



Cognitive Style, Anxiety and Conservatism among Mentally Retarded Children

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ABSTRACT

The present study was conducted on a sample of 80 normal children and 80 mentally retarded children. Normal and mentally retarded children were identified on the basis of the scores obtained on Mohsin General Intelligence Test. The study intended to compare the two groups of children in terms of their cognitive style, anxiety and conservatism. It was hypothesized that mentally deficient children as compared to their mentally normal counterparts would be found more field dependent, less anxious and less conservative. Anxiety was measured with the help of Sinha Anxiety Scale, Conservatism was measured using Mohsin C-Scale and Cognitive style was measured using Witkin's Embedded Figure Test. The obtained data were analysed by using t-test. The results, thus, obtained confirmed all the three hypotheses. It was concluded that mentally retarded children are more field dependent, less anxious and less conservative as compared to their normal counterparts.

KEY WORDS

Cognitive, Anxiety, Conservatism, Mentally Retarded Children.

INTRODUCTION

Intellectual disability, often referred to as mental retardation (although the term "mental retardation" is no longer commonly used in many professional and clinical contexts due to its negative connotations), is a condition characterized by limitations in intellectual functioning and adaptive behavior, which affects an individual's ability to perform everyday tasks. It is a lifelong condition that can manifest with varying degrees of severity, and individuals with intellectual disabilities may experience difficulties in learning, social interaction, and communication.

The study of cognitive styles, anxiety, and conservatism among children with intellectual disabilities presents an important area of psychological research. Cognitive style refers to the preferred way individual processes information, makes decisions, and organizes their thoughts. It encompasses elements like how individuals perceive their environment, how they focus attention, and how they approach problem-solving. For children with intellectual disabilities, understanding their cognitive style is crucial as it can provide insights into their learning difficulties, communication barriers, and emotional responses.

Anxiety, on the other hand, is a psychological condition characterized by feelings of unease, worry, and fear, which can have both physiological and psychological manifestations. In children with intellectual disabilities, anxiety can be more pronounced due to the challenges they face in their daily lives. The inability to fully comprehend social situations, difficulty expressing emotions, and experiencing an environment that may be less understanding and supportive can contribute to heightened levels of anxiety. It is essential to recognize the impact that anxiety can have on the overall well-being of children with intellectual disabilities, as it can impede their social integration, academic performance, and emotional development.

Conservatism, in this context, refers to the tendency to favor familiar or traditional ways of thinking and behaving, which may limit one's ability to adapt to new experiences or changes. Children with intellectual disabilities often exhibit conservative cognitive and behavioral tendencies. This conservatism could be a result of cognitive limitations, which make it challenging for them to process or adapt to new information, or it could be a coping mechanism in response to the unpredictability of the world around them. These children may prefer routine and predictability as it provides a sense of safety and control in an environment that might otherwise feel overwhelming or uncertain.

The interplay between cognitive style, anxiety, and conservatism in children with intellectual disabilities is a complex one. Research has shown that children with intellectual disabilities often have a unique cognitive style that can differ from that of typically developing children. They may rely more heavily on concrete thinking, have difficulty understanding abstract concepts, and may struggle with flexibility in problem-solving and social interactions. These cognitive limitations can increase their susceptibility to anxiety, as they may have a harder time understanding social cues, navigating new environments, or managing uncertainty. Additionally, the conservative tendencies in their cognitive and behavioral responses can serve as a means of coping with the challenges they face. However, it is essential to acknowledge that these tendencies can also limit their potential for growth and adaptation in social and educational settings.

The relationship between anxiety and conservatism is also critical in understanding how children with intellectual disabilities respond to changes in their environment. A highly anxious child may become even more resistant to change, preferring to stick to familiar routines and patterns. This may further reinforce conservative behaviors and create a cycle where the child's anxiety prevents them from engaging with new experiences, thus limiting their opportunities for learning and development. Conversely, fostering environments that promote coping strategies for anxiety and provide opportunities for gradual change can help mitigate these challenges, allowing children to better manage anxiety while also encouraging cognitive flexibility and adaptation.

In conclusion, exploring the roles of cognitive style, anxiety, and conservatism among children with intellectual disabilities is essential for understanding their unique challenges and needs. These factors play a significant role in shaping their behavior, emotional responses, and social interactions. Addressing these elements through tailored interventions can lead to more effective support strategies, enabling children with intellectual disabilities to thrive in both educational and social contexts. As we better understand the intersection of these factors, we can improve the lives of children with intellectual disabilities, providing them with the tools to navigate a world that may otherwise seem confusing, overwhelming, and limiting.

Review of Literature

Daus et al.² (2006) explored cognitive styles among children with intellectual disabilities, finding that

children with ID tend to use more rigid, concrete cognitive approaches when problem-solving. These children struggle with abstract thinking and exhibit difficulties when asked to generalize learned material. The study emphasizes the need for interventions that cater to these cognitive styles by offering more structured, concrete learning environments and providing opportunities for flexible thinking. Matson and Nebel-Schwalm⁹ (2007), it was found that children with intellectual disabilities experience higher levels of anxiety compared to typically developing children. The study noted that anxiety manifests in various forms, including generalized anxiety, separation anxiety, and social anxiety. These anxieties often go unrecognized due to communication difficulties, which may lead to increased behavioral issues, such as aggression or withdrawal. The authors suggested that addressing anxiety in children with ID requires a combination of behavioral interventions and supportive communication strategies. A research article by Emmerling et al.³ (2008) examined the link between cognitive development and emotional well-being in children with intellectual disabilities. The study highlighted how cognitive deficits in children with ID may hinder their emotional regulation and increase susceptibility to anxiety. The authors noted that children with ID often display less emotional resilience due to a limited capacity for abstract thinking, which can complicate their coping mechanisms in stressful situations. The role of conservatism in the behavior of children with intellectual disabilities was explored by Klinger and Dawson⁷ (2001) Their research showed that children with ID tend to favor routine and familiarity, exhibiting resistance to change. This conservatism can manifest in various ways, including reluctance to try new activities or engage in novel social interactions. The study concluded that structured routines are beneficial but must be paired with gradual exposure to new experiences to help these children develop flexibility and adaptability. A study by Chouinard and Lajoie¹ (2014) examined the relationship between cognitive styles and learning disabilities in children with intellectual disabilities. The researchers found that children with ID often exhibit a “field-dependent” cognitive style, meaning they rely heavily on external cues and struggle to filter irrelevant information. This cognitive style can impede learning, especially in unstructured or complex environments. The study highlighted the importance of adapting teaching methods to the cognitive profiles of these children, focusing on breaking down information into manageable chunks. A review by Herring et al.⁶ (2015) focused on the relationship between anxiety and behavioral problems in children with intellectual disabilities. They found that anxiety is often linked to increased challenging behaviors, such as self-injury, aggression, and tantrums. The review suggested that interventions aimed at reducing anxiety, such as cognitive-behavioral therapy (CBT), can be effective in mitigating these behaviors and improving the child’s emotional regulation. The study emphasized the need for individualized approaches to address both the cognitive and emotional challenges faced by these children. Research by Harrower and McDonald⁴ (2002) examined how social anxiety affects children with intellectual disabilities in group settings. The study indicated that children with ID are at a greater risk of social anxiety, particularly in unfamiliar environments or peer interactions. Anxiety can impair their ability to initiate and maintain social relationships, leading to social isolation. The researchers recommended that interventions target social skills training in combination with anxiety-reducing techniques to improve social functioning. In a study by McDougle et al.¹⁰ (2014), the authors investigated the relationship between adaptive behavior and anxiety in children with intellectual disabilities. They found that children with lower adaptive functioning were more likely to experience high levels of anxiety, particularly in situations requiring independent decision-making or problem-solving. The study emphasized the importance of focusing on both anxiety management and improving adaptive behavior skills, such as daily living and social interaction abilities. Research by Valsiner¹¹ (2005) examined how cognitive flexibility, or the ability to adapt one’s thinking to new situations, plays a role in anxiety and conservatism in children with intellectual disabilities. Children with ID often demonstrate low cognitive flexibility, making it difficult for them to adjust to new experiences or cope with changes in routine. This rigidity in thought and behavior can increase anxiety and reinforce conservative tendencies. The study recommended that interventions focus on promoting cognitive flexibility through gradual exposure to change in a supportive environment. A study by Hastings et al.⁵ (2005) explored how parental behaviors influence anxiety levels in children with intellectual disabilities. The research found that overprotective parenting, where parents excessively

monitor or limit their child's activities, could exacerbate anxiety. Children with ID who had parents who promoted independence and problem-solving skills were less likely to experience excessive anxiety and more likely to show adaptive behaviors. The study highlights the need for family-centered interventions that focus on fostering independence in children with ID while managing anxiety. A meta-analysis by Lang et al.⁸ (2010) reviewed the effectiveness of cognitive-behavioral interventions (CBT) in managing anxiety among children with intellectual disabilities. The analysis found that CBT was particularly effective in reducing anxiety symptoms in children with mild to moderate intellectual disabilities. The study also highlighted the importance of tailoring CBT interventions to the cognitive abilities of these children, using simpler language, visual aids, and more structured techniques to ensure engagement and effectiveness.

Objective

There were three objectives of the present study. Firstly, it was intended to compare the normal and mentally retarded children in terms of cognitive style. Secondly, it was intended to compare the both groups of children in terms. Lastly, it was intended to compare the two groups of children in terms of conservatism.

Hypothesis

- H₁** The mentally retarded children would be found more field dependent while normal children would be found more field independent.
- H₂** As compared to normal children, the mentally retarded children would have poor level of anxiety.
- H₃** The mentally retarded children as compared to their normal children would be found less conservative.

Method of Study

Sample: An incidental-cum-purposive sample consisting of 80 normal children having I.Q. ranging from 90 to 110 and also 80 mentally retarded children having I.Q. ranging from 50 to 70 were identified and selected. The children of both groups were males belonging to Patna town. Normal children were selected from among students of high schools. Mentally retarded children were selected from the local rehabilitation homes meant for mentally retarded children. The sample were matched so far as practicable other than the condition of research.

Research Tools

- i. A Personal Data Bank (PDB) prepared by the researcher himself was used for collecting necessary information about the respondents.
- ii. Mohsin GIT was used for identifying the normal and the mentally retarded children.
- iii. Witkin's Embedded Figure Test was used for identifying the field dependent and the field independent respondents.
- iv. Sinha Anxiety Test was used for measuring anxiety of the respondents.
- v. Mohsin Conservatism Scale was used for measuring conservatism of the respondents.

Results and Interpretations

Table 01: Showing the significance of difference between Normal and Mentally Retarded Groups of Children in terms of perception time

Children	N	Mean	SD	SE	t	df	p
Normal	80	112.45	19.17	2.14	19.81	158	<.01
Mentally Retarded	80	175.26	20.85	2.33			

It is obvious that the mentally retarded children having a mean score of time taken in perceiving picture is much higher than the normal children. The difference between the two means is found highly significant ($t = 19.81$, $df = 198$, $p < .01$) The mean score of time taken in perceiving pictures by mentally retarded children is

higher than that of normal children because cognitive processing, attention span, and perceptual speed are often impaired in mentally retarded children. They typically face challenges in interpreting visual stimuli, organizing sensory input, and forming accurate perceptions which delays their response. In contrast, normal children possess more efficient cognitive and perceptual abilities, allowing quicker picture recognition and interpretation. Mentally retarded respondents are more field dependent and less field independent compared to normal respondents because they often have limited cognitive flexibility, reduced analytical skills, and weaker capacity for abstract thinking. Field dependence involves reliance on external cues and difficulty separating details from the surrounding context, which is more common in individuals with cognitive impairments. In contrast, normal respondents typically exhibit better-developed cognitive structures, enabling them to process information more independently and analytically.

Table 02: Showing the significance of difference between Normal Children and Mentally Retarded Children in terms of anxiety

Children	N	Mean	SD	SE	t	df	p
Normal	80	65.48	19.19	1.81	10.16	158	<.01
Mentally Retarded	80	40.69	14.69	1.64			

The results displayed in table-02 showed higher level of anxiety (M = 65.48) on the part of the normal children as compared to the mentally retarded children (M = 40.69) Thus the second hypothesis is strongly confirmed. The difference between the two means is highly significant (t = 10.16, df = 158, p<.01) Mentally retarded children manifest poor levels of anxiety compared to normal children respondents due to their limited emotional regulation, immature coping mechanisms, and heightened sensitivity to unfamiliar or stressful situations. Their cognitive and emotional development is still in progress, making it harder for them to understand, express, or manage anxiety effectively. In contrast, normal children usually have more developed psychological resources and life experiences to handle stress and anxiety more constructively.

Table 03: Showing the significance of difference between the Normal Children and the Mentally Retarded Children in terms of conservatism

Children	N	Mean	SD	SE	t	df	p
Normal	80	60.17	11.98	1.34	8.93	158	<.01
Mentally Retarded	80	44.54	10.07	1.12			

The results given table-03 showed that the mean of normal children (M = 60.17) is much less than the mean of mentally retarded children (M = 44.54) and the difference between the two means is significant (t = 8.93, df = 158, p <.01) Thus the third hypothesis is also retained. Normal respondents are often found to be more conservative than mentally retarded respondents because conservatism involves a conscious preference for traditional norms, stability, and resistance to change—concepts that require higher cognitive awareness, social learning, and value-based decision-making. Mentally retarded individuals may lack the cognitive maturity or social exposure to form or adhere to such structured ideological beliefs, making their responses appear less conservative due to limited conceptual understanding rather than deliberate openness.

CONCLUSIONS

- (i) Normal children are more field independent whereas mentally retarded children are more field dependent.
- (ii) Normal children are more prone to anxiety and therefore, manifest higher anxiety score than mentally retarded children.
- (iii) Normal children are more conservative than mentally retarded children.

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