

# Research Journal of Pharmaceutical, Biological and Chemical Sciences

## Personality Characteristics in Children with Mild Mental Retardation and Dyslexia

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### ABSTRACT

To evaluate the personality characteristics of children with mild mental retardation and dyslexia by using Junior Eysenck Personality Questionnaire(JEPQ) developed by SBG Eysenck (1965). One hundred and twenty children in the age group of 10 – 12 years with developmental delay and poor academic skills were evaluated by using Junior Eysenck personality inventory children scale. The mean score of neurotic MMR and psychotic MMR children was 19.17 and 31.57 respectively. The mean score of neurotic dyslexic and psychotic dyslexic children was 23.43 and 40.25 respectively. The obtained 't' scores of 6.61 and 4.21 respectively are significant at p value of <0.05. Properly categorising as neurotics and psychotics and training them with special care will improve the performance of life in MMR and dyslexic children.

**Keywords:** Mild mental retardation, Dyslexia, Personality characteristics.

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## INTRODUCTION

Mental retardation is a condition diagnosed before 18 years of age that includes below average general intellectual function & lack of skills necessary for daily living. A family may suspect mental retardation if the child's motor, language and self-help skills do not seem to be developing or developing at a far slower rate in a child's life. The degree of impairment varies widely, from profound to mild or borderline. Mild mental retardation may not become recognizable until school age or later [1,3,4]. Dyslexic children lack the ability of reading, writing, calculating and comprehensive spellings [9, 10]. Incidence of mental retardation is about 1 - 3% and dyslexia is about 5% of the general population. Evaluation of personality dimensions in children (Junior Eysenck Personality Questionnaire) JEPQ was developed by SBG Eysenck in 1965[15]. The scale was designed to measure the two major personality traits i.e. neurotics (stability/emotionality) and psychotics (extroverts/introverts). This inventory also contains a lie scale for the detection of faking. It consists of an experimental set of 108 items which are carefully selected after adapting and rewriting the items contained in the adult version of JEPQ. John C Caruso and Shana Edwards (2001) conducted a study on forty four children by administering JEPQ. The median reliability of the score for neurotics and psychotics was 0.80 and 0.79 respectively. Leslie J Francis (1999) reported the internal reliability and concurrent validity of the scales and recommended a 48 item short form JEPQ-S which is a good functional equivalent to the original JEPQ in situations where it may be inappropriate to employ the longer instrument[16,17]. But we adapted the original JEPQ in our study.

Sigmund Freud (1856 – 1939) developed the best known theory of personality focusing upon internal growth or psychodynamics. The theory is influenced by the stress due to unconscious fears like id, ego, and superego. Our motives, acquired interests, attitudes, will and character, internal capacities such as intelligence, reasoning, attention, perception and imagination are dependent upon these unconscious fears. They also determine our reactions in various situations and affect the growth and direction of personality. An individual with lot of willpower will make decisions more quickly than others. Intelligence will enable the person to make adequate adjustment, collecting facts and understanding relations. Personality factors such as mood, sleep, lie, theft and joke factors are compared in this study mainly focusing on two structures i.e. neurotics and psychotics. Judy Hansen (2005) reported that personality factors influence behaviour and academic rating in the elementary school setting. The study attempted to assess the differences in personality traits between teacher and student [11,12].

In the present study we evaluated the personality dimensions in children with mild mental retardation and dyslexia to categorize them as neurotics and psychotics and enable them to perform better in their life by giving special care.

## MATERIAL AND METHODS

Children in the age group of 10-12 years with developmental delay and poor scholastic skills attending the department of paediatrics and psychiatry, Sri Siddhartha Medical College Hospital, Tumkur, Karnataka were included in this study. The sample size was 120. A semi

structured information schedule along with scales and questionnaire were used to collect relevant data. Each child and parents were interviewed individually. The personality characteristics were evaluated by using Junior Eysenck personality inventory children scale. Responses were noted and manually scored .Students't' test was used for the analysis. All the 120 children with developmental delay and poor scholastic performance were classified as neurotics and psychotics depending upon the responses.

### RESULTS

The mean score of MMR neurotic children and MMR psychotic children was 19.17 and 31.57 respectively. The mean score of dyslexic neurotic children and dyslexic psychotic children was 23.43 and 40.25 respectively. The obtained't' scores of 6.61 and 4.21 respectively are significant at p value of <0.05.

**Table -1 Shows the Educational Status of the Subjects**

Educational level	MMRC	Dyslexia
PRIMARY school	37	32
MIDDLE school	23	28
TOTAL	60	60

**Table - 2 Shows the Religion of the Subjects**

Religion	MMRC	%	Dyslexia	%
Hindu	59	98.33%	55	91.66
Muslim	01	1.66%	3	5
Jain	–	–	2	3.33
Total	60	100%	60	100

The Junior Eysenck personality dimension questionnaire scores are showing in the MMR and dyslexic children.

**Table: 3 Shows Scores on Personality Test**

Scale JEPQ	MMR-Children (N=60)		Dyslexic Children (N=60)		t
	Mean	SD	Mean	SD	
Neurotics	19.17	4.35	23.43	2.37	6.61
Psychotics	31.57	9.05	40.25	12.37	4.21

The obtained scores show that Junior Eysenck personality dimensions in mild mental retardation and dyslexic children is significant at 't' value of 0.05.



## DISCUSSION

Mental retardation begins during childhood before the age of 18 years and persists throughout life. Intellectual level is assessed by standardized tests that measure the ability to reason in terms of IQ (mental age/chronological age X 100). An IQ of 51 to 69 is regarded as mild mental retardation. Children with MMR lack the adaptive skills such as ability to produce and understand language, use of community sources like health, safety, self care, self direction and functional academic skills like attention and memory [1, 3, 4]. Dyslexic children lack the ability of reading, writing, calculating and comprehensive spellings. Their IQ level is 70-90. Among these two categorized groups [6, 9, 10]. MMR children are able to achieve up to 7<sup>th</sup> grade level in academics and can live independently with community support where as dyslexic children are able to achieve up to 10<sup>th</sup> grade level on the basis of certain facilities from the PWD-act 1995.

Personality is the total quality of an individual's behaviour as it is shown in habits of thinking, attitude and interest. The personality can be categorised as neurotics and psychotics depending upon various factors. It also varies among children with mild mental retardation and dyslexia. Hence this study was conducted. In the present study results reveal that there is a significant difference among MMR and dyslexic children with regard to personality dimension. The mean score of neurotic MMR children and psychotic MMR children was 19.17 and 31.57 respectively. The mean score of neurotic dyslexic children and psychotic dyslexic children was 23.43 and 40.25 respectively. The obtained 't' scores of 6.61 and 4.21 respectively are significant at p value of <0.05.

## CONCLUSION

Children with mild mental retardation and dyslexia differ in their personality dimensions. By evaluating the personality dimensions in these children by using standard JEPQ we can categorize them as neurotics and psychotics. There is a significant difference in the personality characteristics among neurotic MMR and dyslexic children as well as in psychotic MMR and dyslexic children. Proper training with special care improves the performance of life in these categorized children.

## ACKNOWLEDGEMENT

We acknowledge Dr G Shivaprasad, Director and Dr A G Sreenivasa murthy, Principal of Sri Siddhartha medical college, Tumkur for permitting to conduct this study. We also thank Dr H M Viswanatha kumar, professor and HOD of paediatrics and Dr M T Sathyanaryana Professor and HOD of Psychiatry SSMC, Tumkur, the chairman SKIRDS Tumkur for their support and guidance in this study.



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