

Shyness among Children With and Without Learning Disability- A Comparative Study

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ABSTRACT

Shyness has generally been investigated as a negative and unpleasant emotional state, strongly related to social anxiety and loneliness. An Individual is likely to develop shyness if he or she grew up in an insulting home or was bullied or abandoned by their peers during their early childhood (Hilliard, 2005). Some studies findings reported that shyness was associated with social and school problems. In contrast to this few reported shyness positively correlates in high academic achiever than low achiever. Keeping this as background an attempt made to assess level of shyness when children reportedly having learning disability (LD). Also we aimed to know whether gender and age got anything to do with shyness among children with and without LD. For the present study a total of 320 children (LD=160, Without LD=160) with age range of 9-16 yrs in both genders recruited. The Children Shyness Assessment Test [CSAT] (D'Souza, 2006) was used to assess shyness in the selected samples. Two-way ANOVA was employed to find out the influence of group and age, group and gender on shyness. Results revealed children with LD significantly exhibited higher shyness than non LD subjects, Male subjects in physiological domain had higher shyness and subjects in the higher age groups expressed higher shyness.

Keywords: *Shyness, Learning Disability, LD, Children with LD.*

The diagnosis of learning disability (LD) becomes extremely difficult especially when they are confounded by environmental, cultural, and economic disadvantages factors. For example the poor exposure to education of child, makes diagnosis even more challenging. Learning disabilities (LDs) remain “one of the least understood and most debated disabling conditions that affect children” (Lyon, 1996). Hence many professionals conceptually not agreed upon the definition of learning disability among each other, which is evident in the earlier studies (Wright-strawderman & Watson, 1992; Magg & Reid, 2006). Niedecken (2004) reported

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many medical conditions diagnosed by inclusion criteria where as learning disability is the only clinical condition diagnosed by series of exclusion criteria.

William James considered shyness as a basic human instinct (James, 1890). Izard (1972) described shyness as a distinct, primary emotion. Individuals do not want to feel like they are different from everyone else and have strong desires to be accepted by others. When faced with a problem like excessive blushing, we are likely to allow ourselves to fall into patterns of isolating ourselves. Shyness is an emotional state involving feelings of nervousness, awkwardness, and inhibition in social settings. Experiencing shyness involves feeling, physiological, cognitive and behavioural aspects. An emotion sketch in a “shy” situation contains interest and fear, which interact with shyness (Izard, 1972; Mosher & White, 1981). The number of primary and secondary emotions varies across the theories, while Carroll E. Izard’s (1994) theory claims that there are eleven in which shyness is one among them. Shyness is the “tendency to feel awkward, worried during social encounters, especially with unfamiliar people negative feelings about themselves; worries about how others view them; and a tendency to withdraw from social inventions” (APA, 2017).

Shyness may include social anxiety as an emotional component, but social anxiety does not necessarily lead to shyness behaviorally (Henderson, Gilbert & Zimbardo, 2014). Shyness has major effect on behavioural aspects among children and adolescents. In study by Carducci (1996) Shy individuals attributed the cause of shyness under personal difficulties, family issues, unfair treatment, or other domain. Shyness leads to lower academic performance (D’Souza, Urs & James, 2000), increased fear (D’Souza, Gowda & Gowda, 2006), and also social and emotional maladjustments (D’Souza & Urs, 2001). Individual with shyness tend to have relatively low self-esteem (Melchior & Cheek, 1990, D’Souza, Vaid, Roy & Urs, 2001; D’Souza, Urs & Ramaswamy, 2002) and inferior social skills. Shyness can have negative life effects, including lower achievement in school (Nelson et al., 2008).

The research indicates that the emotional development of many adolescents with LD is not remarkably positive, they tend to have low self-esteem (LaBarbera, 2008) and inferior social skills (Bruch & Heimberg, 2001), and these students appear to be at increased risk for severe depression and suicide (Huntington & Bender, 1993). When child is not accepted by their classmates during their elementary school days, the child often begins to develop trust issues and has a hard time in trusting others for the reason that they develop the idea that no one will accept them (Kerr, 2001). Adults with severe learning disabilities reported to have a severe associated behavioural disorder, either as a direct result of their disability or because of underlying psychiatric problems (Reid, 1995).

Shy people also have a preference to be excluded from peers, they will neglect the relationships they do have with peers, and this can lead to rejection from those peers (Coplan & Rubin, 2010). As Colonnese et al (2014) reported shyness has generally been investigated as a negative and unpleasant emotional state, strongly related to social anxiety and loneliness. The social and psychological impacts associated with childhood LD may continue to play a

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role in later life, but the links between LD and shyness in young people are not well understood (Davis, Nida, Zlomke & Nebel-Schwalm, 2008). Young people with learning disabilities are more likely to have negative perceptions of the self, their environment and the future (Sikabofori & Anupama, 2012). So in this line researcher aimed to compare the extent of shyness among children with and without LD along with the influence of age and gender.

METHODOLOGY

Hypotheses

H1: LD and normal children differ significantly in their shyness among children with and without LD.

H2: Age and gender will have significant influence on shyness among children with and without LD.

Sample

Sample drawn by using stratified random sampling method. The total sample size of 320 children in both genders was recruited in the present study. The LD samples drawn from department of Clinical Psychology, AIISH, and samples without LD condition were drawn from different schools around Mysore.

Tools used

- 1. Children Shyness Assessment Test [CSAT]** (D'Souza, 2006) The shyness assessment test was developed by D'Souza (2006) of Maharaja's College, University of Mysore. It consists of 54 items and requires the subject to indicate his/her response by marking one of the options out of three options given namely Yes/No/Can't say. The items in the test pertain to three domains of shyness - Cognitive/Affective, Physiological, and Action oriented. The maximum possible score is 108 for full scale. CSAT is developed exclusively on Indian adolescents and children by D'Souza (2006). The reliability index ascertained by split half (odd-even) method and Cronbach's alpha coefficient for the scale as a whole were found to be 0.73 and 0.81 respectively.

Procedure

The selected subjects who fulfilled the inclusion criteria were briefed about the study and expected to complete informed consent procedure at first, followed by personal demographic information and then answering CSAT questionnaire. Considering disability in children with LD the examiner read each item aloud and asked to respond with their choice.

For Non-LD samples researcher visited various schools with request letter to permit to carry out study and once permission sought the children selected as on criteria such as medium of instruction, average and above consistent performance in school, not having any form of disability. After rapport is established, children were allowed to fill their demographic information and answering CSAT questionnaire on a group administration. Participants read each item carefully and chose one of three possible responses ('yes' / 'no' or 'cannot say') to

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show how much each statement is true about them, how they feel or do in the described situations.

Once data were collected, they were scrutinized, scored, and a master chart was prepared for further statistical calculations. Two-way ANOVA was employed to find out the difference between groups along with gender and age effects. Tables 1 and 2 provide detailed descriptive and inferential statistics.

RESULTS

Table 1 Mean shyness scores (on various domains) of male and female subjects in LD and Non-LD groups and results of 2-way ANOVA

Group	Gender	Domains of shyness							
		Cognitive/affective domain		Physiological domain		Action oriented		Shy total	
		Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
LD	Male	28.07	8.16	7.83	3.92	8.38	5.13	43.38	14.71
	Female	27.02	8.00	7.24	3.70	7.14	4.81	40.59	13.91
	Total	27.74	8.10	7.64	3.85	7.98	5.05	42.49	14.47
Non LD	Male	24.13	9.69	7.18	4.41	6.86	4.38	37.65	15.10
	Female	21.05	8.21	6.18	3.57	5.76	3.77	32.45	12.06
	Total	22.86	9.21	6.77	4.11	6.41	4.16	35.51	14.12
Total	Male	26.25	9.10	7.53	4.16	7.67	4.85	40.72	15.12
	Female	23.65	8.61	6.64	3.65	6.36	4.29	36.00	13.47
	Total	25.30	9.00	7.21	4.00	7.19	4.69	39.00	14.70
F (Group) _{1, 316}		F=24.24; p=.001		F=3.386; p=.067		F=7.22; p=.008		F=17.47; p=.001	
F (Gender) _{1, 316}		F=4.21; p=.041		F=2.97; p=.086		F=4.73; p=.030		F=5.79; p=.017	
F (Int) _{1, 316}		F=1.01; p=.315		F=.019; p=.667		F=0.16; p=.900		F=0.53; p=.469	

Main effects: In cognitive/affective domain, action oriented domain and in total shyness scores, ANOVA revealed significant mean differences between LD and non-LD subjects where LD subjects expressed significantly higher levels of shyness than non-LD subjects. The F values obtained for cognitive/affective domain (F=24.24; p=.001), action oriented domain (F=7.22; p=.008) and in total shyness scores (F=17.47; p=.001), the obtained F values were found to be highly significant. However, in physiological domain of shyness, ANOVA revealed a non-significant difference between LD and non-LD subjects.

Gender-wise comparison revealed that, except for physiological domain, in rest of the domains and in total shyness scores, significant mean differences were observed between male and female subjects. The F values obtained for cognitive/affective domain (F=4.21; p=.041), action oriented domain (F=4.73; p=.030) and in total shyness scores (F=5.79; p=.017), the obtained F values were found to be highly significant. The mean values clearly revealed that male subjects expressed higher levels of shyness than female subjects.

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Interaction effects: All the interaction effects observed between groups and gender were found to be non-significant; indicating that pattern of shyness expressed by male and female subjects was same irrespective of the group they belong to.

Table 2 Mean shyness scores (on various domains) of subjects in different age groups belonging to LD and Non-LD groups and results of 2-way ANOVA

Group	Age groups (in years)	Domains of shyness							
		Cognitive/affective domain		Physiological domain		Action oriented		Shy total	
		Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
LD	9-12	26.03	8.23	7.58	3.95	7.51	5.04	40.28	15.17
	13-16	29.41	7.66	7.70	3.77	8.44	5.05	44.64	13.50
	Total	27.74	8.10	7.64	3.85	7.98	5.05	42.49	14.47
Non LD	9-12	18.39	7.95	5.69	3.88	5.34	4.15	29.13	12.62
	13-16	25.68	8.85	7.45	4.12	7.08	4.05	39.54	13.57
	Total	22.86	9.21	6.77	4.11	6.41	4.16	35.51	14.12
Total	9-12	22.67	8.93	6.75	4.02	6.55	4.78	35.38	15.12
	13-16	27.37	8.51	7.56	3.96	7.70	4.57	41.85	13.74
	Total	25.30	9.00	7.21	4.00	7.19	4.69	39.00	14.70
F (Group) _{1, 316}		F=37.07; p=.001		F=5.749; p=.017		F=11.51; p=.001		F=27.01; p=.001	
F (Gender) _{1, 316}		F=32.75; p=.001		F=4.41; p=.037		F=6.64; p=.010		F=22.35; p=.001	
F (Int) _{1, 316}		F=4.40; p=.037		F=3.34; p=.069		F=0.60; p=.440		F=3.75; p=.054	

Age-wise comparison revealed that, in all the domains of shyness and in total shyness scores, significant mean differences were observed between subjects in the age groups of 9-12 and 13-16 years. . The F values obtained for cognitive/affective domain (F=32.75; p=.001), physiological domain (F=4.41; p=.037), action oriented domain (F=6.64; p=.010) and in total shyness scores (F=22.35; p=.001), the obtained F values were found to be significant. The mean values clearly revealed that subjects in higher age groups expressed higher shyness than subjects in the lower age groups.

Interaction effects: All the interaction effects observed between groups and gender were found to be non-significant, except for cognitive affective domain indicating that pattern of shyness expressed by subjects in the age group of 9-12 and 13-16 years was same irrespective of the group they belong to. Only in cognitive/affective domain (F=4.40; p=.037), it was found that non-LD subjects in the age group of 9-12 years expressed least shyness compared to other 3 other age groups.

DISCUSSION

Major findings

1. LD subjects expressed significantly higher shyness than non LD subjects except for physiological domain of shyness
2. Male subjects were shyer than female subjects except for physiological domain of shyness
3. Subjects in the higher age groups expressed significantly higher shyness than subjects in the lower age groups.

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The present study found children with LD had significantly higher shyness than non LD subjects which are in agreement with the previous studies done elsewhere. Ho (2004) reported children with LD consider themselves as different from their peer group who are not LD due to the diagnostic label. This difference leads to isolation which results in social and emotional upshot (Murray & Greenburg, 2006), decline in peer status (Estell, et al., 2008; Reschly & Christenson, 2006; Wiener, 2004). Children with LD are more likely to experience these social and emotional end results due to a lowered self-concept (Maag & Reid, 2006).

Students with learning disabilities (LD), may be at a greater risk for developing mental disorders because they tend to have lower self-concepts and are less socially accepted and more anxious than their peers without LD (Rothman & Cosden, 1995; Gans, Kenny & Ghany, 2003). Chen, Wang & Wang (2009), found shyness was associated with social and school problems. Anxiety is a particular form of emotional distress thought to be frequently experienced by students with LD (Huntington & Bender, 1993). Some individuals who are anxious may respond in a socially desirable manner to self-report anxiety measures because they are often overly concerned about self-presentation and being evaluated by others (Kendall & Flannery-Schroeder, 1998).

The study also revealed that subjects in the higher age expressed more shyness. The adolescence appears to be the age of onset for many kinds of social anxiety, including chronic shyness. Parent's negative social comparisons with others may exert considerable influence on the development of shyness and social phobia in adolescence. It is general practice that Childs failures at early age are ignored by parents compared to elder. Asendorpf (1994), also found in a longitudinal study that socially inhibited children, initially at the age of 4 years, who were socially and academically competent showed declined inhibition over a 6-year period. Academic achievement may contribute negatively to the development of shyness-sensitivity (Yang, Chen & Wang, 2015).

Sex differences are less pronounced for social anxiety disorder (SAD) and sex differences in the prevalence rates is not always significant (Bekker & van Mens-Verhulst, 2007; McLean & Anderson, 2009). In line with some previous studies of youth (Crozier, 1995; Lazarus, 1982) more female adolescents than male adolescents displayed shyness across informant reports, which was quite contrary to the present study. The major limitation in those studies was the findings were based on informant/care giver reports and by self-reporting. As we found children with LD are at greater risk for peer rejection by means of shyness which may leads to social isolation. When boys are expected to do better in examinations and take up socially acceptable job, which can bring more stress among boys than girls. However, it appears that these hypothetical explanations may be premature at this point of time which needs extensive research for validation of findings.

CONCLUSION

It's a time where researchers should focus on research on managing/handling emotional distress in children with LD along with their disability issues. This can increase the quality of

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life of any child for that matter. These findings can help in policy formulation and training of professionals who work with LD children. All the teachers are not trained professionally to address the emotional needs of the students with LD. There is an urgent need to train the teachers on potential effect of shyness on student's academic achievement and other negative behavioural consequences.

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