

## Original Research Article

# Comparison of social shyness among the mothers of children with autism and those with Down syndrome in the light of some variables in the city of Riyadh

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### Abstract

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The aim of this study was to identify the social shyness of the mothers of children with autism disorder and those with Down syndrome in the light of some variables such as (the academic qualification of the mother, the type of child disability and the economic level of the family) in Riyadh city. A paragraph according to the ladder of the fifth quartile, and verified the characteristics of psychometric where the coefficient of stability of the scale (0.97). The results of the study showed that the overall mean level of social shyness among mothers of children with autism disorder and Down syndrome was low, and to know the differences among the sample of the study according to the variable of economic qualification and type Disability. It was found that the difference in the level of shyness, which is due to the economic level, was statistically significant at the level of (5 0,0) where mothers with middle and low income were more affected than those with high income. Regarding the type of disability, this variable was statistically significant at ( 5 0,0) where it was strained The authors of the study recommended the need to provide social and psychological support programs for families with disabilities for all family members and mothers in particular.

**Key words:** Social shyness, mothers of children with autism, people with Down syndrome, economic level, social level, academic qualification

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## INTRODUCTION

Disability has multiple effects that exceed the disability itself to affect the family; this disability leaves its effects on parents and siblings as well, and these effects vary depending on the type of disability and also increase as the severity of the disability. Perhaps most of these effects fall on the mother as the caretaker and the nanny who carries the burden of caring for her children.

The presence of a disabled child in the family leads to more complex problems and relationships, where the family of the disabled has problems that exacerbate the

psychological pressures that affect them both at the level of internal social relations (between the family members), or at the level of external social relations (relationship with friends or Relatives or neighbors); this leads to the family being exposed to psychological problems such as anxiety, fear and self-blame (Abdel Aziz, 2012).

Psychological reactions vary from family to family. These psychological responses often start with shock, not acknowledging or acknowledging a child's disability, feeling angry and self-reproaching. In fact, there is no

clear agreement on whether parents of children with disabilities report the same degree of stress. Although earlier studies have shown that mothers are more stressed than parents since the arrival of a child with a disability generates many psychological reactions and social pressures that the family has not experienced before. These responses range from absolute rejection and disability to absolute acceptance of the child and from the reactions of the family emotional occurrences of the individual (Halahan Kaufman, 2008).

Motherhood is one of the stressful roles. The burdens are on the mother and it increases. Her roles multiply as a result of having a child suffering from disability because of the personal attention factor and the interactive relationship between her and the child. It is not like all other children. It needs all that the average child needs. The birth of a disabled child causes various emotional responses to the family as a whole, including social isolation and some mental disorders, and shyness from his actions, forcing the family to keep the child at home most of the time. This prevents him from interacting with others and developing some developmental aspects. (Najjar, 2012).

Shyness is one of the important topics in social interaction in all its forms. It affects the psychological and social compatibility of individuals and impairs constructive communication among them. Especially when it reaches high levels that prevent the individual from expressing himself in front of others in an appropriate manner and lose confidence in himself. This would increase the negative emotions that are accrued to him (Hoyos, 2006).

Although the definitions of shyness differed, it was agreed that its components include the cognitive, emotional, behavioral and physiological component. Social shyness is defined as a "painful feeling that includes shame which is involuntary behavior. It also includes fear and sensitivity in dealing with others and the inability to communicate socially with them, and its manifestations are manifest in slandering, faltering speech, trembling of the parties and lack of expression and fear of dealing with others and other sex" (Scheffer, 2008). There are a number of characteristics that characterize the shy person, including the difficulty in forming social relationships, avoid eye contact and dispersion speech, and feeling uncomfortable and discomfort during the social interaction (Husseini, 2009).

The effects of social shyness are compounded by negative and false beliefs in some societies and their negative attitudes toward disabled individuals. These parents believe that society will reject their disabled child, social and social disobedience only in the narrowest circumstances, depriving themselves and their disabled children of normal living with their peers and their communities, increasing the psychological and social burdens (Abdulaziz, 2012).

The above-mentioned definition of shame and its effects on the individual and the family indicate the

scientific and theoretical importance of studying the social shyness of the mother of the child with disabilities. His study provides us with a lot of insight into the processes involved in the social interaction between the individuals according to their nature and extent. When this interaction is smooth and natural, in which it is usually hidden, rarely noticed by the researchers, but when there is something that hinders social interaction or leads to weakness and deterioration - as does shyness - it is worth studying and research to get to the treatment of this problem and improve the level of interaction. Disability is one of the main obstacles to effective social communication between the families of the disabled and the outside society. Disability is one of the reasons that lead the family to social withdrawal and isolation from others. The effects of disability on the family vary, inter alia, the type and severity of disability, the educational level of the family, its understanding of this disability, its real causes whether inherited or acquired. In addition to the nature of services provided to persons with disabilities, the level of official attention to them, the current study will try to study social shyness of mothers with disabilities. Sometime disability varies depending on the type of disability, social, educational and economic level.

When we study the shyness of mothers with autism and Down syndrome specifically, we are talking about the differences between them in all aspects of the reasons and characteristics and methods of dealing and thus educational treatment. Autism disorder is one of the most developmental disorders affecting the main developmental features, and autism is still controversial from where the diagnosis and causes and methods of treatment. In contrast, Down syndrome falls within the classification of medical mental disability due to a defect in the chromosome No. 21, which causes a syndrome of the symptoms because of the many problems in the physical, mental and muscular growth. It is also called a three-chromosome (21) or Trizoma (21) (Kirk and Gallagher and Anastasiow, 2003).

When we look at mothers with autism and people with Down syndrome, we are looking at the psychological aspects and the pressures they face as one of their children with disabilities. The emotional side of the mother is emotional stress, emotions and negative feelings as a result of a role conflict that requires responsibilities and duties and additional burdens to their role as wives and housewives. At the same time, they are asked to achieve family cohesion in terms of their husbands, children and external society, and the accompanying feelings of fear, anxiety and social shame that one of their children is handicapped. The importance of addressing the mothers with disabilities, especially autism and Down's syndrome, and in light of the data that indicate that mothers feel more ashamed of the social situation than the rest of the family regarding the disability of one of their children and the consequent negative

effects on the whole family. In this study, we will examine the effects of disability on mothers in terms of social shyness and what variables affect the social shyness of mothers with autism disorder and Down syndrome in Riyadh city.

### Problem and questions

The current study attempts to identify: Comparison of social shyness among the mothers of children with autism and those with Down syndrome in the light of some variables in the city of Riyadh. The problem of the study is to try to answer the following questions:

1. What is the level of social shyness among mothers of children with autism disorder and Down syndrome in Riyadh city in light of the study variables (type of disability, educational level, and social level?)
2. Is there a relationship between the level of social shyness and (type of disability, level of education, social level) in mothers with autism and with Down syndrome in Riyadh?
3. What is the order of the variables that contributed to the interpretation of variance in the shy variable in the mothers of children with autism disorder and those with Down syndrome?

### Importance

The importance of the present study is as follows:

- This study is the first study of the mothers of children with autism and Down syndrome in Saudi Arabia. The study examines the impact of these disabilities on their social shyness, thus contributing to enriching the Arab library and trying to fill the gap in this field.
- This study provides information on the impact of disability (autism, Down syndrome), social level and educational level on the social shyness on mothers, and thus will provide specialists in this area information to help them deal with mothers of people with disabilities.
- The study pointed to the need to pay attention to the obstacles of social interaction in mothers with disabilities (autism, Down syndrome), and thus work to alleviate these obstacles through understanding correctly, and work to take into account when dealing with them through the construction of training programs and guidance for mothers.

### Terms

Social shyness is the feeling of discomfort during the social attitudes and negative reactions of the individual which is the tension and anxiety and confusion. These negative responses appear in the form of physical symptoms and the inability to communicate effectively with others, and redness of the face and speed of heart

rate. This is due to lack of self-confidence and the result of the negative thoughts of the individual about himself or the people close to him. The social shyness of this study is measured by the degrees of mothers of children with disabilities on the scale of social shyness, and the high degree on the scale indicates high social shyness.

**Mothers of children with disabilities:** Mothers who have a disabled child or more male or female have the following disabilities: Autism disorder, Down syndrome, and residents in Riyadh city.

**Autistic disorder:** is an individual who has a disorder developmental nervous (Neurodevelopment Disorder) appears in early childhood, and affects several areas, including shortcomings in social interaction, and shortcomings in verbal communication and non-verbal, and the emergence of stereotypical movements and limited activities and interests, and clearly appears in the first three years of a child's life. (Al-Zareer, 2012)

**Down syndrome** is one type of mental disability, the most common type of mental disability that leads to mental disability at birth and represents 5-6% of mental disabilities. However, it is an entity independent of mental disability in its causes and characteristics, the result of anomaly abnormalities is chromosome 21 (Halahan and Kaufman, 2008).

### Limitations of the study

This study is determined by several factors:

**Spatial boundaries:** This study is limited to mothers with autism disorder and Down syndrome, in the city of Riyadh.

**Time Limits:** This study is limited to the academic year 1438-1439 AH

**Objective limitations:** This study is limited to social shyness in mothers with autism disorder and Down syndrome.

**Study Tool:** A measure of social shyness among mothers of children with disabilities (Autism, Down syndrome) and their psychometric properties, which is prepared by researchers.

### Theoretical framework and previous studies

Historically, research has sought to clarify the concept of shyness more specifically than before. Margraf and Rudolf (1999) are ashamed of being "unacceptable fear, avoiding situations that are supposed to "Nelson and his colleagues (Nelson et al., 2008) defined it as:" Social discomfort in a way that avoids

Social attitudes, "which Zimbardo and Henderson (1996) defined as a feeling of complacency and misalignment in social attitudes, a perception of the acquisition of feelings and physical reactions to an individual's thinking and over-self-focus. While some psy-

chologists believe that shyness is a social and psychological disease that controls the individual's feelings and feelings since childhood. It also affects the dispersion of the individual's intellectual energies and creative potential and leads to difficulties in control of self-directed behaviors or others (Mounts et al., 2006)

According to Zimbardo and Henderson (1996), there are four main components viz:

**Behavioral Symptom:** Behavioral reactions resulting from stressful situations such as withdrawal, avoidance of others, fearful situations, difficulty in speaking, stuttering, communication difficulties.

**Physiological symptom:** Physical changes such as accelerated heartbeat, dry mouth and trembling, redness of the face and sweating and pain in the stomach as a result of stressful attitudes that raise shame, and the cognitive component

**Symptom Cognitive:** is the idea carried by the individual positions that raise the shy and the inability to communicate with others, such as negative thoughts about self and others and the fear of negative evaluation and self-blame and lack of self-confidence and guilt, and the component of emotional A.

**Effective Symptom:** The emotional reactions of confusion, painful self-feeling, sense of shame, sadness, loneliness and depression and anxiety.

Autism is a developmental disability that affects verbal and nonverbal communication and social interaction on the part of the child. Typically, this disorder generally appears before the third child reaches age.

**Child performance:** Other characteristics associated with autism disorder include immersion in repetitive activities, stereotyped movements, resistance to change in the environment or change in the daily routine, unusual response to sensory experiences. This diagnosis does not apply to the child if his or her educational performance is affected F. Basically adversely affected as a result of a serious emotional disturbance suffered (Halaghan and Kaufman, 2008).

There are many genetic syndromes that are not transmitted by heredity which do not result in hereditary cases. The Down syndrome is one of the most common syndromes of this type, although it represents an independent entity from mental retardation in its causes and characteristics. This syndrome results in an abnormality in the chromosome. Down syndrome is one of the most common types of mental disability that leads to mental retardation at birth in about 5-6% of all cases of mental retardation. There are many properties (Fayyad, 2014) in addition to the other characteristics, the most important of which are the cognitive characteristics of the weakness of the ability to distinguish between different things and not being able to continue thinking and forgetting (Fayyad, 2014). And the most important linguistic characteristics weakness of the structure of language and speech difficulty accompanied by speech disorders, and the characteristics of slow mobility of

movements and difficulty coordination, fine movements, and the most important characteristics of emotional tyranny of instinctive side, the weakness of self-monitoring with a high susceptibility in order to fully understand the consequences of certain behaviors. One of the most important social characteristics is the difficulty of performing basic social roles, the inability to protect oneself from exploitation, and the difficulty of forming friendly relations (Majid, 2008).

Because of the differences in the cognitive, emotional, social and linguistic causes and characteristics of individuals with autism and those with Down syndrome, researchers considered the study of social shyness among mothers of those with disabilities to look at, which is more influential on mothers in this aspect, and whether these different characteristics affect mothers, The most severe impact on mothers.

In reviewing the studies examined in the area of social shyness among mothers of children with autism disorder and Down syndrome, the researchers noted the scarcity of studies examined in these two variables. Some studies have the effect of social shyness in general on the mothers of children with disabilities. Some of the problems of adolescents with autism and Down syndrome, and psychological stress in the mothers of adolescents with autism, while the researchers did not stop the studies directly dealt with the current study, and the following are studies, Hassoun and Jasim (2014). The social shyness of mothers with special needs and the knowledge of the significance of differences in social shyness according to the type of disability and the gender of the child with disabilities. To achieve this, the measure of social shyness was established and verification of the psychometric characteristics of the scale and its suitability to the sample of the study. The study found that there are significant differences in social shyness Type of disability: The mothers of the mentally disabled suffered from social shame more than the other mothers. There were also significant differences according to the gender of the child. The social shyness of the female mothers is higher than the social shyness of the male mothers.

The Fayyad study (2014) aimed to detect the problems of mothers of adolescents with autism disorder, Down syndrome, and ordinary adolescents. The study sample consisted of mothers of adolescents with autism, people with Down syndrome, and ordinary mothers. The researcher used the descriptive method of comparative analysis, on the questionnaire as a tool for collecting information. The most important results of the study were as follows: The most important problems of mothers of adolescents with autism according to the degree of their impact descending on the following form: economic problems and then emotional and health problems followed by family problems and finally social problems. The study found that the problems of mothers of adolescents with autism disorder were generally moderate. The study also showed that the problems of

adolescents' mothers according to the status of the adolescent are ranked as follows: those with autism disorder, then ordinary adolescents and finally mothers of adolescents with Down syndrome. The problems of adolescent male mothers are higher in relation to female adolescent mothers' problems in all areas of study.

The study of Asfour (2012) aims to reveal the psychological stress of the mothers of autistic adolescents. The study consisted of (140) mothers of autistic adolescents were chosen randomly. The researcher developed the psychological stress scale for autistic teenage mothers divided into six dimensions. That is the level of psychological stress of the mothers of adolescents with autism in all areas of the scale within the average level, and that the highest average was the dimension of burden of adolescence autistic while the feelings of despair and frustration of the adolescent in the lowest mean. The study showed no differences of statistical significance (0,05 $\alpha$ ) of the sex variables, the educational level of the mother and the economic level of the family in the degree of psychological stress in the mothers of adolescents autistic, while the differences were statistically significant at the level of significance (0,05 $\alpha$ ) for the areas of concern for the future of the adolescent. Unitarianism for the benefit of the family in which the unmarried adolescent is the last born in the family, as well as the family and social problems of the family, which has more than five children.

The study of Zarir (2009) aimed to investigate the sources of psychological stress and ways of coping with the parents of autistic children in Jordan and its relation to some variables such as the age and age of autistic children. The study sample consisted of (200) father and mother of children who suffer from autism in special education centers. The study pointed out that the main sources of pressure among the parents of the most common autistic children respectively were the concern about the future of the child, the inability to bear the burden of the child, cognitive and psychological problems for the child, family problems.

Al-Mutairi (2006) conducted a study aimed at investigating the sources of psychological stress faced by the mothers of autistic children in Riyadh city in Saudi Arabia, and the relation of these pressures to various variables, most notably the educational level of the mother and the age of the mother and the number of family members and household income. (95) women. The study reached the main sources of stress among autistic mothers, which included institutional care, family disintegration, lack of personal reward, and care during the period of life.

A number of studies have examined the psychological stress of disability on mothers, including Al Kandari (2006), which aimed to identify parental stress in mothers with children with mental disabilities (82). The Abidine scale of 1995 was used to identify differences in parental pressures, and the results showed differences in the

severity of parental pressure between the two groups according to the variables of age of the child, sex and age of the mother, as shown in the results or mothers of mentally handicapped severe pressures related to the child's ability to perform the role expected of it. The Merza study (2011) aimed to study the relationship between psychological stress and anxiety and depression among mothers of children with intellectual disabilities. The descriptive approach was used. The sample consisted of 42 women aged between 25 and 55 years of age. The study found that there was a correlation between psychological stress and anxiety and depression among mothers of children. Higher mothers were more educated than less educated. The study also found no differences between anxiety and depression among mothers according to age and gender.

Bakhsh (2002) conducted a study aimed at identifying the family pressures facing the mothers of children with mental disabilities and their relation to family needs and social support. The sample included (100) mothers of children with mental disabilities from the city of Jeddah enrolled in the Center for Intellectual Development. Mothers are between 24 and 45 years of age, while children between the ages of 6 and 14 years. The pressure scale for mothers of children with mental disabilities, the needs of parents of mentally disabled children, and the measure of social support have been used. The results showed that there is a significant correlation between the pressures and family needs of mothers of mentally disabled children and the social support provided to them separately, as well as a significant correlation between pressures and family needs and between them and social support. In 1998, Biary conducted a study aimed at shedding light on the attitudes of mothers of mentally retarded children to their children on a sample of 70. The mothers' attitudes towards mental retardation were applied. The findings of the study found that the presence of a mentally retarded child in the family is one of the reasons to the mother's isolation.

Holroyd (1982) conducted a study aimed at identifying the psychological stress resulting from disabilities and the elements of coexistence with them. The psychometric measure of 66 cases was used to cover 11 dimensions. The results showed that families with disabilities tend to isolate themselves from society, and that the parents of disabled children suffer from social isolation, and the results showed that families with disabled people appear symptoms such as anxiety, depression and anger.

### Commenting on previous studies

- The lack of Arab and foreign studies - within the limits of the science of researchers - that examined the impact of disabilities of various kinds on the social shyness of mothers with autism disorder and Down syndrome

**Table 1.** Shows the distribution of study sample members in light of their various variables.

Percentage	Number	Levels	Variable	S
%61	90	Autism	Type of Disability	1
%39	56	Down's syndrome		
56.8%	83	High school and less	mother's scientific qualification	1
37.7%	55	University degree		
5.5%	8	Above Bhs	Economic level of the family	3
%41.8	61	high		
%41.8	61	Average		
%16.4	24	low		

specifically.

- Most of the previous studies discussed the impact of the presence of a child in the family on the mental stress of parents such as the study of Asfour (2012), Merza (2011), Al-Kandari (2006), Zaghareer (2009), Al-Mutairi (2006) and Bakhsh (2002). Studies indicate that there is psychological stress due to the disability of one of her children.

- Some studies have examined the impact of disability on the isolation of the family itself from their society (Holroyd, 1982) and Bayary (1996). This isolation is associated with shame, which is defined as a painful feeling that includes shame or shame, involuntary behavior. With others and the inability to socialize with them and the fear of dealing with others (Scheffer, 2008).

- The results of most of the previous studies have agreed on the impact of disability on the family in general and mothers in particular. This requires providing support of various types and estimating the special needs of families and facilitating access to them as indicated by Fayyad (2012), Asfour (2012), Al-Mutairi (2006) and (Bakhsh, 2002).

The present study was characterized by the study of social shyness in mothers with autism and Down's syndrome, while similar in comparison with other studies, such as the Fayyad study (2014).

## METHODOLOGY AND PROCEDURES

The researchers used the analytical descriptive method to achieve the objectives of the study and answer its questions. This method is based on studying the phenomenon as it is on the ground, by doing it as a precise description, which is expressed quantitatively.

### Study community

The study population consists of all mothers of children with autism disorder and Down's syndrome (500), distributed among 15 government centers and 10 community centers.

### The study

The sample of the current study consisted of (146) mothers of children with autism disorder and Down syndrome in Riyadh city, randomly selected from the private and governmental educational centers and programs (Table 1).

### Study tool

The researchers prepared a questionnaire to collect data by reviewing the previous literature related to the problem of the study, which was the social shyness of the mothers of the disabled in general in the light of some variables. The questionnaire was formed in the final form of the following sections:

- The first section: It consists of the preliminary data on the sample of the study, which included:

Type of disability: It was treated as a hierarchical variable, and allocated the following values: (1) Autism disorder, (2) Down syndrome.

Economic level: It was treated as a hierarchical variable and assigned the values of (1) high income, (2) average income, and (3) low income.

Educational qualification: It was treated as a hierarchical variable and assigned the values of (1) secondary and less, and (2) university, and (3)

The second section of the questionnaire was classified according to the five-step (Likert) as follows: (5) strongly approved, (4) Approval, (3) Neutral, (2) Non-approval, (1) strongly agreed.

The following are the procedures followed by the researchers in order to verify the procedures of honesty and consistency of the paragraphs of the questionnaire

### Virtual honesty of the study tool

The researchers presented the preliminary picture of the questionnaire to a group of arbitrators and specialists in the Saudi universities, and those interested in the subject of the study, in order to take their views in the paragraphs of the questionnaire in terms of: clarity of paragraphs,

**Table 2.** Correlation coefficient values (28 paragraphs)

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

\*\*Means: statistically significant (= 0.05 $\alpha$ ).

**Table 3.** shows the values of the coefficients of the stability of the paragraphs of the questionnaire if the paragraph is deleted from the dimension (28 cases)

Stability coefficient value if the case is deleted	Case number	Stability coefficient value if the case deleted	Case number
0.973	15	0.973	1
0.972	16	0.974	2
0.972	17	0.976	3
0.973	18	0.973	4
0.973	19	0.973	5
0.973	20	0.973	6
0.973	21	0.973	7
0.972	22	0.974	8
0.973	23	0.974	9
0.972	24	0.973	10
0.973	25	0.973	11
0.974	26	0.973	12
0.973	27	0.974	13
0.974	28	0.973	14

language and wording and make adjustments in light of the arbitration tool that was built to achieve this purpose.

In light of the arbitrators' observations and opinions on the paragraphs of the questionnaire, some of the paragraphs were reworded, some of them were modified, some were merged and some of the paragraphs were deleted. Consequently, the questionnaire was finally applied to a survey sample of (20) the study aims to verify the accuracy and reliability of the study tool in a statistical way.

### Validation of the construction of the paragraphs of the questionnaire

To verify the genuineness of the internal consistency of the resolution paragraphs, the researchers calculated the Pearson correlation coefficient between the paragraph mark and the total mark. Table (2) shows the values of

Pearson correlation coefficients between each paragraph of the questionnaire and their statistical significance:

Table (2) shows that the correlation coefficients for the resolution paragraphs ranged from 0.63 to 0.91. All correlation coefficients were statistically significant at the = 0.05 level, indicating an acceptable degree of construction reliability for resolution paragraphs.

### Stability checking procedures

The researchers calculated the coefficient of stability of the study instrument using the coefficient of Cronbach Alpha, and the value of the coefficient of stability of alpha-krh barks for the total tool (0.97). Therefore, the study instrument has a high degree of stability and is therefore reliable with its dimensions in obtaining accurate results. Table (3) shows the values of the coefficients of the stability of the paragraphs of the

**Table 4.** Frequency, percentage, and arithmetic mean of respondents' response to the terms of the questionnaire

Response	Average	Strongly disagreed		Not agreed		Neutral		Agree		Strongly agree		Article	S
		%	rep	%	rep	%	rep	%	rep	%	Rep		
Strongly disagree	1.86	51.4 %	75	%24	35	12.3 %	18	%11.6	17	%0.7	1	I feel embarrassed in front of my family, if my child is with me	1
disagree	2.42	36.3 %	53	%21.2	31	16.4 %	24	%15.8	23	10.3 %	15	I do not take my child with me if I go for social visits	2
Neutral	3.33	%13	19	15.8	23	18.5 %	27	%30.1	44	22.6 %	33	Many people look with pity at my child with disabilities	3
disagree	2.30	41.8 %	61	%17.8	26	16.4 %	24	%16.4	24	%7.5	11	I avoid talking about my child to others	4
disagree	2.24	41.8 %	61	%21.9	32	13.7 %	20	%15.1	22	%7.5	11	Social events have been abandoned because of my child's disability	5
Strongly disagree	1.73	60.3 %	88	%17.8	26	%11	16	%10.3	15	%0.7	1	I do not visit my child's center (school) to avoid others	6
Strongly disagree	1.84	55.5 %	81	%19.2	28	12.3 %	18	%11.6	17	%1.4	2	My own confidence dropped because of my child's disability	7
Strongly disagree	1.82	59.6 %	87	%14.4	21	11.6 %	17	%12.3	18	%2.1	3	I tremble and sweat when I talk about my child's disability	8
Strongly disagree	1.78	%61	89	%13.7	20	12.3 %	18	%12.3	18	%0.7	1	I feel more heartbeat if my friends or neighbors see me with my baby	9
disagree	2.33	41.1 %	60	%19.2	28	13.7 %	20	%17.1	25	%8.9	13	I stopped some of the social and volunteer work I was involved in before my child was disabled	10
disagree	2.10	54.8 %	80	%13	19	16.4 %	24	%12.3	18	%3.4	5	I feel stomach ache while I am with my child at social events	11
disagree	1.99	50.7 %	74	%17.8	26	15.8 %	23	%13	19	%2.7	4	I try to sit in the shade and not talk too much if I attend a social event	12
disagree	2.58	35.6 %	52	%17.1	25	13.7 %	20	%19.9	29	13.7 %	20	I have lost my sense of future security because of my child's disability	13
disagree	2.26	45.2 %	66	%15.8	23	16.4 %	24	%13	19	%9.6	14	I do not communicate with others	14

Table 4. Continue

disagree	2.43	%41.1	60	%15.8	23	%13.7	20	%17.1	25	12.3 %	18	My work was adversely affected by my child's disability	1 5
disagree	2.30	%41.8	61	%19.9	29	%13.7	20	%15.8	23	%8.9	13	I said I was sad about others because of my child's disability	1 6
Neutral	2.77	%32.2	47	%19.2	28	%9.6	14	%24	35	15.1 %	22	I am overly sensitive to criticism or blame from others	1 7
Neutral	2.81	%29.5	43	%19.2	28	%9.6	14	%24	35	17.8 %	26	I feel reduced my productivity (work, home) because of my child's disability	1 8
Neutral	2.82	%30.8	45	%15.8	23	%13.7	20	%19.9	29	19.9 %	29	My nervousness increased in my dealings with my children because of my child's disability	1 9
disagree	2.56	%34.2	50	%19.2	28	%16.4	24	%16.4	24	13.7 %	20	I became emotional in dealing with others because of my child's disability	2 0
disagree	2.00	%52.1	76	%17.8	26	%11.6	17	%14.4	21	%4.1	6	I stammer to speak when asked to ask some knowledge about my child	2 1
disagree	2.17	%29.5	43	%19.2	28	%9.6	14	%24	35	17.8 %	26	I feel upset and embarrassed if I have to go into public shops with my child	2 2
disagree	2.19	%46.6	68	%17.8	26	%13.7	20	%13	19	%8.9	13	Given my child's better condition and loneliness	2 3
disagree	2.24	%44.5	65	%19.2	28	%12.3	18	%15.1	22	%8.9	13	I am looking for justifications that prevent me from attending social events	2 4
disagree	2.19	%43.8	64	%21.2	31	%13.7	20	%13.7	20	%7.5	11	When visiting our guests at home the best kept my child in his room	2 5
Neutral	2.65	%37.7	55	%13	19	%13	19	%18.5	27	17.8 %	26	I am afraid of the irony of people of my child	2 6
disagree	2.39	%38.4	56	%19.9	29	%13.7	20	%19.9	29	%8.2	12	My face turns red when my child's condition is referred to by any comment	2 7
disagree	2.06	%52.1	76	%15.1	22	%13.7	20	%12.3	18	%6.8	10	I can not eat in public with my child	2 8
disagree	<b>2.31</b>	<b>%42.9</b>	<b>1755</b>	<b>%17.8</b>	<b>731</b>	<b>%13.5</b>	<b>553</b>	<b>%16.3</b>	<b>670</b>	<b>%9.2</b>	<b>379</b>	<b>Overall results</b>	

questionnaire if the paragraph is deleted using the coefficient Kronbach Alpha:

The values of stability coefficients ranged from (0.972 - 0.976), indicating the contribution of each of the clauses of the study instrument to the value of the stability coefficient Or decrease, and therefore retain all the paragraphs of the study instrument, because of their respective contribution to the coefficient of stability of the total instrument.

### Data collection

After the finalization of the questionnaire and verification of the procedures of honesty and consistency, the researchers applied this questionnaire to the sample of the study (146).

### Statistical treatments

The following statistical processors were used:

1. Pearson correlation coefficient to calculate the validity coefficient of the internal consistency of the study instrument.
2. Coefficient of alpha-bronchial persistence, to calculate the stability coefficient of the study instrument.
3. Recurrences and arithmetic averages were used to compute the response of the sample of the study sample to the terms of the questionnaire.
4. Conducting the analysis of one way ANOVA according to the following variables: educational level, economic level, and using the correlation coefficient to calculate the level of shyness in mothers who return the variables of the study.

## RESULTS AND DISCUSSION

To answer the first question, which states: What is the level of social shyness in the mothers of children with autism disorder and Down syndrome in Riyadh in light of the variables (type of disability, economic level, and social level)?

To answer the first question, the sample frequency, response rate, and arithmetic mean for each statement were calculated as shown in Table (4)

In Table (4) we conclude that the general mean of the level of social shyness among mothers of children with autism disorder and Down syndrome in Riyadh city was (2.31) (non-approval), that is, the level of social shyness was low. Also, the mother is "a lot of people looking with pity at the presence of my disabled child with me" at an average of "3.33" (neutral).

Followed by the phrase "my nervousness increased in my dealings with my children because of my child's disability". With an average of 2.88 (neutral), followed by

the phrase "I feel low in productivity at work (home) because of my child's disability" at an average of 2.81 (neutral), while the most disapproved of mothers were "tremble and sweeter when I talk about my child's disability" (1.82) (not strongly agreed), followed by the phrase "I feel embarrassed in front of my family, if my child is with me" with an average of 1.86 (not approval Strongly), and this result is different from the findings of Hassoun and Jassim (2014), which found that mothers with disabilities are more socially shy than ordinary mothers. This study was different from the outcome of the Biary 1992 study and Holroyd, 1982, which indicated that the presence of a disabled child in the family leads to the isolation of the family from its social environment. Social isolation may be due to social shyness due to child disability. People with disabilities in the city of Riyadh with social shame may be due to reasons such as the nature of the composition of society in the city of Riyadh, which is characterized by a kind of family cohesion Many of the families of Riyadh are extended families, which relieves the burden of the burden of the child, and this may explain that the words " My family, if my child was with me "and that was The most severe expressions of rejection by the mother indicate the cohesion and family support that the mother receives because of the disability of one of her children, in addition to the existence of great religious and social support. The acceptance of the disabled child despite his disability and discontent is part of the faith of the Saudi Muslim society. This may make the mother satisfied with her child and not be ashamed of his presence in her family. Government support also plays its role in alleviating the disability of mothers with disabilities by providing educational centers for the disabled, in addition to the financial support received by the families of persons with disabilities from the relevant government agencies.

The differences between the sample of the study according to the variables (qualification, economic level, and type of disability) on the dependent variable (level of shyness) were used to analyze the one-way variation as shown in Table (5).

Table 5 shows that the difference in the level of shyness according to the economic level and the type of disability was statistically significant at the level of 0.05, while it was not significant for the qualification variable.

Because of differences in level of shyness by economic level and type of disability, one of the multiple comparisons tests was conducted to determine the source of the differences

Table 6 shows statistically significant differences between the average of shyness among the research sample among low-income and middle-income people in favor of the average economic level and between low-income and high-income groups in favor of the low economic level, while there are no differences between middle income and high income. This result is consistent with the study of Fayyad (2014), which indicated that the

**Table 5.** Results of the analysis of one-way variation according to the study variables

Statistical significance	F value	Average values	Degrees of freedom	Total values	Variation source	Variables
0.524	0.648	570.844	2	1141.688	Among groups	Qualification
		880.273	143	125879.051	In the group	
			145	127020.740	Total	
0.017*	*4.179	3506	2	7013.387	Among groups	Economical level
		839.212	143	120007.352	In the group	
			145	127020.740	Total	
*0.010	*2.935	2380.142	6	14280.854	Among groups	Disability
		811.078	139	112739.886	In the group	
			145	127020.740	Total	

**Table 6.** The significance of the differences between the average of the shyness level in the sample and the economic level

High	Average	low	Economic Level Variables
*0.009	*0.041		low
0.272			Average

**Table 7.** The significance of the differences between the averages of the shyness level in the sample which is due to the type of disability

Down's syndrome	Autism	Disability kind
0.918	*0.041	Down's syndrome
0.40		Autism

economic level was the most problematic for the family in which the adolescent was uni-social and followed by social and health problems, while the results of the current study differed from the results of the study (Asfour, 2012), which did not represent the economic level Of the family And the educational level of the mother any additional pressure on the family, and researchers believe that the impact of disability can be explained to the middle and lower economic level more than those with high income that high-income people usually have broader solutions and greater in dealing with the disabled child through the allocation of a servant. For example, help the mother in meeting the needs of the disabled child, or the allocation of a specialized teacher who develops the child's skills and raises his or her abilities in the specialized centers; their high economic level allows them to do so, unlike families with low and medium economic levels .

Table 7 shows statistically significant differences between the mean of social shyness among the research sample of mothers of children with Down syndrome and autism for autism, visual and auditory disability for hearing impairment, visual impairment and autism for autism, Autism was more severe for mothers who had autism than mothers with Down syndrome.

The current study shows that the most common disability on the mother was autism and Down's

syndrome, which is associated with autism, as researchers believe, notably weak communication and social communication, causing additional suffering for mothers, unlike children with a syndrome who generally differ in characteristics from Children with autism, in addition to children with Down syndrome are the causes of the syndrome is clear and there is no doubt about disability, and this is usually not easily available to those with autism as autism may appear after a period of birth may be up to 36 months until the disorder appears. And H, unlike Down's syndrome, which can detect the condition during pregnancy or at least at birth. These results are consistent with Fayyad's (2014) study. Autism is more of a problem for the mother than Down syndrome.

And to answer the second question: Is there a relationship between the level of social shyness and each variable of study variables in mothers with autism and people with Down syndrome in Riyadh? The correlation coefficients were calculated between the level of social shyness and all the variables of the study. Table (8) shows the averages and standard deviations of the study variables. Table (9) shows the correlation coefficients between the study variables.

From Table (9) we find that the value of the statistical significance of the coefficient of correlation between the level of social shyness of the study sample members and

**Table 8.** Mean averages and deviations of the study variables

Standard deviation	Average	Variable
29.59	64.30	Level of shyness
0.60	1.48	Academic qualification
2.13	4.10	Type of disability (autism disorder, Down syndrome)
0.72	1.74	Economic level

**Table 9.** Correlation coefficients between study variables and level of social shyness in mothers

Statistical significance	Coefficient of correlation	Variable
0.314	0.084	Academic qualification
*0.080	0.164	Type of disability (autism disorder, Down syndrome)
*0.005	0.234	Economic level

**Table 10.** Contrast ratio in mothers' level of shyness due to these variables

Cumulative Explained	Contrast Ratio Approved Factors	Percentage due to other factors	Ratio of variance	Variables	S
%61.1		38.900%	%61.1	I feel embarrassed in front of my family, if my child is with me	1
%5.93		94.070%	%5.93	I do not take my child with me if I go for social visits	2
%3.868		96.132%	%3.868	Many people look with pity at the presence of my disabled child	3
0		96.992%	%3.008	I avoid talking about my child to others	4
0		97.206%	%2.794	Social events have been abandoned because of my child's disability	5
0		97.367%	%2.633	I do not visit my child's (center, school) to avoid others	6
0		97.367%	%2.633	My own confidence dropped because of my child's disability	7
0		97.547%	%2.453	I tremble and sweat when I talk about my child's disability	8
0		97.835%	%2.165	I feel more heartbeat if my friends or neighbors see me with my baby	9
0		98.166%	%1.834	I stopped some of the social and volunteer work I was involved in before my child was disabled	10
0		98.400%	%1.600	I feel stomach ache while I am with my child at social events	11
0		98.622%	%1.378	I try to sit in the shade and not talk too much if I attend a social event	12
0		98.700%	%1.300	I have lost my sense of future security because of my child's disability	13
0		98.853%	%1.147	I do not communicate with others	14
0		99.098%	%0.902	My work was adversely affected by my child's disability	15
0		99.112%	%0.888	I said I was sad about others because of my child's disability	16
0		99.197%	%0.803	I am overly sensitive to criticism or blame from others	17
0		99.285%	%0.715	I feel reduced my productivity (work, home) because of my child's disability	18
0		99.349%	%0.651	My nervousness increased in my dealings with my children because of my child's disability	19
0		99.378%	%0.622	I became emotional in dealing with others because of my child's disability	20
0		99.449%	%0.551	I stammer to speak when asked to ask some knowledge about my child	21
0		99.453%	%0.547	I feel upset and embarrassed if I have to go into public shops with my child	22
0		99.585%	%0.415	Given my child's better condition and loneliness	23
0		99.597%	%0.403	I am looking for justifications that prevent me from attending social events	24

Table 10. Continue

0	99.639%	%0.361	When visiting our guests at home the best kept my child in his room	25
0	99.651%	%0.349	I am afraid of the irony of people of my child	26
0	99.713%	%0.287	My face turns red when my child's condition is referred to by any comment	27
0	99.802%	%0.198	I can not eat in public with my child	28
70.90%	100%	%100	Total	

the academic qualification was greater than 0.05; that is, there is no relationship between the level of social shyness and the academic qualification. While the value of the statistical significance of the correlation coefficients between the level of social shyness and each type of disability and the economic level was less than 0.05; that is, there is a relationship between the level of social shyness and each type of disability and economic level. This is in line with Fayyad's (2014) study, which indicated that the family's economic level had an impact on the parents of children with disabilities and is consistent with the results of the first question in the current research, which explained that the economic level may contribute more to alleviation Of the effects of disability through the use of educational specialists and others to help in the education and supervision of disabled children, and this may not be available to people of the middle and low economic level. The results of the current question regarding the impact of the academic qualification differed with the Mirza study (2011), which indicated that the most educated mothers were more affected and increased psychological stress than the less educated. The results indicated that the academic qualification had no effect on the level of shyness. In the opinion of the researchers that the impact of the type of disability in social shyness is logical because each disability characteristics and needs that vary from disability to the other, in addition to the difference of support services provided to persons with disabilities depending on the type of disability there are handicaps of luck in these services better than others, Mitigating or increasing the effects of disability.

Table (10) shows the variables of the questionnaire according to their role in the percentage of variation in the level of social shyness in the mothers. It also shows that these variables can be shortened to only three, the first three are using the basic orthogonal rotation method according to the value of the latent root respectively , As the standard of extraction of these factors is that the root of the factor is not less than the right one, and it is clear from the table that the first three statements contributed to the interpretation of 70.9% of the total variance of the level of social shyness in mothers, and these variables are "People, If my child is with me. "The mothers strongly rejected this phrase, which indicates that the degree of shyness in the mother is low. This phrase is strongly expressed. The phrase" I do not take my child with me if I

go for social visits "was rejected by mothers. They are taking their children for social and family events, and this indicates that there is no social shyness or low level. In terms of the third most relative term, "many people were viewed with pity for my child with a disability." They did not agree with them, nor did they refuse A, so it cannot be a constructive attitude towards it.

## RECOMMENDATIONS

- Conduct further studies that examine the impact of disability on the family in general, and on mothers with autism disorder and Down syndrome in particular.
- Provide social and psychological support programs for families with disabilities in general (and autism in particular).
- Individual and community counseling sessions for mothers with autism disorder, and for all family members with disabilities, provide positive models for families that have adapted to disability.
- Holding educational programs for mothers with disabilities in general and people with autism disorder in particular, through which appropriate methods are offered to deal with their disabled children.
- Taking advantage of the measure of social shyness prepared by researchers in the centers and institutes of special education government and civil, as a tool to detect social shyness in mothers with autism and Down syndrome.

## REFERENCES

- Abdul AO (2012). The needs of families of children with mental disabilities and their relation to gender, age and disability of persons with mental disabilities. *Int. Specialized Educational Journal*, p. 1, p. 11, 2012, pp. 801-812.
- Al-Mutairi FN (2006). Sources of Psychological Stress in Mothers of Children with Autism Disorder in Riyadh, Saudi Arabia and its Relation to Some Variables, Unpublished MA Thesis, Jordan University, Amman, Hashemite Kingdom of Jordan.
- Asfour, Ghadi Omar Mahmoud (2012). Psychological stress among mothers of adolescents with autism disorder, MA, Amman Arab University, Amman, Hashemite Kingdom of Jordan.
- Azhar H, Jasim B (2014). Social shyness among mothers with special needs, *Journal of Psychological Sciences*, No. (104).
- Bakhsh P (2002). Family Stress in Mothers of Mentally Disabled Children Family Stress in Mothers of Mentally Handicapped Children and Their Relationship to Social Needs and Support. *J. Studies In pages: 215-237 Volume: 29, Issue: 2, 2002.*

- Biary E (1998). Parental attitudes towards disability for the mentally retarded child A field study applied in the Institute of Intellectual Education in Jeddah. J. Umm Al Qura University for Scie. Res., - Saudi Arabia. 11, p. 17. pp. 348-388.
- Facebook Facebook logo Keep me logged in Al Zareem, Naif (2012). Introduction to Autism Disorder Basic Concepts and Concepts of Intervention, Dar Al Fikr Publishing and Distribution, Amman, Jordan.
- Fayyad, Qadr Moayad (2014). Problems of Mothers of Adolescents with Autism and Down Syndrome, Adolescent Adolescents, Master Message, Amman Arab University, Amman, Hashemite Kingdom of Jordan.
- Gray DE (2006). The Parents of Children with Autism, School of social science, University of New England, Australia.
- Halahan D, James K (2008). The Psychology and Education of Unusual Children, Introduction to Special Education, First Edition, Adel Abdulla, Dar Al-Fikr, Amman.
- Holroyd KA (1982). Manual for Questionnaire on resources of Psychological stress. Los-Angeles, UCLA Neuropsychiatry Institute.
- Majid SS (2008). Contemporary trends in the care and development of children's skills. Special Protests, i 1, Safa House for Publishing and Distribution, Amman, Hashemite Kingdom of Jordan.
- Merza H (2011). The relationship between psychological stress and the degree of anxiety and depression among mothers of mentally disabled children in the Kingdom of Bahrain. Master Thesis. Arabian Gulf University . Bahrain.
- Mounts N, Valentiner D, Anderson K, Boswell M (2006). Shyness Sociability and Parental Support for the College Transiting Relation to Adolescents, Adjustment. J. Youth and Adolescence, 35(1), 71-80.
- Najjar A (2012). The family's perceived maternal functioning and its relation to certain developmental aspects of adaptive behavior in children with minor mental disabilities. Magazine of Education World - Egypt. X 13, p. 40. 1 - 168
- Nelson L, Padilla W, Badger S, Barry C, Madsen S, Carroll J (2008). Associations between shyness and internalizing behavior, and relationships during emerging adulthood, Journal of Youth, Adolescence, 37, 605-615.
- Schaefer M (2008). Problems of Children and Adolescents, (Nazih Hamdi, Naseema Dawood, Murtajman) Publications of the University of Jordan, Amman.
- Zimbardo P, Henderson L (1996). Shyness, Palo Alto Shyness Clinic. u.s.a.( <http://sguness.com>)