my life now. I preach at the mosque, and I still think that a cat could appear during my sermon, so before I begin, I ask the prayer goers if there is a cat there.

**Reasons for fear in children who are blind**

Data analysis revealed that teachers who are blind reported many reasons for fear in children who are blind. The majority of respondents reported child-related reasons for fear, such as disability. Some participants reported individual differences, chronological age and cognitive factors. Some of these reasons are noted in the following excerpts. Mohammad noted that ‘disability conditions cause problems with recognition, and children who are blind fear this’. Sami believes that ‘fear emerges from children’s feeling of weakness when they can’t control things because of disability conditions. They are very sensitive towards other people and very sad because of their disability. Therefore, they are susceptible to fear’. Contrary to these statements, Sameh felt that ‘fear in children who are blind is normal fear. We can’t generalise. There are individual differences. For example, one child may fear cats but another may consider a cat his plaything and pet’. Mareem related her perspective that ‘fear may develop when a child hears something, composes a picture in his mind and keeps thinking of it’, whereas Majd believes that ‘fear is a direct result of the inability to see, so a child can’t recognise how far he is from danger’.

It is noteworthy that most participants mentioned lack of training (hearing, social skills, O&M mobility and tactile training) as reasons for fear. For instance, Nadia made the justification that ‘if the child who is blind doesn’t possess the appropriate social skills to be socially accepted, he will develop social fears’. Rasha said that a ‘lack of touch training for children who are blind, to inform them of environment elements around them, results in fear because they do not have a clear picture about the environment’. This belief was supported by Omer: ‘I think that the lack of O&M skills in children is a major reason for their fear’, and by Suha: ‘Fear develops when a child hears a strange or high voice with which he is unfamiliar’.

Family was indicated as the third most significant reason for fear, respondents referring to this factor: ‘Families have a central role in the development of fear. Family fears, overprotective parenting styles, and comparing the child with others may lead to fears and to feelings of inadequacy and inferiority in the child’; ‘Fear depends on opportunities available for movement in an environment, even if the child hurts him- or herself. If the family doesn’t give the child this opportunity, environment-related fears may persist into adulthood’.

Most participants indicated that an unsuitable physical environment is cause for fear. Mohammad explained that the ‘environment in our country isn’t suited to children who are
blind; when they walk in the road, they collide with things like trees, shop signs or anything that sags from above’. According to Ahmad, ‘The pavement is unsafe and the street may even be safer than the pavement, because people park their cars on it and it has a lot of trees and holes’.

Most participants reported negative community attitudes as cause for fear. Jameel clarified that ‘the reasons for fear in children who are blind are people’s comments. They may experience negative attitudes, such as neighbourhood kids following and ridiculing them’.

A few participants described fear as a learned response. Ameera stated that ‘fear in children may be a way to draw others’ attention, or it may be the result of socialisation patterns, such as coquetry or carelessness’. Hassan added that ‘fear is considered a learning outcome: if a child touches fire in an early age, they experience pain may fear fire from then on’. Shadia reported that ‘the most important factor in the development of fear is experience. It is impossible for a child to fear something he has not experienced or been hurt from’.

Procedures to deal with fear in these children

Participants in this study suggested a variety of procedures that may be effective in dealing with fear in children who are blind. The majority of participants focused on training children in O&M skills. As Rami stated, ‘we can prevent fear by O&M training, which informs children about their environment, such as all parts of the house: doors, windows, steps, and play area. In addition, it is vital to train them in safety basics’. Saed reported that, it is important to alert the child to caution during walking, to choosing appropriate areas in which to stop during mobility in roads and markets, and to use a white cane when mobile. The development of self-confidence and independence is crucial.

Reda mentioned that ‘the procedures may include providing training in safety principles, informing children of their visual status and guiding them in strange or new places’.

Most participants mentioned that training children to be independent is important in teaching them to deal with their fear. According to Rama:

When I was a child, I didn’t have any fears because my family supported me in being independent in all my affairs. I used to go to the supermarket. When my father brought groceries and I heard his car horn, I used to go with my brother to help him carry the groceries inside.

Several participants mentioned family counselling as a procedure with which to deal with fear. Nadia stated that ‘vital procedures are in the hands of the family, who should counsel children about environment risks, such as house corners, and guide them in navigating these’. Rami added that ‘family can play a preventive role by enhancing self-confidence and independence from an early age, as early childhood is a critical phase in life’. Amal explained that, as a child, ‘I was doing everything I wanted to without fear, because I had the support of my family, which played a great role in my independence’.

A few participants viewed tactile training as a procedure with which to deal with children’s fear. Mohammad said: ‘Tactile training may familiarise children with objects, thereby making them less afraid of these’. According to Ali, ‘Tactile training is important in helping children to deal with fear, by encouraging them to perceive the world around them as effectively as possible. Bringing the source of fear to them, allowing them to touch and recognise it, may help them overcome the fear’.

Similarly, a few participants believed that promoting a sense of safety would be a successful way to deal with children’s fears. Rama stated that the ‘development of fear depends
on the opportunities and safety provided to the child by their home, school and environment. Raslan emphasised the importance of ‘provid[ing] a safe environment, physically and psychologically’.

A few participants proposed hearing training. According to Shadia, ‘it is important to train children in hearing discrimination to inform them about different voices and their sources, and to clarify for them that some high voices are far away and there is no need to fear them’. Nadia added that a ‘voice recorder could be useful in this field. For example, if the child fears a specific sound, we can record it, let him listen to it, and thus allow him to become familiar with it’.

Several participants discussed adapting to the environment as important in addressing fear issues. Samer suggested that ‘Jordanian policy makers should follow the lead of other countries, such as Japan, in environmental adaptation’, and Rusha said that ‘this adaptation should include both the interior and exterior of buildings, for example, roads, steps, elevators, doors’.

Other procedures mentioned by a few of the teachers included direct instruction, story, modelling, exposure-based procedures and self-awareness about visual status: Rami said that

we should motivate the child to experience things. It is beneficial to expose children to new objects, to let them touch them. In addition, verbal advice may be useful in communicating to children that being blind need not constrain their lives.

Shreef agreed, adding:

The solution to fear in children who are blind is to include them in the community, allowing them to experience things as in real life and involving them in the environment around them. If a child fears dogs, we might allow that child to deal with dogs by visiting a zoo or by telling stories about dogs.

Discussion

Maslow’s hierarchy of needs (1954) is a motivational theory in psychology. It proposes five levels of human needs that all people strive to meet, the highest of which is called self-actualisation. According to this hierarchy, safety is the second most important need of human beings, after the satisfaction of physiological needs. Maslow argued that people cannot achieve good QoL without the satisfaction of these needs (Maslow 1954). Thus, it is clear that experiences of insecurity and disability may compromise a child’s self-esteem and self-confidence (Salha 2007), as well as faith in his or her ability to cope with new situations (Akel 2009). Despite the importance of this topic, contemporary research on fear in children with VI is scarce. The results of the current study are discussed here in the light of few available studies.

The aim of the current study was to conduct an in-depth investigation of fear in children who are blind, investigating the contents of that fear, as well as the reasons contributing to it, its effects on their lives, and potential treatment procedures to address these issues. All of these questions were examined from the perspective of teachers, who are also blind. The teachers reported the most frequent sources of fear of children who are blind to include fear of the unknown, environment- and transport-related fears, followed by fear of animals and people. This is consistent with Ollendick, Matson, and Helsel (1985), who found that children with VI displayed higher levels of fears related to situations with a high potential for physical
harm or danger. Visagie et al. (2013) found that the children who are blind reported a high level of fears of being hit by a car or truck, getting a shock from electricity, getting lost in a strange place, being in an accident and falling from high places. Walton (1978) reported that you can experience true fear if you believe that you are in harm's way.

Some of these fears are similar to those in children without disabilities. The most common fears in childhood are reportedly related to physical harm and animals (Ollendick, Yule, and Oilier 1991), as well as fear of the unknown and fear of danger (Varela et al. 2008; Burnham, Lomax, and Hooper 2013). The fears that children who are blind report about the unknown and the environment may be regarded as rational; these are novel situations and stimuli, which may well cause fear (Garcia-Coll, Kagan, and Reznick 1984). In addition, the local environment for this sample is neither safe nor accessible for people with disabilities (UNESCO 2010), thereby increasing fear of the unknown. However, environment- and transportation-related fear, as well as fear of animals and people, could also be considered under the rubric of fear of the unknown.

Participants discussed the negative effects of fear more readily than the positive ones. Some participants believed fear to be a positive motivational factor, improving learning and behavioural modification in children, and protecting them from dangerous things. This is consistent with studies suggesting that fear may have an adaptive dimension (Li and Morris 2007; Robinson et al. 1991). Fear of failing tests, for example, prompts children to study for tests, and fear of dogs leads to appropriately cautious behaviour around new or strange-looking dogs. In situations like these, fears serve a self-preserving, motivational purpose.

Fear has negative effects on development, including in the social, cognitive, emotional, kinetic and physical domains. This finding replicates previous work on the effect of fears (Ollendick and King 1994; King, Muris, and Ollendick 2005; Salmela et al. 2009). All Jordanian teachers receive pre-service and in-service training in education and developmental psychology, and it is therefore unsurprising that they were readily able to identify the effects of fear in these domains.

The teachers in this sample reported many reasons for childhood fears. This is consistent with the literature, which emphasises the interaction between key factors, including cognitive and environmental factors in the development of fears (e.g. King, Hamilton, and Ollendick 1988). This is in line with Rachman's three-pathway theory (1977) which focused on the environmental learning pathways. The majority of respondents reported child-related reasons for fear, including disability, individual differences, age and cognitive factors. This result is in line with many previous studies (e.g. Muris, Schmidt, and Merckelbach 1999; Fisher et al. 2006). Moore and Miller (2003) discuss possible internal reasons for fear, suggesting that VI itself may cause physical limitations, which lead to the development of fear in children, as they may find it difficult to function independently in an unfamiliar environment. Undoubtedly, a child with VI experiences some degree of disorientation as a result of being placed in a strange environment.

Previous research shows that childhood fear is associated with a bias towards negative interpretations of ambiguous situations (e.g. Creswell and O’Connor 2006). Children’s fears reflect their emerging understanding of the world and their place in it (Elbedour, Shulman, and Kedem 1997). In addition, Rachman's three-pathway theory (1977) focuses on negative information about the fearful event or stimulus resulting in fear.
In the current study, family was considered both a significant reason for fear and a promising approach by which to deal with it. This finding is consistent with previous studies, which discuss the role of parental treatment style in the development of fear in children, particularly the tendencies to reject or overprotect children (Leo et al. 1999). The Handicap International Middle East Regional Office (2006), however, reports that Arabian persons with disability are generally over-protected, and are discouraged from taking risks or tackling the most ordinary tasks. Unfortunately, current SE laws and training programmes in Arab countries give little attention to families and parents of children with VI (Al-Shammari and Yawkey 2008). However, the current findings call for more attention to be given to parental involvement, awareness and training in order to deal with childhood fears among children with VI.

Many of the participants indicated that negative community attitudes are reasons for fear. Quinn (1998) mentioned that children with VI face challenges that affect aspects of their social function: everyday activities, such as mobility, adjustment and making friends, are affected by their VI. Stigmatisation associated with VI, often arising from misconceptions, can also have a negative impact on the developmental experiences of children, and may induce fear (Visagie et al. 2013). Various studies have documented negative attitudes towards people with disabilities in Jordan (e.g. NCFA 2007; UNESCO 2010). Abu Alghaib (2012) indicated that Arabian children with VI are exposed to discrimination, prejudice and negative attitudes despite regulations issued to protect their rights.

The majority of teachers viewed skill-based training as a procedure for dealing with fear (O&M, independence, hearing and tactile). O&M was cited as a reason for fear, as well as the most frequent procedure with which to deal with fear. O&M training is related to independence skills, which were considered highly important by participants as a procedure for dealing with fears in children who are blind. Previous research has established the significance of O&M skills in dealing with fear in children who are blind, such as fear of falling; these skills enhance independent function and facilitate safe and independent participation in the community (Lamoureux et al. 2007; Zijlstra et al. 2009; Maguvhe, Dzapasi, and Sabeya 2012). A Jordanian study reported the importance of O&M skills in empowering the person with VI to move safely in their environment (HCAPD 2011). Children who are blind suffer from mobility limitations, which limit their ability to travel independently and, subsequently, many aspects of their daily activities as well as their life satisfaction (Wahl, Heyl, and Schilling 2002; Montarzino et al. 2007). Through O&M training, children who are blind gain a better understanding of their environment, which enables them to move more comfortably, efficiently and safely (Zijlstra et al. 2009); this is considered an excellent procedure for dealing with fear. Being with the child in the new environment satisfies their need for safety, and promotes orientation and feelings of security; as a result, children are more confident and less frightened (Watkinson and Scott 2004). Unfortunately, there is a lack of interest in O&M training (Neustadt-Noy and LaGrow 2010), and no O&M specialty training programmes in Jordan. Future studies should be designed to include an investigation of these topics.

Teachers placed great importance on physical environment as both a reason for, and a means for dealing with, fear. A recent Jordanian study emphasised that the physical environment in Jordan is ill-adapted for people with VI and buildings do not implement the national code of construction. This study recommends that all parties should collaborate to enforce codes to provide a safe environment which empowers the person with VI to move safely in their environment (HCAPD 2011). Although the national code of construction
regarding facilities for people with disabilities has been in force for more than 20 years, funding barriers mean that many of its requirements are yet to be activated. An unsuitable physical environment is a threat to self-confidence and independence in children who are blind.

Conclusions and recommendations
The main fears of the children who were blind in this sample were fear of the unknown, environment- and transportation-related fears, and fears of animals and people. Teachers who were blind believed that the reasons for these fears were child-related (internal reasons), a lack of training (specifically in hearing, social skills, O&M and tactile training), family factors, unsuitable physical environment and negative community attitudes. The most efficacious procedures in dealing with fear are believed to be O&M training, independence training, family counselling and environmental adaptation. This study calls for closer attention to O&M skills, as well as to adapting environments to support children who are blind in coping with their fears. Data from the present research support the notion that the development of fearless children depends upon self-confidence, independence and the provision of a safe environment, both psychologically and physically.

The main limitation of this study is its sample. The sample was limited to teachers who are blind. It thus excludes the perspectives of sighted teachers and parents about fear in children who are blind. This is a critically important point of evaluation in future studies on this topic. Further, interviews were the only method of data collection; future studies should include other research methods to supplement and support the qualitative findings.

The findings nevertheless provide promising directions for future research. They are especially helpful in understanding fear in children who are blind and the effects of O&M training, environment adaptation and parental treatment style on fear in children who are blind. These results may be useful in preventing and treating fear in children with VI. It is recommended that institutions for children who are blind focus on family counselling and child training, particularly in independence and O&M skills, to overcome fear in children who are blind.

Disclosure statement
No potential conflict of interest was reported by the author.

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