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Identification of Phobias and Their Triggering Factors in Children with Special Needs and Hearing Impairment at SKH Bina Citra Anak

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ABSTRACT
This study aims to identify the types of phobias and factors that trigger their emergence in children with special needs who have hearing impairments at SKH Bina Citra Anak. Deaf children have limitations in understanding auditory information and expressing emotions, making them more prone to excessive fear responses. This study used a descriptive qualitative method through in-depth interviews and observations of four children with different special needs characteristics. The results showed several forms of phobia, such as fear of the dark, fear of heights, and specific phobias of certain foods. The triggering factors included traumatic experiences, sensory sensitivity, medical conditions, and communication barriers that made it difficult for children to understand and manage their fears. When phobias are triggered, children show reactions such as panic, crying, avoidance, or physical responses such as vomiting and cold sweats. Teachers apply a gradual approach, emotional support, and adjustments to the learning environment to help children face their fears. These findings emphasize the importance of early detection and appropriate support strategies to support the emotional development of children with special needs.

Keywords : Phobia, Deafness, Children With Special Needs, Anxiety, Triggers.

INTRODUCTION

Children with special needs who have hearing impairments face complex challenges in their communication, social, and emotional development. Their limited ability to understand spoken language means that they rely more on visual cues and direct experience to make sense of their environment. Research shows that deaf children are at higher risk of anxiety disorders than children with normal hearing, including specific phobias that often go undetected due to verbal communication barriers (Theunissen et al., 2014; Kushalnagar et al., 2020).

Phobias, as a form of excessive and irrational fear of certain objects or situations, can manifest in various forms in deaf children—ranging from fear of heights, darkness, to certain sensory stimuli. This complexity increases in children with dual conditions such as deafness accompanied by other developmental disorders. Permanent sensory barriers can affect the development of emotional regulation and response patterns to the environment, making

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children more prone to excessive anxiety when faced with unfamiliar stimuli (Hall et al., 2021).

Although the prevalence of anxiety disorders in children with special needs is quite significant, research on specific phobias in deaf children is still very limited. Most studies focus on cognitive and linguistic aspects, while emotional dimensions, particularly phobias, have not received adequate attention. This research gap exists due to: (1) difficulties in accessing the subjective experiences of deaf children through standard verbal-based instruments, (2) a lack of assessment instruments specifically designed for this population, and (3) a lack of qualitative research that explores direct experiences from the context of special education (Mood & Shield, 2021). In fact, untreated phobias can hinder learning concentration, limit mobility, and reduce children's independence and self-confidence.

SKH Bina Citra Anak, as an extraordinary educational institution that serves deaf children, is a relevant context for examining this phenomenon. Daily interactions between teachers and students provide direct access to the manifestation of phobias in real situations. Early identification of phobias is essential so that learning and mentoring strategies can be tailored to students' emotional needs.

Based on this background, this study aims to: (1) identify the types of phobias experienced by deaf students at SKH Bina Citra Anak, and (2) analyze the factors that trigger the emergence of these phobias. The research question is: “What types of phobias do deaf students at SKH Bina Citra Anak experience and what factors trigger their emergence?”

This study uses a descriptive qualitative approach through interviews and direct observation to gain an in-depth understanding of children's experiences in dealing with phobias. The findings of this study are expected to enrich the understanding of the emotional dynamics of deaf children and serve as a basis for teachers, parents, and educators in designing more appropriate, empathetic, and effective assistance strategies.

LITERATURE REVIEW

This literature review presents a theoretical synthesis of phobias in children with special needs, particularly children with hearing impairments, to develop a conceptual framework that supports the design of this descriptive qualitative study. The literature used not only summarizes previous studies but also integrates various theoretical perspectives to understand the mechanisms of phobia formation, triggering factors, and behavioral manifestations in deaf children.

Definition and Criteria for Specific Phobia

According to the DSM-5-TR (American Psychiatric Association, 2022), specific phobia is an excessive and persistent fear of a specific object or situation that causes immediate anxiety and avoidance behavior. In children, the diagnostic criteria include: (1) fear that is disproportionate to the actual threat, (2) consistent anxious response to the phobic stimulus, (3) avoidance behavior or significant distress, and (4) a duration of at least six months. Eaton et al. (2018) developed a three-pathway model of phobia formation in children that includes classical conditioning, observational learning, and negative information transmission. This

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model provides an important framework for understanding how deaf children form fear associations despite their limited access to auditory information.

Phobias in Deaf Children: A Neurobiological and Developmental Perspective

Neuroimaging research shows that traumatic experiences or prolonged stress in childhood can increase amygdala reactivity, making fear responses more easily triggered (Jenness et al., 2021). In deaf children, communication barriers limit their ability to process contextual information that can modulate fear responses. Hall et al. (2021) explain that reliance on visual information and language limitations make it more difficult for deaf children to understand abstract or unfamiliar situations, which increases their vulnerability to anxiety.

A study by Kushalnagar et al. (2020) found that the prevalence of anxiety disorders in deaf children reaches 20-25%, which is higher than in the general population. Communication barriers not only affect cognitive understanding but also emotional regulation abilities, as children find it difficult to label and express their feelings verbally—a process that is important in anxiety modulation (Aini & Wulandari, 2021).

Triggering Factors of Phobia: Integration of Conditioning Theory and Sensory Sensitivity

Classical conditioning theory explains that phobias can be formed through associations between neutral stimuli and negative experiences. (Pratiwi, 2018) shows that children with special needs tend to form stronger and more persistent associations due to cognitive limitations in evaluating the rationality of fear. Nadhiroh (2015) adds that unresolved traumatic experiences can develop into persistent fears, especially when children lack the verbal skills to process and communicate their emotions.

Sensory sensitivity also plays an important role. Recent research by (Dwyer et al., 2022) found that sensory sensitivity is positively correlated with anxiety levels in children with developmental disorders, supporting the hypothesis that biological factors and learning experiences interact in the formation of phobias.

Relevance to Research Design

This theoretical framework supports the descriptive qualitative approach used in this study. Because phobias in deaf children are complex and influenced by the interaction of communication, experiential, and biological factors, an in-depth approach through interviews and observations allows researchers to capture nuances of experience that are not accessible through standard questionnaires. Eaton's model of phobia formation and emotion regulation theory serve as analytical lenses for understanding how deaf children develop and respond to phobias in the context of special education.

METHODS

This study used a descriptive qualitative approach to describe the types of phobias and their triggers in children with special needs and hearing impairments at SKH Bina Citra Anak. A qualitative design was chosen because it allows for in-depth exploration of the subjective experiences of children, which are difficult to access using standard quantitative instruments.

Subjects were selected using purposive sampling based on the following criteria: (1) children with deafness or dual deafness enrolled at SKH Bina Citra Anak, (2) showing indications of phobia based on teacher observations, and (3) parents/guardians giving consent for

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participation. Four children were selected as the main subjects with diverse characteristics. Although the number of subjects was limited, this is a common practice in qualitative research that prioritizes depth over breadth (Creswell & Creswell, 2023). The accompanying teachers served as triangulation informants to strengthen the validity of the data.

Data were collected through three techniques:

1. Semi-structured interviews with teachers and parents using interview guidelines covering: (a) the type of fear exhibited by the child, (b) triggering situations, (c) the child's physical and emotional responses, (d) strategies applied by teachers/parents. Example question: “Can you describe a situation when your child showed intense fear? What happened at that time?”
2. Participatory observation for 8 weeks in the classroom and school environment, noting children's behavior when faced with certain stimuli.
3. Documentation in the form of teacher notes, child development reports, and video recordings with permission.

Data Analysis

Data analysis followed the steps outlined by Miles et al. (2020):

1. Data reduction: Interview transcripts and observation notes were read repeatedly to identify relevant information. Data unrelated to phobia was eliminated.
2. Coding: Data was organized using thematic coding:
   - Open coding: Identification of basic units of meaning
   - Axial coding: Grouping codes into categories
   - Selective coding: Development of main themes
3. Data presentation: Themes were presented in narrative descriptions and summary tables.
4. Conclusion drawing: Interpretation of cross-case patterns to identify key findings.

Validity was strengthened through source triangulation and technique triangulation. Member checking was conducted by confirming interpretations with teachers.

This study obtained permission from SKH Bina Citra Anak and written consent from the subjects' parents/guardians. The children's identities were protected using pseudonyms. The principle of do no harm was applied by stopping observations if a child showed excessive distress. Children had the right to withdraw at any time without consequences.

RESULTS

The research results were obtained through in-depth interviews, direct observation for 8 weeks, and documentation of four children with special needs and hearing impairments at SKH Bina Citra Anak. Data analysis showed patterns of phobia types, physical-emotional responses, and different triggering factors in each child, but still showed similarities in terms of anxiety and emotional regulation barriers.

Table 1. Summary of Phobia Types and Subject Characteristics

Name	Condition	Type of Phobia	Main Trigger	Typical Response
Wirdha	Deaf	Fear of darkness, heights	Past trauma, lack of exposure	Panic, trembling, crying, cold sweats

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Alpnan	Deaf and blind	Food phobia (rice)	Traumatic eating experiences	Vomiting, extreme rejection, distress
Cahya	Deaf and heart defect	Fear of heights	Medical conditions, physical sensitivities	Anxiety, decreased physical stability
Hanifah	Deaf	Fear of heights (mild)	Lack of gradual exposure	Avoidance, discomfort

Wirdha exhibits the most intense situational phobia. Her teacher reports:

"*Even when it gets just a little dark, Wirdha immediately panics. She cries loudly, her body shakes, and she breaks out in a cold sweat. It seems like she had a bad experience when she was little, but because communication is difficult, we don't know for sure what happened*." (Ms. R., assistant teacher)

Observations show that when the classroom lights are suddenly turned off, Wirdha immediately screams and looks for support from her closest friends. This response is consistent with the criteria for specific phobia in the DSM-5-TR: persistent fear, immediate anxious response, and consistent avoidance behavior (American Psychiatric Association, 2022).

Hanifah also exhibits a fear of heights, albeit with less intensity. Mrs. S., Hanifah's teacher, explains:

"*Hanifah doesn't like going to the second floor. If forced, she will cry softly and hold my hand tightly. But if left alone, she prefers to stay downstairs."*

Alpnan exhibits an uncommon phobia: an extreme fear of rice. Mrs. T., Alpnan's homeroom teacher, explains:

"*Alpnan cannot stand the sight of rice. If there is rice near him, he immediately vomits. Even the smell alone makes him nauseous. This has been the case since he was a child; he said he was once forced to eat rice until he choked*."

Observational data shows that on three separate occasions, when rice was served in the school cafeteria, Alpnan immediately moved away and showed strong expressions of disgust. On one occasion, he vomited after accidentally seeing rice on his friend's plate. These findings support the classical conditioning theory that traumatic experiences can form very strong and persistent negative associations.

Cahya, who has a heart leak, exhibits a phobia of heights that is likely reinforced by her physiological sensitivity. Mrs. D., Cahya's teacher, recounts:

"*Cahya is very afraid of heights. I think because of her heart, she gets tired more quickly and has difficulty breathing when climbing stairs. So she associates high places with physical discomfort*."

Observations show that Cahya refuses to go up to the second floor even when accompanied. Her breathing becomes rapid and her hands sweat when she sees the stairs.

The teacher applies several support strategies:

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1. Gradual desensitization: For Hanifah, the teacher starts by inviting her to stand on the bottom step while holding her hand, then slowly climbing one step each week.
2. Emotional support: Validating the child's feelings and not forcing direct confrontation.
3. Environmental adaptation: For Alpnan, the cafeteria provided an alternative menu without rice and separated the dining area.
4. Collaboration with parents: Regular communication to ensure consistency in approach at home and school.

DISCUSSION

This study aims to identify types of phobias and triggering factors in deaf children at SKH Bina Citra Anak. The main findings show four patterns of phobia: situational phobia (darkness, heights), specific food phobia, and phobia reinforced by medical conditions. This section discusses the contribution of the study to theoretical and practical understanding of phobia in children with special needs.

The research findings reinforce that communication barriers make it difficult for deaf children to process and regulate their emotions of fear. Wirdha and Alpnan, for example, cannot verbally explain why they are afraid, so their phobias are detected only through behavioral responses. This is in line with Kushalnagar et al. (2020), who stated that deaf children have a higher risk of anxiety disorders due to limitations in labeling and expressing emotions—an important process in anxiety modulation.

A new contribution of this study is the identification that phobias in deaf children often go undetected until they reach high intensity, because teachers and parents rely on verbal communication for initial assessment. This emphasizes the need for behavior-based assessment instruments for this population.

Alpnan's case provides a clear illustration of classical conditioning theory: the experience of choking while being forced to eat rice formed a negative association that persists to this day. Unlike children with normal hearing who can be given verbal explanations to restructure their understanding, Alpnan does not have the cognitive access to understand that “rice is not always dangerous.” These findings expand on Eaton et al.'s (2018) theory of three pathways to phobia formation, showing that in deaf children, the information transmission pathway is ineffective, making phobias formed through classical conditioning more difficult to modify.

Cahya's case shows how medical conditions interact with psychological experiences to reinforce phobias. Physical sensitivity caused Cahya to experience discomfort when climbing stairs, which was then associated with “high places = danger.” This supports the biopsychosocial model, which states that phobias are the result of the interaction of biological, psychological, and social factors (Dwyer et al., 2022).

The contribution of this study is to show that in children with dual conditions, phobias can be physiologically rational but develop disproportionately. This raises an important question: At what point does fear that begins as an adaptive response become maladaptive?

Although both experienced a fear of heights, Wirdha showed a much more intense response than Hanifah. This difference is likely related to: (1) the severity of early traumatic experiences, (2) available social support and coping strategies, and (3) individual

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temperament. Further research is needed to explore the factors that determine the variability in the intensity of phobias in deaf children.

The gradual desensitization strategy applied by the teacher proved to be helpful, especially for Hanifah, who showed a decrease in anxiety after 6 weeks of gradual exposure. These findings are consistent with Putri & Suryani (2020) on the effectiveness of desensitization in children with special needs. However, the novel contribution of this study is that it shows that in deaf children, desensitization requires modification: (1) the use of visual cues to explain the process, (2) a longer duration because children need more positive experiences to change associations, and (3) consistent nonverbal emotional support.

Theoretically, this study expands our understanding of how phobias manifest in populations with communication and sensory impairments. Practically, these findings emphasize the need for: (1) training teachers to recognize signs of phobia through behavioral observation, (2) developing visual-based assessment instruments for deaf children, and (3) intervention protocols tailored to the communication and sensory characteristics of children.

CONCLUSION

This study identified four patterns of phobia in deaf children at SKH Bina Citra Anak: situational phobia (darkness, heights), specific food phobia, and phobia exacerbated by medical conditions. Triggering factors include traumatic experiences, communication barriers, sensory sensitivity, and physiological conditions. The main contribution of this study is to show that phobias in deaf children often go undetected until they reach high intensity due to verbal communication limitations, and require intervention strategies tailored to the communication and sensory characteristics of the child.

This study has three main limitations. First, the number of subjects was limited (four children), so the findings cannot be generalized to the entire population of deaf children. Second, observation- and interview-based data are subjective and may be influenced by the researcher's interpretation. Third, home environmental factors were not fully controlled, so their influence on phobia intensity could not be completely separated.

For education practitioners, it is recommended to: (1) develop a behavior-based phobia assessment protocol for deaf children, (2) implement gradual desensitization with visual support, (3) involve parents in consistent strategies at home and school.For researchers, it is recommended to: (1) conduct quantitative studies with larger samples to measure the prevalence of phobias in deaf children, (2) conduct experimental studies to test the effectiveness of various intervention strategies, (3) explore the relationship between the severity of hearing impairment and the intensity of phobias.

For therapists and counselors, it is recommended to integrate visual-based therapy (such as Social Stories™ with pictures) into phobia interventions for deaf children.

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