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Social Shyness among Mothers of Children with Disabilities Based on some Variables in Riyadh, Saudi Arabia

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Abstract:

The current study is an attempt to identify social shyness among mothers of children with disabilities based on (Disability type, mother's academic qualification, and family's economic level) in Riyadh. Thus, Social Shyness Scale was prepared of (28) paragraphs according to five-point Likert Scale. The reliability coefficient of the scale rated (0.97). It was applied to a sample of (146) mothers. The study showed that the general mean of social shyness level among the mothers of children with disabilities was low. In addition, one-way analysis of variance was conducted to identify the differences according to economic level and disability type; it has been shown that the level of shyness due to the economic level was statistically significant at the level of (00.05), where the mothers of medium and low income had effect more than those of the high income. The type of disability was statistically significant at the level of (00.05), where the most effective disability is autism, oral disability then mental disability. The least effective one was motor disability. However, academic qualification did not show any statistical significance. Hence, the authors recommended having interest in the families of special needs, in general, and mothers, in particular, by providing them with guiding programs and offering services to children with disabilities in various fields.
Keywords: Social Shyness, Mothers of Children with Disabilities.

1. Introduction

Disability has different effects that transcend the disabled himself to the family. It affects parents as well as brothers and sisters. Such effects differ according to the type of disability and increase with the severity of disability. Mostly, they affect the mother as the guardian and educator. She takes the largest part of taking care of children.

Therefore, having a disabled child causes problems and more problematic relations. It may also have the greatest effect of changing family structure and causes a disturbance of the psychological and social formation of its members, regardless of accepting this child (Yahya, 2009). It is followed by a series of predictable changes within the family. Fathers make more efforts to take care of the disabled than the ordinary child. In addition, they stay home longer for the heavy care that such a child needs causing less social interaction (Kafafy, 2001).

The family of the disabled faces problems that cause the aggravation of psychological pressures, whether on the intra-social relations (among family members) or inter-social relations (with friends, relatives or neighbors). Consequently, a family suffers from psychological problems of anxiety, fear and self-reproach. (Abdulaziz, 2012)

Psychological disability differs from a family to another. Often, such psychological responses start with the shock, then incredibility or recognition of the child's disability, anger and self-reproach. In fact, we do not find a clear agreement on whether the parents of children with disabilities experience the same degree of stress or not. Early studies in this context illustrate that mothers experience a higher degree of stress, compared to fathers. Such a child generates various psychological and great social stress not experienced before. They range from absolute denial to absolute acceptance of the child and his disability, e.g. social shyness. (Halhan & Cofman, 2008) claim that they are overwhelmed by feelings of fear, anxiety and weakness that motivate a person to avoid interacting with others. Consequently, one's personality and psychological status are negatively affected. It also greatly affects behavior in the form of silence, less talk and inability to interact socially. (Crozier, 2009)

Motherhood is one of the roles characterized with psychological stress; a mother bears burdens and she plays multiple roles because of giving birth to a child with disability because of personal interest in and interactive relationship with the child. That is, he is not an ordinary child but he requires a special interest because of disability. (Elnajar, 2012)

In addition, giving birth to a disabled child causes certain emotional responses by the mother (Merza, 2011). She also suffers from social isolation and some psychological disorders. She feels embarrassed by the child's behavior leading her to make him stay home for most of the time. Therefore, he loses interacting with others and improving some developmental aspects of the adaptive behavior. (Elnajar, 2012)

Shyness is an important issue in social interaction in its various forms. That is, it includes friendship, family and work relations. When shyness is high, the psychological and social adjustment of individuals is affected, communication is hindered and a person cannot express feelings appropriately before others and loses self-confidence. Consequently, negative feelings are accumulated (Hoyos, 2006).

Despite the differences of shyness definitions, its components have been agreed upon to include: cognitive, emotional, behavioral and physiological aspects. Socially, it is defined as “an intentional grievous feeling of humulation and shame. It includes fear, sensitivity of dealing with others and inability to communicate with others. It has clear features of stuttering, shiver, inexpressiveness, fear of others and the other sex". (Shiver, 2008). There are a number of features that a shy person has, such as: difficulty of making social relation, avoiding eye contact, being distracted in speech, impatience and uncomfortability in social interaction. (Hussien, 2009)

A child with disability can affect family vocational performance of interaction, communication, fulfilling family roles, solving family problems, fulfilling psychological needs of children, family support, achieving personal and social development and family adjustment. Certainly, this affects some developmental aspects of adaptive behavior of a mentally disabled child (Elnajar, 2012). Such negative and wrong beliefs increase in some communities because parents think that the community refuses the disabled child. Hence, parents to be socially isolated only within the narrowest circumstances depriving themselves and their disabled children of natural life, increasing psychological and social burdens. (Kafafy, 2001; Abdulaziz, 2012)

Therefore, the scientific and theoretical significance of studying social shyness of the mother with disabilities appear because it provides us with much insight of the processes implied in social interaction with others. On one hand, when such interaction is easy and natural, its implied processes are hidden and are rarely observed by researchers. On the other hand, when there are obstacles that hinder or weaken social interaction, e.g. shyness, it deserves study and investigation to find a solution and improve interaction level. Disability, in its various forms, is one of the most obstacles of social communication between the family with disability and the surrounding environment. Disability forces the family to experience social withdrawal and isolation. Its impacts differ based on different factors, such as: type and severity of disability, social and economic level of the family and the academic qualification, accepting such disability and its real causes, whether hereditary or acquired, nature of services provided to the disabled and the level of official interest. Therefore, the current study aims to study social shyness of the mother with disability and its relation to some variables, such as: disability's type and economic, social and academic qualifications.

When reviewing the literature of social shyness and its relation to the mothers with disabilities, the authors noticed the rarity of studies related to these two variables. It is also noticed that shyness has been implicitly studies within psychological stress, affecting this family. Hence, conducting the current study is significant.

When shyness related to the mothers with disabilities is studied, it focuses on those mothers with a child or more with the following disabilities or disorders: mental, visual, hearing and physical disabilities as well as autism, emotional, behavioral, learning difficulties, attention deficit hyperactivity and communication disorders. World Health Organization's report (2011) indicated that the percentage of disability became higher, rating (15%) rather than (10%) reported in 1970s (Elkhateb, 2013). This is a significant issue because it addresses the families with disabilities; not less than (15%) of world population. Based on the former inputs, the current study investigates the effects of disability concerning shyness on mothers, in particular, and the variables affecting social shyness among the mothers with disabilities in Riyadh.

2. Problem and questions

The current study aimed to identify: Social shyness among mothers of children with disabilities based on some variables in Riyadh. Its problem has been defined in answering the following questions:

1. What is the level of social shyness among mothers of children with disabilities based on (disability type, academic qualification and economic level) variables in Riyadh?
2. Is there a relationship between the level of social shyness and (disability type, academic qualification and economic level) variables among the mothers of children with disabilities in Riyadh?
3. What is the order for the variables that contribute to analyzing the variance in the shyness variable among the mothers of children with disabilities?

3. Significance

The significance of the current study lies in:

- To the authors' knowledge, the current study is the first to be conducted on mothers of children with disabilities in the Kingdom of Saudi Arabia, investigating the impact of social shyness. Hence, it contributes to enrich the Arab library in an attempt to bridge the gap in the field.
- It provides information on the effect of disability's type and the social and academic qualification on the mothers' social shyness. Consequently, specialists are helped handle those mothers.
- It reports the importance of paying attention to the obstacles of social interaction among the mothers of children with disabilities, working on mitigating them through sound understanding and considering them when dealing with such mothers by designing training and counseling programs for them.

4. Conceptions

1. *Social shyness*: It is feeling uncomfortable in social situations and negative responses of the individual, e.g. tension, anxiety and perplexing. They are manifested in the form of physical symptoms or inability to contact effectively with others, erythrism, quick beating and inappropriate physical movements. They result from lack of confidence due to the negative thoughts of self and others. Here, social shyness is estimated on social shyness scale; the higher the degree is, the higher social shyness a mother has.
2. *Mothers of children with disabilities*: They are the mothers of one child or more, whether male or female with one of the following disabilities: mental, visual, hearing, autism and Down syndrome in Riyadh.

- *Mental disability*: A person who lacks certain aspects of personal competence manifested through low performance of the mental capabilities with a shortage of one adjustment skill or more, in one of the following aspects: intellectual, scientific, social, academic performance, free time, and self-guidance and self-care skills. (Elrosan, 2012)
- *Hearing disability*: A person who suffers from hearing disability (to 70 dB or more), that hinders hearing in understanding speech, with or without an earphone. A person with weak hearing suffers from hearing loss of (35-69 dB). He finds it hard to understand speaking depending on hearing only with or without an earphone. (Halhan & Cofman, 2008)
- *Visual disability*: Loss of seeing that poses offering special education and supporting services. A person is educationally blind, if one is unable to learn depending on sight and uses braille method. A person suffers from weak sight, if losing sight does not prevent fully using sight; i.e. visual abilities to read can be exploited using magnifiers. (Elkhateeb, 2013)
- *Autism*: A person who has a neurodevelopment disorder in the early childhood. It affects various aspects that include shortages of social interaction, verbal and non-verbal communication, prototypical movements and limitedness of activities and interests. This appears clearly in the first three years of childhood. (Elzarea, 2012)
- Down syndrome It is a type of mental disability. It is the most common type of such disability at birth, representing (5-6 %) of them. However, it is an independent entity of mental disability, regarding causes and features. It is caused by the abnormality of chromosome No. (21) (Halhan & Cofman, 2008). Hence, the authors thought that they should be separated from mental disability in the current study.
- Multiple disabilities It means the coincidence of more than one disability, causing severe educational problems and cannot be referred to only one disability at special education programs (Halhan & Cofman, 2008)

5. limitations

The current study has been limited to:

- A sample of the mothers of children with disabilities who were randomly selected, in the following disabilities: (mental, hearing, visual and autism) at public and private disabled care centers in Riyadh in the academic year 1436- 1437H.
- Tool of the Study: The scale of social shyness among the mothers of children with disabilities; prepared by the authors.

6. Theoretical framework and literature review:

Currently, shyness is one of the common concepts that have several meanings and usages, concerning the social difficulties that face people. It is used to refer to agony, annoyance and discomfort in social situations. However, it has various definitions, such as: It is a state of severe psychological inhibition, usually followed by some physical symptoms, such as: erythrism, stuttering, sweeting, shivering and paleness. It is also characterized by unjustifiable bodily movements and an increased desire to urinate. Mentally, a person experiences inferiority and being undesirable with inability to speak at the appropriate time. When the situation is finished, he feels that he was able to speak and answer more efficiently. In addition, he experiences superior awareness of the self, mental attitudes, emotions and appearance, in particular (Crozier, 2009). Historically, there was a disagreement regarding its definition. Therefore, modern studies tried to accurately define it. For example, Margraf and Rudolf (1999) define it as: “unacceptable fear and avoidance of situations in which a person should interact with others. Nelson et al. (2008) define it as "Feeling of being uncomfortable in social situations, causing total avoidance of such situations". Zimbardo and Henderson (1996) define shyness as feeling of being uncomfortable and unsuitability in social situations. It is a kind of feeling overwhelmed with feelings and physical reactions that affect thinking and self-concentration. It is a type of fear because it is characterized by disturbance when coming into contact with others. It is motivated by people, not things, animals or situations. Psychologists think that it is a social and psychological illness that controls feelings and senses from childhood. In addition, it affects the dispersion of individuals' energy and creative capabilities causing difficulty of controlling attitudes directed to self and others (Mounts, et al., 2006).

The different perspectives of psychology discussed "shyness" as a main research field that affects the individual and his/her relations with others. It plays a key role in adjustment with the environment. Although psychologists agreed on the importance of studying shyness among people, they did not agree on one definition; psychologists and sociologists believed that it is argumentative because of the divergence of standards. According to the theoretical perspective, Psychoanalytic-social perspective proposes that the human behavior is mainly motivated by social motifs. He is a social entity who is mainly related to others and acquires a life style of a social attitude. The behavioral perspective thinks that it is a wrong conditioned response formed by a wrong conditioned relation. It is acquired according to the conditioned relation between a natural motif (cause of shyness) and an artificial one (situation) (Alhashhemy, 2008). On one hand, social learningg theory affirms the role of observation or imitation in shyness. On the other hand, the cognitive perspective affirms that those suffering from shyness have cognitive mistakes described as a part of their information processing, rather than negative assessment of the self. The humanitarian school believes that part of the person's refusal of self and others and low self-esteem are key indicators of shyness (Alshareefen and Alshareefen, 2011).

According to Zimbardo & Henderson (1996), it has four key symptoms, as follows: The behavioral symptom: It is manifested in behavioral reactions resulting from stressful situations, such as: withdrawal, avoiding others, fear- motivating situations, difficulty of speaking or stuttering and difficulty of visual communication. The physiological symptom: It is manifested in the form of physical changes, such as: quick beating, dryness of the mouth, shivering, ereuthophobia, and sweeting and stomach pain. The cognitive symptom: It is manifested in the ideas of a person related to the situations that touch shyness and make a person unable to communicate with others, such as: the negative thoughts of self and others, fear of negative assessment, self-reproach, lack of self-confidence and feeling guilty. The affective symptom: It is manifested in the emotional reactions, such as: confusion, pain, shame, sadness, depression and anxiety.

When reviewing theoretical literature and studies on social shyness among the mothers of children with disabilities, the authors noticed rarity of studies in the field. For example, Hasson and Jasem (2014) aimed to identify social shyness among the mothers of child with special needs and the significance of differences according to the type of disability and gender. Therefore, social shyness scale was designed and its psychometric characteristics were tested. It was found out that there were significant differences according to the type of disability because mothers of children with disabilities had higher social shyness than others. In addition, there

were significant differences based on gender where the mothers of females had higher social shyness than those of males.

A group of studies investigated the psychological stresses of disability on mothers. For example, (Al Kandari, 2006) aimed to identify parental stresses among the mothers of children with mental disabilities. It covered (82) mothers and used Abidin scale (1995) to identify the differences of these stresses. It resulted in differences of stress intensity between the two groups according to the child's age and gender and the mother's age. In addition, these mothers experience severe pressures related to the child's ability to perform the expected role. They also experience medium intensity pressures related to their feeling of depression, sadness and anger. Merza (2011) aimed to investigate the relation of psychological stress to anxiety and depression among the mothers of children with mental disabilities, using the descriptive correctional approach. It covered a sample of (42) mothers, aged 25- 55. It concluded that there was a correctional relation between psychological stresses, on one hand, and anxiety and depression, on the other hand, among mothers. The higher educated mothers experience more psychological stresses, at least educationally. In addition, there were no differences based on the child's age and gender. Bakhsh (2002) aimed to identify family stresses that face the mothers of children with mental disabilities and their relation to family needs and social support. It was applied to (100) mothers of mentally disabled children in Jeddah enrolled in intellectual development center. While mothers aged 24- 45, children aged 6- 14. It used the scale of stresses for mothers of mentally disabled children, the scale of parents on mentally disabled children's needs and social support scale. It concluded that there was a significant correlation between stress and family needs of mothers of mentally disabled children and the offered social support. In addition, there was a significant correlation between stress and family needs of mothers of mentally disabled children, on one hand, and the offered social support, on the other hand. Bearry (1998) aimed to shed light on the nature of the mothers of mentally retarded children's attitudes towards their children. It was applied to (70) mothers, using the scale of mothers' attitudes towards mental disability. It concluded that having a mentally retarded child causes mother's isolation.

Others investigated the effect of a child with disability on mothers and family. For example, (Abdulaziz, 2012) aimed to identify the family of mentally disabled children's needs and their relation to gender, age and type of disability. It was conducted on (164) families of children with mental disabilities and enrolled at Mental Education Institutes for boys and girls in Jeddah. The author developed a scale of family needs. It concluded that there were statistically significant differences among the families of children with mental disabilities that could be attributed to gender variable. in favor of males and to the type of disability in favor of those with simple disability. However, there were no differences on their needs to be attributed to age. Katea (2006) aimed to identify the neurotic disorders among the mothers and fathers of the disabled in Libya. It covered a sample of (200) parents of children with physical- mental disabilities. They were compared to (200) parents with no disabled children. It used (Crown, Kresb and Salem). It revealed that there were statistically significant differences in favor of the fathers of disabled children rather than those of ordinary ones on the neurotic disorders, such as; anxiety, phobia, anxiety, transformative disorder and depression. Also, there were statistically significant differences in favor of the mothers of disabled children rather than those of ordinary ones on the neurotic disorders, such as; anxiety, phobia, anxiety, transformative disorder and depression. There were no differences between the parents on neurotic disorders. Malkosh and Yahya (1995) studied the psychological stresses and social support among the fathers and mothers of children with disabilities in Amman. It revealed that fathers and mothers of children with disabilities revealed a high rate of stress in compression to the fathers of ordinary children who did not have such changes. It also revealed that there was a positive relation between stress and social support. Elhadedy and Elkhateeb (1996) aimed to define the impact of the child's disability on families in Jordan and its relation to some changes. It applied the scale of family performance's comprehensive assessment designed by Mclinden to the fathers and mothers of (72) children, aged (3-8). It revealed that more than (50%) of them reported that the child's disability greatly affect the ability to coexist with disability and social relations. In addition, the child's age and th family's economic level had an effect on parental responses.

Holroyd (1982) aimed to identify psychological stress caused by disability and the elements of coexistence, using the scale of psychological stress of (66) paragraphs and (11) dimensions. It concluded that the families of disabled children tended to be socially isolated and the child's parents experience social isolation. In addition, those families revealed the symptoms of anxiety, depression and anger.

Commenting on literature

- There is a rarity of Arab and foreign studies, to the authors' knowledge, that investigated the effect of disabilities, of various types, on social shyness among mothers.

- They mostly studied the effect of having a child on the parents' psychological stress, such as: Merza (2011), Al Kandari (2006), Bakhsh (2002) and Malkosh and Yahya (1995), suggesting that the result is psychological stress.
- Other studies, e.g. Holroyd (1982) and Beyary (1996), investigated its impact on causing social isolation that is related to shyness and includes an involuntary painful feeling of shame, fear, sensitivity of dealing with others and inability to communicate socially (Shiver, 2008).
- Results mostly agreed on the impact of disability on family, in general. Thus, it needs support of various forms, needs' estimation and facilitating access, as reported by (Abdulaziz, 2012) and (Bakhsh, 2002).

7. Methodology & Procedures:

- *Methodology*:

The two authors used the analytical descriptive approach, to achieve the study's purpose and answer its questions. This approach is based on studying the phenomenon in reality by making an accurate description that expresses it quantitatively and qualitatively.

- *Population*:

The study covered the mothers of children with the following disabilities: mental, motor, visual, hearing, autism, multiple disabilities and Down syndrome in Riyadh. They were (500) mothers, distributed on (15) governmental locality and (10) non-governmental centers.

- *Sample of the Study:*

The sample of the study consisted of (146) mothers of children with disabilities in Riyadh who were arbitrarily selected from the centers and programs of governmental and non-governmental special education. Table (1) illustrates the distribution of the sample according to the various variables.

Table (1) the distribution of the participants according to the various variables

No.	Variable	levels	Number	Percentage
-1	Type of disability	Mental	22	15.1%
		Visual	21	14.4%
		Hearing	21	14.4%
		Motor	15	10.3%
		Multiple disabilities	17	11.6%
		Autism	22	15.1%
		Down syndrome	28	19.2%
-2	Academic qualification of the mother	Secondary and less	83	56.8%
		University	55	37.7%
		Post-graduate	8	5.5%
-3	Economic level of the family	Low	61	41.8%
		Medium	61	41.8%
		Low	24	16.4%

- *Tool of the Study:*

The authors designed a questionnaire to collect data by reviewing literature related to the problem, represented in the social shyness among the mothers with disabilities. Its final form covered the following partss:

- The first part: consists of primary data of the sample that included:
  - Type of disability: It has been dealt with as an ordinal variable with the following values: (1) mental, (2) autism, (3) hearing, (4) visual, (5) motor, (6) multiple and (7) Down syndrome.
  - Economic level: It has been dealt with as an ordinal variable with the following values: (1) high income, (2) medium income and (3) low income.
  - Educational qualification: It has been dealt with as an ordinal variable with the following values: (1) secondary and less, (2) university and (3) post-graduate.
  - The second part Items of the questionnaire: Items of the second were scaled according to Likert five items scale, as follows: (5) totally agree, (4) agree, (3) neutral, (2) disagree and (1) totally disagree.

Here, the procedures of testing validity and reliability of the items are listed:

- *External validity*:

The authors submitted the first form of the questionnaire to a number of specialized reviewers in Saudi universities to give their opinions of: clarity, sound wording and making modifications based on the arbitration tool.

Based on the notices and opinions of reviewers, some paragraphs were linguistically modified, others eliminated and others migrated. Consequently, the final form was obtained to be applied to the pilot sample; i.e. (20) mothers to statistically test the tool's validity and reliability.

- *Reliability:*

To test the internal cohesion of the questionnaire, the authors estimated the values of Pearson Correlation Coefficient of each item and the total mark. Table (2) illustrates the values of Pearson Correlation Coefficient of each item and their statistical significance:

Table (2) Values of correlation coefficient (28 paragraphs)

Paragraph	Correlation with the total tool	Statistical significance	Paragraph	Correlation with the total tool	Statistical significance
1	0.76	0.00**	15	0.75	0.00**
2	0.63	0.003**	16	0.87	0.00**
3	0.69	0.00**	17	0.88	0.00**
4	0.77	0.00**	18	0.80	0.00**
5	0.89	0.00**	19	0.85	0.00**
6	0.83	0.00**	20	0.86	0.00**
7	0.82	0.00**	21	0.87	0.00**
8	0.70	0.00**	22	0.91	0.00**
9	0.69	0.00**	23	0.82	0.00**
10	0.85	0.00**	24	0.90	0.00**
11	0.78	0.00**	25	0.78	0.00**
12	0.82	0.00**	26	0.70	0.001**
13	0.70	0.001**	27	0.79	0.00**
14	0.76	0.00**	28	0.71	0.00**

** Statistically significant (a=0.05).

Table (2) shows the values of the paragraphs' correlation, rating (0.63-0.91). They all were statistically significant at the level of ($\alpha = 0.05$), suggesting the questionnaire's validity.

The authors estimated the tool's reliability using Cronbach's alpha that rated (0.97). Consequently, it is highly reliable and can be used as it gives accurate results. Table (3) illustrates the values of the paragraphs' reliability correlations, especially if a phrase is eliminated using Cronbach's alpha.

Table (3) of reliability values if the paragraph was eliminated indicated that such values rated (0.972-0.976). Thus, each paragraph contributed to the values of reliability coefficient, whether increase or decrease. Consequently, they were all maintained to contribute to the overall reliability coefficient.

Table (3) the values of the paragraphs' reliability correlations, if a phrase is eliminated (28 paragraphs).

Paragraph No.	The value of reliability coefficient if the paragraph was deleted.	Paragraph No.	The value of reliability coefficient if the paragraph was deleted.
1	0.973	15	0.973
2	0.974	16	0.972
3	0.976	17	0.972
4	0.973	18	0.973
5	0.973	19	0.973
6	0.973	20	0.973
7	0.973	21	0.973
8	0.974	22	0.972
9	0.974	23	0.973
10	0.973	24	0.972
11	0.973	25	0.973
12	0.973	26	0.974
13	0.974	27	0.973
14	0.973	28	0.974

- *Data collection:*

After designing the questionnaire in its final form and checking validity and reliability procedures, it was applied to the sample, i.e. (146) mothers.

- *Statistical treatments:*

The following statistical tools were used:

1. Pearson Correlation Coefficient to estimate internal consistency.
2. Cronbach's alpha to estimate the tool's reliability coefficient.
3. Frequencies and arithmetic means were used to estimate participants' responses.
4. Conducting one-way analysis of variance (ANOVA) according to the following variables: academic qualification, economic level and Biserial Correlation to estimate the shyness level of the mothers.

8. Results and Discussion

To answer the first question" what is the level of social shyness among mothers of children with disabilities based on (type of disability, academic qualification and economic level) variables?"

Frequencies, percentage of responses and arithmetic means were estimated of each phrase (as shown in table 4)

Table (4) Frequencies, percentage and arithmetic means of responses to the phrases

No.	Paragraph	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		Means	Responses
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%		
	I feel embarrassed before my family if I was accompanying my child.	1	0.7%	17	11.6%	18	12.3%	35	24%	75	51.4%	1.86	Strongly disagree
2	I do not accompany my child when paying social visits.	15	10.3%	23	15.8%	24	16.4%	31	21.2%	53	36.3%	2.42	Disagree
3	Many people feel sympathy with me because of my child.	33	22.6%	44	30.1%	27	18.5%	23	15.8	19	13%	3.33	Neutral
4	I avoid speaking about my child before others.	11	7.5%	24	16.4%	24	16.4%	26	17.8%	61	41.8%	2.30	Disagree
5	I quitted social events because of my child's disability.	11	7.5%	22	15.1%	20	13.7%	32	21.9%	61	41.8%	2.24	Disagree
6	I do no pay visits to (the center- school) of my child to avoid others.	1	0.7%	15	10.3%	16	11%	26	17.8%	88	60.3%	1.73	Strongly disagree
7	My self- confidence is low because of my child's	2	1.4%	17	11.6%	18	12.3%	28	19.2%	81	55.5%	1.84	Strongly disagree

No.	Paragraph	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		Means	Responses
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%		
	disability.												
8	I shiver and sweet when I speak about my child's disability.	3	2.1%	18	12.3%	17	11.6%	21	14.4%	87	59.6%	1.82	Strongly disagree
9	My heart beats increase If I was noticed in the accompany of my child by friends and neighbors.	1	0.7%	18	12.3%	18	12.3%	20	13.7%	89	61%	1.78	Strongly disagree
10	I quitted social and voluntary activities before my child's disability.	13	8.9%	25	17.1%	20	13.7%	28	19.2%	60	41.1%	2.33	Disagree
11	I feel a stomach pain while accompanying my child to social events.	5	3.4%	18	12.3%	24	16.4%	19	13%	80	54.8%	2.10	Disagree
12	I stay far from others and try not to talk a lot if I attended a social event.	4	2.7%	19	13%	23	15.8%	26	17.8%	74	50.7%	1.99	Disagree
13	The feeling of future safety decreased because of my child's disability.	20	13.7%	29	19.9%	20	13.7%	25	17.1%	52	35.6%	2.58	Disagree
14	I do not initiate communication with others.	14	9.6%	19	13%	24	16.4%	23	15.8%	66	45.2%	2.26	Disagree
15	My work was negatively affected because of my child's disability.	18	12.3%	25	17.1%	20	13.7%	23	15.8%	60	41.1%	2.43	Disagree
16	Self-confidence towards others decreased because of my child's disability.	13	8.9%	23	15.8%	20	13.7%	29	19.9%	61	41.8%	2.30	Disagree
17	I experience hypersensitive towards criticism or reproach by others.	22	15.1%	35	24%	14	9.6%	28	19.2%	47	32.2%	2.77	Neutral
18	I feel less productive at (work and home) because of my child's disability.	26	17.8%	35	24%	14	9.6%	28	19.2%	43	29.5%	2.81	Neutral
19	My nervousness increased in dealing with my children because of my child's disability.	29	19.9%	29	19.9%	20	13.7%	23	15.8%	45	30.8%	2.82	Neutral
20	I became nervous in dealing with others because of my child's disability.	20	13.7%	24	16.4%	24	16.4%	28	19.2%	50	34.2%	2.56	Disagree
21	I stutter when acquaintances ask me about my child.	6	4.1%	21	14.4%	17	11.6%	26	17.8%	76	52.1%	2.00	Disagree
22	I experience anxiety and embarrassment when entering local stores with my child.	26	17.8%	35	24%	14	9.6%	28	19.2%	43	29.5%	2.17	Disagree
23	I prefer isolation because of my child's disability.	13	8.9%	19	13%	20	13.7%	26	17.8%	68	46.6%	2.19	Disagree
24	I make excuses to refuse social events.	13	8.9%	22	15.1%	18	12.3%	28	19.2%	65	44.5%	2.24	Disagree
25	When being visited, I prefer to let my child in his room.	11	7.5%	20	13.7%	20	13.7%	31	21.2%	64	43.8%	2.19	Disagree
26	I am afraid of people's irony of my child.	26	17.8%	27	18.5%	19	13%	19	13%	55	37.7%	2.65	Neutral
27	My face reddens when there is a comment on my child's condition.	12	8.2%	29	19.9%	20	13.7%	29	19.9%	56	38.4%	2.39	Disagree
28	I cannot have food with my child in public places.	10	6.8%	18	12.3%	20	13.7%	22	15.1%	76	52.1%	2.06	Disagree
Total		379	9.2%	670	16.3%	553	13.5%	731	17.8%	1755	42.9%	2.31	Disagree

Table (4) illustrates the general means of social shyness among the mothers of children with disabilities in Riyadh rated (2.31) (disagree), i.e. It was low. "Many people feel sympathy with me because of my child" ranked first with a mean of "3.33" (neutral). It was followed by "My nervousness increased in dealing with my children because of my child's disability", with a mean of (2.88) (neutral). "I feel less productive at (work and home) because of my child's disability" ranked third, with a mean of (2.81) (neutral). Additionally, mothers disagreed on the following phrases. "I shiver and sweet when I speak about my child's disability" was ranked first with a means of (1.82) (strongly disagree). It was followed by "my self- confidence is low because of my child's disability" with a means of (1.82) (strongly disagree). "I feel embarrassed before my family if I am accompanying my child" ranked last with a means of (1.86) (strongly disagree). It is contrary Hasson and Jasem (2014) that concluded that the mothers of children with disabilities had higher social shyness than the ordinary ones. It also contradicts that of Bearry (1996) reporting that having a mentally disabled child was a cause of the family's isolation. In addition, it contradicts (Holroyad,1982) reporting that families of disabled members

isolated themselves and that the parents of a disabled child experienced social isolation. The authors believe that the low rate of experiencing social shyness by the mothers of children with disabilities in Riyadh may be natural because of its strong family structure. Many families in Riyadh are extended ones. Hence, the mother experiences fewer burdens. Disagreement on "I feel embarrassed before my family if I was accompanying my child" indicates social support as well as a religious one received by the mother. Accepting a disabled child is part of the Saudi Muslim faith. It is also a belief in destiny. In addition, governmental support plays a part by offering educational centers for the disabled and offering a financial one to them by th concerned parties.

Therefore, the current study used one-way variance analysis to identify the differences among the participants according to (qualification, economic level and type of disability) variables on the dependent one (shyness level) (as shown in table 5).

Table (5): results of one-way variance analysis according to the study's variables.

Variables	Source of variance	Total of squares	Freedom degrees	Statistical Means of squares	"F" value	Statistical significance
Qualification	Between groups	1141.688	2	570.844	0.648	0.524
	Within groups	125879.051	143	880.273		
	Total	127020.740	145			
Economic level	Between groups	7013.387	2	3506	4.179*	*0.017
	Within groups	120007.352	143	839.212		
	Total	127020.740	145			
Type of disability	Between groups	14280.854	6	2380.142	2.935*	0.010*
	Within groups	112739.886	139	811.078		
	Total	127020.740	145			

Table (5) illustrates that the variance of shyness level according to the economic level and type of disability was statistically significant at the level of (0.05), while academic qualification's differences were not.

Therefore, a multiple comparisons test was conducted to define the source of differences.

Table (6) the significance of differences on the means of shyness level among the participants that can be attributed to the economic level

Economic level's variables	Low	Medium	High
Low		0.041*	0.009*
Medium			0.272

Table (6) the significance of differences on the means of shyness level among the participants that can be attributed to those with low and medium economic level in favor of the medium economic level. This agrees with (Elhadedy and Elkhateeb, 1996) that reported that the economic level of the family has a significant effect on parental responses. The authors think that it can be attributed to the impact of disability on low and medium economic level families greater than those of high income because the later have larger and greater solutions in dealing with the disabled child by dedicating a servant, for example, to fulfill his needs, hiring a special tutor to develop the child's skills and abilities or admitting their child to a specialized internal center.

Table (7) the significance of differences on the means of shyness level among the participants that can be attributed to the type of disability

Type of disability	Mental	Visual	Hearing	Motor	Multiple disabilities	Autism	Down syndrome
Mental		0.116	0.683	0.132	0.878	0.041*	0.918
Visual			0.051*	0.940	0.187	0.000*	0.079
Hearing				0.064*	0.594	0.106	0.742
Motor					0.198	0.001*	0.096*
Multiple disabilities						0.040*	0.797
Autism							0.40

Table (7) illustrates that there are statistically significant differences among the means of social shyness' level among the mothers of children with mental disability or autism in favor of autism; between visual and hearing disabilities in favor of the hearing one; between hearing and motor disabilities in favor of the hearing one; between motor disability and autism in favor of autism; between motor disability and Down syndrome in favor of the later; and between multiple disabilities and autism in favor of autism. Autism has the severest impact on the mother. It is followed by hearing, mental, multiple, Down syndrome disabilities (despite it is the most common type of mental disabilities, the authors think to look for it separately for many considerations. For example, it is the most common type of mental disability at birth, representing (5-6 %) of them. However, it represents an independent entity due to its causes and features. In addition, there are specialized centers in Riyadh). Motor and visual disabilities are ranked last. This agrees with (Hasson and Jasem, 2014), indicating that they have the most common effects on mothers of children with disabilities, as follows: mental, visual and motor disabilities, respectively. Thus, it could be concluded that the most effective disabilities on mothers are autism, hearing and mental disabilities because autism has many features, e.g. weak linguistic communication and social communication due to the additional agony for mothers, unlike other disabilities. Hearing and mental disabilities are ranked second and third, respectively because they need specialized centers other than others because of having an effect on the social communication of the children themselves because of lacking language and the low marks of intelligence. The least ranked ones regarding their effect on the mother are motor and visual disabilities because of the easiness of communication on the mother and self- expression and the availability of their educational and social services.

In order to answer the second question: "*Is there a relationship among the level of social shyness and each variable among the mothers of children with disabilities in Riyadh?"* Biserial Correlation Coefficient has been estimated between the level of social shyness and the variables of the study. Table (8) illustrates the means and standard deviations of the variables. Table (9) shows Biserial Correlations between the variables of the study.

Table (8) arithmetic means and standard deviations of the study's variables

Variable	Arithmetic Means	Standard deviation
Shyness level	64.30	29.59
Academic qualification	1.48	0.60
Type of disability	4.10	2.13
Economic level	1.74	0.72

Table (9) Correlation coefficients among the variables and the level of social shyness among the mothers

Variable	Correlation coefficient	Statistical significance
Academic qualification	0.084	0.314
Type of disability	0.164	0.080*
Economic level	0.234	0.005*

Table (9) shows that the value of statistical significance of the correctional coefficient between social shyness; level and academic qualification was greater than (0.05); there was no relation. The value of statistical significance of the correlation between the level of social shyness and the type of disability and economic level was less than 0.05; there is a relation between them. This agrees with (Elhadedy and Elkhateeb, 1994), reporting that the economic level of the family had an impact on the parents of disabled children. It also agrees with the

current study's first question. It can be interpreted that it greatly contributes to mitigating the impact of disability by benefiting from educational specialists and mothers in the education and supervision of the disabled child, which is not available to the families of low and medium economic level. It differs regarding the impact of academic qualification with Merza (2011) reporting that the higher educated mothers are affected more those with low education. Results indicated that it has no effect on the level of shyness. The authors think that the type of disability affects social shyness is logical because each one has its own features and needs. There is also a difference in supporting services provided according to the type of disability, where some types receive more support.

In order to answer the third question: *"What is the order for the variables that contribute to analyzing the variance in the shyness variable among the mothers of children with disabilities?* Coefficient analysis was used to estimate the variance of shyness level among the mothers due to these variables (as shown in table 10).

Table (10) the percentage of variance of shyness' level among the mothers due to these variables

No.	Variable	The percentage of variance	The percentage attributed to other factors	The accumulative percentage of variance
1	I feel embarrassed before my family if I was accompanying my child.	61.1%	38.900%	61.1%
2	I do not accompany my child when paying social visits.	5.93%	94.070%	5.93%
3	Many people feel sympathy with me because of my disabled child.	3.868%	96.132%	3.868%
4	I avoid speaking about my child before others.	3.008%	96.992%	0
5	I quitted social events because of my child's disability.	2.794%	97.206%	0
6	I do no pay visits to (the center- school) of my child to avoid others.	2.633%	97.367%	0
7	My self- confidence is low because of my child's disability.	2.633%	97.367%	0
8	I shiver and sweet when I speak about my child's disability.	2.453%	97.547%	0
9	My heart beats increase If I was noticed in the accompany of my child by friends and neighbors.	2.165%	97.835%	0
10	I quited social and voluntary activities before my child's disability.	1.834%	98.166%	0
11	I feel a stomach pain while accompanying my child to social events.	1.600%	98.400%	0
12	I stay far from others and try not to talk a lot if I attended a social event.	1.378%	98.622%	0
13	The feeling of future safety decreased because of my child's disability.	1.300%	98.700%	0
14	I do not initiate communication with others.	1.147%	98.853%	0
15	My work was negatively affected because of my child's disability.	0.902%	99.098%	0
16	Self-confidence towards others decreased because of my child's disability.	0.888%	99.112%	0
17	I experience hypersensitive towards criticism or reproach by others.	0.803%	99.197%	0
18	I feel less productive at (work and home) because of my child's disability.	0.715%	99.285%	0
19	My nervousness increased in dealing with my children because of my child's disability.	0.651%	99.349%	0
20	I became nervous in dealing with others because of my child's disability.	0.622%	99.378%	0
21	I stutter when acquaintances ask me about my child.	0.551%	99.449%	0

No.	Variable	The percentage of variance	The percentage attributed to other factors	The accumulative percentage of variance
22	I experience anxiety and embarrassment when entering local stores with my child.	0.547%	99.453%	0
23	I prefer isolation because of my child's disability.	0.415%	99.585%	0
24	I make excuses to refuse social events.	0.403%	99.597%	0
25	When being visited, I prefer to let my child in his room.	0.361%	99.639%	0
26	I am afraid of people's irony of my child.	0.349%	99.651%	0
27	My face reddens when there is a comment on my child's condition.	0.287%	99.713%	0
28	I cannot have food with my child in public places.	0.198%	99.802%	0
Total		100%	100%	70.90%

Table (10) illustrates the variables according to their role in the percentage of variance on the level of social shyness among mothers. It also illustrates that they could be summarized into three only. The first three phrases contribute to explaining (70.9%) of the total variance of the level of social shyness among mothers, as follows "I feel embarrassed before my family if I was accompanying my child", because the mothers strongly disagreed on this indicating that their shyness is low; "I do not accompany my child when paying social visits" was refused indicating their high level of shyness; "many people feel sympathy with me because of my child" received a neutral response.

9. Recommendations

- Conducting more studies on the impact of disability on the family, in general, and mothers, in particular.
- Offering programs of social and psychological support to all members of families of children with disabilities.
- Holding individual and group counseling sessions to the families of children with disabilities that discuss positive examples of families adjusted to disability.
- Holding educational programs to the mothers of children with disabilities that offer the appropriate styles of dealing with disabled children.
- Using the scale of social shyness prepared by the authors at the governmental and non-governmental private centers and education centers as a means of revealing social shyness among the mothers of children with disabilities.

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