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A Comparative Study of Shyness Among Dyslexic and Non-Dyslexic High School Students

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Abstract

The main purpose of this study is to examine the Shyness Level Among Dyslexic and Non-Dyslexic Children. The sample consisted 88 High school children, 44 Boys (22-dyslexic, 22-non dyslexic). 44 Girls (22-dyslexic, 22-non dyslexic) form various high schools of Mysore City, Karnataka. For the screening part, Rutter's Proforma-B for Teachers (Rutter, 1967) is administered to screen out the students who are having behavioural problems, Raven's coloured progressive matrices / Raven's standard progressive matrices (J. C. Raven, 1987) is administered to select average and above average intelligent students, Oral Reading Test (Jaya Bai 1958) is administered to identify dyslexic students. For the main study, Shyness Assessment Test (D'Souza, 2006) is administered to assess the level of shyness on Cognitive/Affective, Physiological and Action oriented domains. The results revealed that dyslexic students have higher level of shyness when compared with that of non dyslexic students. Treatment aspects of dyslexia and shyness have been delineated.

Key Words: Shyness, Dyslexics, Non-dyslexics, Cognitive, affective, physiological, behavioral

Introduction

Shyness is defined experientially as discomfort and/or inhibition in interpersonal situations that interferes with pursuing one's interpersonal or professional goals. It is a form of excessive self-focus, a preoccupation with one's thoughts, feelings and physical reactions. It may vary from mild social awkwardness to totally inhibiting social phobia. Shyness may be chronic and dispositional, serving as a personality trait that is central in one's self definition. Situational shyness involves experiencing the symptoms of shyness in specific social performance situations but not incorporating it into one's self-concept. Shyness reactions can occur at any or all of the following levels: cognitive, affective, physiological and behavioral and may be triggered by a wide variety of arousal cues.

Shyness in and itself is not a psychological disorder, and therefore doesn't warrant medication. But, if bashfulness prevents a person from functioning, or depression or anxiety accompanies it, then medication can be helpful. A common observation in most of the shyness research is that the consequences of shyness are deeply troubling. Shyness leads to higher levels of anxiety (D' Souza, 2003), decreased levels of happiness (Sreeshakumar, D' Souza & Nagalakshmi, 2007), neurotic tendency and lower academic performance (D' Souza, Urs & James, 2000) lowered performance in physical education students (D' Souza, Singh, & Basavarajappa, 1999). Some other study revealed that childhood shyness is strongly related to the complex sub type of social phobia in the general population (Coyne, 1994).

According to Thomson (1996) there are two reactions to stress from school in dyslexics. Firstly, 'under'-reactions, where the child withdraws and manifests extreme anxiety, e. g. trembling and sweating when asked to read. These children have low self-opinion of themselves and generalize every aspect of their life as a failure. Depression is also common in this group (Rayan, 1994). Secondly, we have 'over'-reactions to stress, e. g. being seen as successful in other areas, being the class clown, hiding their failure under a couldn't care less' attitude and manifesting silly behavior. This can also lead to aggression, with extreme cases leading to delinquency (Edwards, 1994). Alexander-Passe. (2006) using standardized measures identified high levels of emotional coping along with depression amongst teenagers with dyslexia. The results suggest that gender is a major factor in how dyslexics deal with school-related stress, with significant differences emerging between males and females.

Evidence suggests that school-aged dyslexics in mainstream schools experience both emotional bullying and humiliation at school from both peers and teachers, according to Edwards (1994) and Eaude (1999). Morgan and Klein (2001, p. 61) found that a lack of understanding at school and home, resulted in bullying by teachers and peers leading to violent reactions. Hales(1995)suggests there is strong evidence to support the view that dyslexics are more disturbed by criticism. Hales found dyslexics experience considerable amounts of criticism at school, especially before their condition is diagnosed.

Experimental hypothesis

It is hypothesized that dyslexics, when compared with non-dyslexic group, will show different profiles in the sources and manifestations of shyness. Specifically, dyslexics will show higher level of shyness from academic and teacher interactions, with emotional manifestations.

Method

Sample

The sample consisted 88 High school children, 44 Boys (22-dyslexic, 22-non dyslexic). 44 Girls (22-dyslexic, 22-non dyslexic) from Mysore, Mysore District.

Tools used for the Screening / Selection of Sample

a. Rutter's Proforma-B for Teachers (Rutter, 1967)

A screening instrument to be completed by teachers. It is in the form of questionnaire, seeking descriptions of student's classroom behaviour. It deals with behavioural problems of a psychological nature and consists of 26 items. The teacher has to indicate whether each description "does not apply", "applies somewhat" or "definitely applies" to the child in question. The ratings are 0, 1 and 2. The scores of each item are added together to make a total score. A cutoff score of 9 or more indicates presence of emotional disturbance.

b. Raven's coloured progressive matrices / Raven's standard progressive matrices (J. C. Raven, 1987)

This test was developed with the rationale that an individual's level of intellectual functioning could be assessed on the basis of his reasoning and thinking ability. The test does not involve verbal tasks.

Maximum score for RCPM: 36 and

Maximum score for RPM: 60

C. Oral Reading Test (Jaya Bai 1958)

This test consists of 150 Kannada words that cover all the possible characteristics of Kannada orthographic rules. Here, the task of the child has to read these words aloud as fast as possible for one minute.

The total number of words read by the child within one minute will be the score. The test has the norms for grade II, III and IV. Scores below 2 SD from the respective grade norms were treated as cutoff scores to identify reading disability.

Tools used for the main study

Since the main purpose of the study was to assess the shyness levels among dyslexic and non dyslexic boys and girls, tools were selected accordingly.

1. Shyness Assessment Test (D'Souza, 2006)

D'Souza (2006) of Maharaja's College, University of Mysore, developed the shyness assessment test (Appendix-A). It consists of 54 items and requires the subject to indicate his/her response by marking Yes, or No. If the answer is 'yes', further, the participant has to indicate one of the three levels-low, medium or high. The items in the test pertain to three domains of shyness-Cognitive/Affective (32 items), Physiological (11 items) and Action oriented (11 items).

Procedure

The study conducted in two parts: screening and main study.

Screening

This part of the study was carried out in four steps.

Step-1 : It was planned to conduct the study on the children of standard Kannada medium schools. Hence as a first step four such schools were identified.

Step-2 : From such identified schools a group of children with dyslexia among grades VIII&IX were selected by administering the screening tools.

Step-3 : Rutter's proforma-B was supplied to the respective class teachers. Here the teachers were required to assess each child individually on the basis of the child's behaviour at school. These individually assessed proforma were collected from the teachers and on the basis of this assessment a 'general pool' of children was made, those children whose total score was below 9 were retained for further screening.

Step-4 : For this group of children other screening tests were administered individually by the researcher. Firstly, Oral Reading Test (Jaya Bai, 1957) was administered. Depending on the scores on this test children with dyslexia were selected. Secondly, in order to screen for mental retardation, RPM was administered. Based on the scores, average and above average children were selected.

The Main Study

Shyness test was administered individually. Proper care was taken to develop rapport with each child and thus their cooperation and motivation was maintained throughout the assessment session. The testing was carried out and compared & assessed dyslexics results with that of non dyslexics results.

RESULTS

Table 1 Mean shyness test scores of male and female dyslexic and non-dyslexic groups

Group	Gender	Mean	Std Deviation
Non-Dyslexic	Boys	52. 09	16. 21
	Girls	49. 18	17. 49
	Total	50. 64	16. 73
Dyslexic	Boys	82. 23	16. 45
	Girls	86. 55	10. 94
	Total	84. 39	13. 98
Total	Boys	67. 16	22. 20
	Girls	67. 86	23. 77
	Total	67. 51	22. 87
F (Group)$_{1, 84}$	F=104. 474; p=. 000		
F (Gender)$_{1, 84}$	F=. 046; p=. 832		
F (Interaction)$_{1, 84}$	F=1. 198; p=. 277		

Dyslexic and Non-dyslexic children differed significantly in their shyness scores as revealed by F value (F= 104. 474; P=. 000) The mean shyness scores of dyslexic children and non dyslexics were 84. 3864 and 50. 6364 respectively.

However, no significant difference was observed between male and female children as the observed F value of. 046 failed to reach the significant level criterion. Lastly, the interaction between group and gender was also found to be non significant (F= 1. 198; P=. 277), indicating that the shyness level for male and female children was same irrespective of their group.

Table 3 : Mean shyness test scores of different age groups of dyslexics and non-dyslexics.

Group AGE	Mean	Std Deviation	N
Non-Dyslexic 12	50. 8333	15. 86783	12
13	48. 2632	15. 32914	19
14	51. 8182	19. 83340	11
15	65. 5000	23. 33452	2
Total	50. 6364	16. 73472	44
Dyslexic 12	91. 6000	8. 90505	5
13	85. 5000	13. 31600	20
14	83. 8235	9. 07080	17
15	60. 0000	43. 84062	2
Total	84. 3864	13. 98041	44
Total 12	62. 8235	23. 65437	17
13	67. 3590	23. 56903	39
14	71. 2500	21. 16185	28
15	62. 7500	28. 84874	4
Total	67. 5114	22. 87045	88
F (Group) 1, 80	F=30. 919;P=. 000		
F (Age) 3, 80	F=. 433;. P=730		
F (Interaction) 3, 80	2. 681;P=. 052		

A significant difference was observed between dyslexic and non-dyslexic children F value of 30. 919 was found to be significant at 0. 000 level. From the mean table it is clear that the dyslexic children had statistically higher scores than non-dyslexic children i. e., 84. 3864 and 50. 6364 respectively However, a non significant difference was observed with different age groups as the observed F value of. 433 failed to reach the significance level criterion. Lastly, the interaction between group and age was found to be significant (F=2. 681; P=. 052), indicating that the non-dyslexic children of 13 years age group had least scores in shyness level.

Discussion

The present study used shyness survey to study how dyslexics are compared with non-dyslexics.

Data were analysed from different perspectives to gain an understanding of how shyness is influential on dyslexics and non-dyslexics.

Dyslexic children had high level of shyness when compared with that of Non-dyslexic children. As found by Alexander-Passe (2004a, b), when school-aged dyslexics feel unable to compete with their peers, they begin to question their own self-worth and their ability to be 'normal'. As soon as they feel 'abnormal' the tower of bricks falls, affecting their self-esteem and self-concept concerning what they can actually achieve. This creates stress in interactions with teachers and affects their ability to achieve in academic settings.

Other differences between the dyslexic genders are not significantly varied. However, shyness is high among dyslexics when compared with non-dyslexics. Among them girls are more affected by social interactions at school. Greater Peer and Teacher Interaction stress among dyslexics suggests that dyslexics negatively attribute meaning to teacher and peer interactions, whether real or not.

The present study revealed that dyslexics score significantly higher in shyness. As the scores are high in cognitive, affective, physiological and behavioural domains one could hypothesize that school-aged dyslexics have feelings of fear, shyness and loneliness which also manifest in symptoms such as nausea, tremors or rapid heartbeat. Results indicate that dyslexics commonly perceive themselves as being uncomfortable and unable to cope academically. The results indicate their failing academically and failing to be recognized as needing help. Such shyness could be understood to be related to attaining academic results, test taking and their performance. The study clearly suggests that dyslexics are more prone towards/possess high level of shyness. Remedial educators should focus on improving the levels of shyness reactions and reading problems, which will have positive impact on understanding them better.

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