CHAPTER II

REVIEW OF LITERATURE

2.1 INTRODUCTION:

The review of literature in research provides one with the means of getting to the frontiers in a particular field. Borge (1964)

For any worthwhile study in a field of knowledge a research needs adequate familiarity with related studies only then an effective research for specialized knowledge is possible. The research for reference material is time consuming but very fruitful phase of research program. Survey of related literature serves to show what is already available, solves the problem adequately without further investigation and also avoids the risk of duplication. It provides comparative data useful for the interpretation of results and contributes to the general scholarship of the investigator.

The importance of the review of the related literature is expressed in the words by Billy Turney and George Robb as follows “Identification of a problem, development of a research design and the determination of the size and scope of the problems all depend to a great extent on the case and intensity with which a researcher has examined the literature related to the intended research”

Keeping in view the above consideration made a comprehensive survey of the related study of past years was studied, which have been presented as following.

The human being passes through various stages of development like infancy, childhood, adolescence, youth and old age. But the most difficult stage of life in the development process (both physical and psychological) is
adolescence. The concern of present investigation is to study the personality A and B and their effect on self-concept, self-confidence and on anxiety.

The present review of literature will consider the conceptual phenomena as well as the variables under study to assess empirical clarifications. Any research needs support, verification and clarification by having thorough critical evaluation of the literature available to the researcher, as much as possible within the literature available to the research investigation.

The present chapter will focus on review of literature related to Personality type A and B; self-concept; self-confidence; anxiety.

2.2 PERSONALITY

Krueger and others (2004) found in their study that socio-economical-status has a unique association with adolescences’ behaviour.

Martin and others (2004) revealed in their study that socio-economic-status and gender differences in relation to personality is not significant.

Vig Deepik, Grewal Gurpreet &others (2004) indicated in their study that intensity of various personality traits changed with increasing age. They further concluded that in almost all personality traits similar developmental trend was observed for boys and girls except sensitivity and guilt proneness.

Sullivan [2000], revealed a significant association between insecure-avoidant attachment and obsessive-compulsive personality disorder. Additional results indicate that insecure – avoidant attachment may relate to three other personality disorders.
Harris [1999], found that intelligence is related to some personality traits and that the construct areas overlap much more than is typically reported.

Williams [1999], examined personality as a predictor of task and contextual performance. The Big Five [OCEAN] were studied in relation to both task and contextual performance within an organization in the service industry. The situational factor, autonomy was examined as a potential moderator for the hypothesized personality – contextual performance relationship. Result did not yield support for the moderating role of autonomy on the personality contextual relationship.

In an overview of personality researches on parentally rejected children, Bhargava & Bansal (1996) found that in the modern life, with a number of family and financial problems, parents are not able to establish a harmonious relationship with their children. Such children develop an overall negative self-evaluation including feelings of negative self-esteem and negative self-adequacy. Parentally rejected children are those who are disliked or disapproved without any valid reason by their parents i.e. parental hostility or aggression and parental indifference. These behavioural patterns are likely to make a child feel unloved and rejected, which affects the temperamental, motivational and cognitive aspects of personality. Therefore a rejected child is likely to be more hostile and aggressive. In fact, parents serve as aggressive models for the children and thus their aggressive responses are intensified in their behavioural patterns.

A study was undertaken by Sinha et al. (1990) to compare F-P (picture frustration) patterns of parentally accepted and rejected children.
scored higher on extra punitiveness and obstacle-dominance, low on inpunitiveness and need-persistence as compared to accepted ones.

Students from a high Socioeconomic Status (SES) or a middle SES have more internal LOC and more positive perception of self-concept than students from a low SES as concluded by Wang (1993).

Sandhu and Bharagava (1988) found that children who perceived themselves accepted differed significantly from rejected children on nine personality factors. Rejected children tended to be more reserved, less emotionally stable, more aggressive, serious, shy, shrewd, apprehensive, careless, tense as compared to accepted children.

Awasthi & Janbandhu (1988) examined the effect of socioeconomic status (SES) and intellectual ability on the self-ideal disparity (SID) of late adolescents, using the Progressive Matrices, a self-ideal scale, and a measure of SES. Findings suggested that SID could indicate negative personality traits like stress, tension, and dissatisfaction and supported an inverse relationship between SES and SID.

Boyd, Karla (1984) stated that the condition of socio-economic class affects the entire world. Personality [mental and physical well-being] depends upon our condition, which arises from our class position.

Mathayya (1982) found that socially advantage and disadvantage adolescents differ in their personality.

Khan (1981) investigated the effect of parental deprivation on the personality. It has been found that parental supports develop a healthy personality in adolescence.
Friedman M. and Rosenman (1974) have reported in their book that individuals who exhibit intense hard driving competitiveness, easily evoked hostility and a persistent sense of time urgency are more likely to develop Coronary Heart Disease, then are people who do not have these personality characteristics. They labeled the hard driving personality Type A and the more laid-back, easy going personality Type B.

A study of a representative sample of over 2000 Americans by Gurin, Veroff, and Feld (1960) revealed significant sex differences in the content of their self-concept perceptions, in line with the cultural definition of the sex; that of males dealt with occupational roles and external achievements, while those of females dealt primarily with personality shortcomings, physical appearance, and social skills.

Martin and Tgichona G. (2004) concluded that lower self-concept was more evident among youth participants who; (a) endorsed having anxiety and depression mood or negative personality traits; (b) evidenced antisocial behaviors; (c) having conflict.

Karn and others (2003) failed to reveal a significant relationship between social self-concept and depression.

Self-esteem, family factors and socio-economic-status have been found to be associated with maladaptive personality in adolescence [Shumow and others, 2003; Loos and Alexgender, 1997; Zoccolillo, 1992; Hare, 1991]

Davis, Harrison R. (2003) explored the cultural differences regarding assertive behaviour and dimension of self-concept between black and white college students. They revealed that cultural differences regarding
association with assertiveness and self-concepts to the amount of anxiety and depression experienced by

**Fisher [2002]** demonstrated that self-concept deficiencies maladaptive personality traits were associated with increased risk of serious psychological disturbance, self-injuries, acts and institutional violence conditions and behaviour identified as obstructing rehabilitative changes.

**Wooly [2002]**, compared under graduate and graduate students with respect to their level of self-concept and depression. The result shows that under graduate students demonstrated higher mean depression score than graduate students. Under graduate and graduates students do not differ in their level of self-concept. There was a significant difference found between the self-concept of students at different depression groups [Non, Mild, Moderate and Severe].

**Juan [2000]**, investigated the temperament and self-concept of young children with externalizing and internalizing behaviour and those with typical behaviour. Result revealed the five of the seven variable discriminated among the three behavioural groups: Activity, Approach/withdrawal, Distractibility, Adaptability and self-concept. Emotional intensity and persistence were the two of the seven variables do not discriminate among three groups.

**Gyanani's (1999)** study aimed at estimating the relationship of biographical factors with the self-concept of the individuals; he found that among the various biographical correlates, caste played a very significant role in determining the self-concept of the adolescents. General caste adolescents were equipped with high self-concept as compared to the
Scheduled caste adolescents. For both the castes, father’s education and learner’s generation were the common correlates, which played significant role in determining the various dimensions of the self-concept of the adolescents. For the general caste adolescents, mother’s education also played significant role in determining caste adolescents, the socio-economic status played significant role.

**Boan (1999)** investigated the differences in global self-concept and specific domains of self-concept based on age group, gender and gender role types. Results revealed the following findings: (a) individuals who had a gender role type of androgyny scored significantly higher than who had a gender role type of feminine, masculine or undifferentiated across all self-concept domains, (b) preadolescent males scored significantly higher than a adolescent females on the Family self-concept domain, (c) adolescent females scored significantly higher than preadolescent males on the Social self-concept domain, (d) preadolescent students scored significantly higher than adolescent student son the Academic self-concept dimension.

**O’dea and Suzanne (1999)** found that females rated their ability to form close friendships (Social self-concept) significantly higher and of greater importance than did males.

**Hopkins [1999]**, reported that aggressive children produced more behavioral, negative and aggressive self-descriptors, while prosocial children produced more internal and prosocial descriptors. Most of the differences in self-concept are based on early social behavior were stable across grade; strongly suggesting the need to intervenes as early as possible to decrease aggression.
In a two year longitudinal study of the self-concept development of primary school children by Lau et al (1998), data was collected on self-concept in four domains-Academic, Appearance, Social, General in half year intervals. Younger children were found to be higher in self-concept than older children, and a clear linear and downward trend was observed. Girls were found to be higher than boys in all domains of self-concept, but their drop in self-concept was much greater. Self-concept was highly predictive of depression. Evaluations by teachers and parents related closely to the children's self-evaluation son self-concept.

A study on female preadolescent monozygotic and dizygotic twins by Hur et al (1998) confirmed the importance of environmental effects on self-concept. Approximately 30% of the variance was explained by genetic factors with the remaining being accounted for primarily by non-shared environmental factors and measurement error.

A study by Worrell et al (1998) examined age and gender differences in Global, Academic, Athletic, and Social self-concepts in 311 academically talented middle and high school students. Males scored significantly higher on Global and Athletic self-concepts whereas females obtained significantly higher scores on Social self-concept. No gender differences were found on Academic self-concept and no age differences were found.

Lee (1997) studied change of self-concept in the first year of college life in relation to the effect of gender and community involvement. The first year of college life is a time for 'identity crises'; it provides a point in the life cycle at which to investigate change of the self-concept. Three aspects of self-concept were studies: Self-concept esteem role identity and self-efficacy
and it were agreed that there is an internal logic threading through these three aspects of self-concept. The results showed that community involvement was effective in buffering students from negative effects on self-esteem, but participation in extra-curricular activities was not. Gender was found to be a very important factor for all aspects of the self-concept; women had more negative self-esteem and self-efficacy, but stronger role identity as volunteers. It was also found that there was a circular relationship between outcomes and the self-concept, with each of them reinforcing each other.

Self-concept and self-esteem development in the context of adolescent and gender were studied by Friedrichsen (1997). According to the result obtained,

1. Male scored higher in physical appearance athletic competence, and instrumental traits.

2. Females scored higher in close friendship, expressive traits, and social support by friends.

3. The hypothesis of higher self-esteem in males was not supported. Through females had significantly higher academic achievement scores than males; self-concept assessment in socialistic competence did not differ between groups.

4. Predictors of self-esteem in males and females were self-concept in physical appearance, socialistic competence, and perceived support from classmates and parents.

5. Gender differences in correlates to self-concept suggested self-esteem development based on stereotypic gender role.
In a research by Mathews (1997), the absence of a sex difference on the Social self-concept measure was noteworthy when contrasted with girls' higher peer-rated competence in the social domain (peer acceptance and social competence rating). It was concluded that the gifted girls might receive less support from their social environment than males, and that the lack of social support made them feel less competent in social contexts.

As found in a study by Poise (1996), self-esteem was similar for males and females in late childhood and late adolescence, but in early adolescence, girls reported lower self-esteem than boys. Also late adolescent males reported lower self-esteem than younger male groups. The most unique predictor of self-esteem for boys in late childhood was family; for girls it was body image and media influence (negative). In early adolescence, the most significant predictor for boys was gender harassment; for girls it was body image. In late adolescence, the most unique (negative) predictor for males was media influence, and for females it was peer relations and body image. Being male or female could account for differential effects of media and body image in adolescence, while emotional expression positively influenced the relationship between family relations and self-esteem across age groups in a similar way for males and females.

Gardiner (1996) examined the ratings of multiple domains of self-concept, the importance of theses domains, rating of general self-concept, and self-esteem in three developmental levels: pre-adolescence, early adolescence, and late adolescence. The three-way interaction of grade by sex by self-concept domain was found to be significant, indicating differences between males and females in athletic competence, physical appearance and behavioral conduct at each of the three grade levels. When specific domains
were examined, many of the gender differences in ratings of competency were in the direction of gender stereotypes. Gender differences were found in global self-worth and self-esteem, with males consistently reporting higher ratings. Significant grade differences were also found in ratings of global self-worth. Ratings of physical appearance were found to significantly predict global measures at each developmental level.

In a study on adolescent boys and girls by Bhardwaj (1996), parental acceptance was positively related to self-concept, curiosity, cognitive competence and achievement.

Social Identity Theory posits the pervasive tendency for individuals to engage in self-serving biases, i.e. the systematic structuring of social information in a way that enhances the self-concept. The findings by Alferi (1995) suggested that girls were engaged in more gender enhancement than boys and it was positively co-related with self-esteem. In addition, school transitions were associated with a decrease in self-esteem of girls, and also eliminated the relationship between gender beliefs and self-esteem.

O’ Brien’s (1991) study examined sex differences in components of self-esteem. Participants were given the Multidimensional Self-Esteem Inventory, which measures global self-esteem, including eight different components of self-esteem consisting of competence, lovability, likeability, self-control, personal power, moral self-approval, body appearance, and body functioning. This study found no significant differences between males and females regarding global self-esteem, however, it was found that men scored higher than men on the lovability component. These differences appeared to be consistent with sex role stereotyping defined by a society – more accepting of male competence and female livability than vice versa.
Thus, differences in self-esteem between males and females were found to be non significant.

Keogh [1997], conducted research built on the notion that experiences that threaten one’s self-image are more likely to lead to stress and physical illness than those that do not and buffering one’s self image can be successful method of preventing them.

Mothers were found to be more supportive than fathers in their parental behaviors in a study by Chung (1996). Parent’s marital relationship and type of religious faith were positively correlated to the supportive and controlling behaviours, whereas father’s socio-economic status, educational level, and family structure were not in any way correlated to the parenting behaviors. The self-esteem level of adolescent children was positively correlated (+0.5) to the supportive and controlling behaviors.

Winfrey’s (1994) study on aggressive and depressed children receiving clinical treatment revealed that aggressive children report higher self-esteem than depressed children and that children with negative trait perception report an internalized defensive style.

In a study on graduate students of both sexes, low self-concept group was found to be significantly more frustrated than high self-concept group of students. Reaction to frustration was expressed by way of regression, fixation and resignation (Sharma, 1993).

A study by Barlett (1993) compared the equality of family climates of maltreated and non-maltreated children, as well as their self-esteem and behavioral adjustment. The family social climate of maltreated as compared to matched non-maltreated children were characterized as more negative and
less positive. Maltreated children rated themselves as lower on self-esteem and counselors also had similar ratings and also found them higher on behavioural problems. The researchers stressed the need for interventionists to devote greater attention to the role that social-environmental (e.g. Family social climate) and psychological (eg. Self-esteem) processes play in influencing the behavioral functioning of maltreated and socio-economically disadvantaged children.

A study by Pal and Karim (1984) on development changes in self-concept during middle school childhood found significantly more developed self-concept in 6th graders compared to 4th and 5th graders. Sex did not play any significant role independently, but interaction effect of grade and sex was found to be significant.

2.3 ADJUSTMENT

C.P.Khokhar and Brijesh Kumar Upadhayay (2007) have compared the adjustment pattern of adolescents living in physically deprived environment. Results revealed that independence of sex effect in relation to peer adjustment, boys were found more sensitive to environmental enrichment in relation to peer adjustment than the adolescent girls. It may be attributed due to cultural bias that boys are more exposed to physical environment and surroundings than girls.

Ruth Purisman and Benjamin Maoz (1978) attempted to determine which factors might differentiate between a good adjustment to the loss of a son and a less than optimal adjustment. There were no statistically significant differences between men and women on any important variable. Good adjustment was significantly correlated with higher educational level, close social ties, and better marital adjustment. The study
failed to support the authors' hypothesis that religiosity and observance of mourning ritual would be associated with better adjustment. The authors noted that to ascertain the role of religion in adjustment to loss would require a control for educational level.

Jan L. Wallander, Wendy S. Feldman and James W. Varni (1989) investigated the relationship between the physical status and psychosocial adjustment of chronically physically handicapped children. The status of 61 children with spina bifida regarding six specific disease or disability parameters was determined from medical charts. Their mothers completed the Child Behavior Checklist as a measure of the children's psychosocial adjustment. Children with spina bifida were reported to display on the average significantly more behavior and social competence problems than expected for children in general. However, children with differing degrees of physical problems and disability did not differ significantly in their psychosocial adjustment. The general lack of relationship between physical status and adjustment as it relates to a conceptual model guiding this research is discussed.

2.4 DISABILITY

What makes your life meaningful? Is a question on which previous researchers have done work to explored this in people of various ages, but not of individuals who have significant physical impairments. In this reference Arvig T. (2006) has done research study on, 26 individuals with physical disabilities with the objective what makes life meaningful for the persons with physical disability. In this study the subjects were asked to describe what makes their lives meaningful. Analysis showed human
relationships were the most frequently reported source of meaning in life, the sources being family members, friends and people in the community.

McLean R. (2007) has done study on the topic "Employment status six months after discharge from inpatient rehabilitation for a mild to moderate physical disability". This study looked at individuals with a mild-to-moderate physical disability 6 months post-discharge from inpatient rehabilitation and their employment status and perceived barriers to returning to work. Prospective study of consecutive Singaporean patients, aged 21 to 65 years, discharged from the acute inpatient Rehabilitation Medicine Service at Changi General Hospital with a mild-to-moderate physical disability, as determined by discharge Modified Barthel Index score, and their employment status 6 months after discharge. There were 68 patients who met the study criteria; of these, 31 (45.6%) were successfully employed by 6 months post-discharge from inpatient rehabilitation. There was a statistically significant difference (P = 0.0004) between the 2 groups based on gender, with more males likely not to return to work as compared to their female counterparts. In this small prospective study it was concluded that males were more likely not to return to work than females. Those of slightly younger age with more advanced education were more likely to return to work and fear of worsening of physical disability was the most common reason cited for not returning to work after a mild-to-moderate physical disability.

Wang CY., Sheu CF. and Protas E.(2007) have done study with the purpose to test the construct validity of the hierarchical levels of self-reported physical disability using health-related variables and physical-performance tests as criteria. The study participants were a community-based
sample of 368 adults age 60 years or older. These older adults were grouped into 4 levels according to their physical-disability status (able, mildly disabled, moderately disabled, and severely disabled groups) based on their self-reported measures on the mobility, instrumented activity of daily living (IADL), and activities of daily living (ADL) domains. Health-related variables (body-mass index, number of comorbidities, depression status, mental status, and self-perceived health status) and eight performance-based tests demonstrated significant group differences. Self-reported measures of physical disability can be used to categorize older adults into different stages of physical functional decline.

Vecchio N., Stevens S. and Cybinski P. (2007) investigates career perceptions of the adequacy of assistance received by comparing two populations: those with a mental disability and those with a physical disability in Australia by using data representing 12.5% of the total population. This very large sample provides robust evidence for the study's findings. Of those caring for individuals with severe core disabilities, 21.6% of those with a mental disability compared to only 8.3% of carers of those with a physical disability reported inadequate service assistance. Greater involvement of consumers and their families in health care service planning will provide opportunities to deliver more appropriate services and enhance equities within this sector.

Dennis C. Harper (2006) investigated MMPI profile differences between disabled and nondisabled (normals). Comparison of mean raw scores on the MMPI was made by t-tests. A preliminary analysis that compared adolescents with congenital versus traumatic impairment yielded only one significant finding: Scale O (Si) \( p < 0.05 \) for females with
congenital impairment. Subsequently, after the congenital and traumatic groups for each sex were combined, $t$-tests were computed on mean raw scores of the MMPI for each scale between the disabled and nondisabled adolescent groups. The profile patterns of the disabled groups for both sexes were similar; however, the male disabled adolescents had significantly higher scores on Scales 1, 2, 5, 8 and 9, while the disabled female adolescents had significantly higher scores on Scales F, 1, 6, 7, 8 and 9. Inspection of the profiles revealed minimal sex differences among the disabled groups. It was suggested that the common factor of moderate to severe chronic physical impairment may serve to reduce normative sex differences in personality development at least as reflected by the MMPI

Rokach, Ami, Lechcier-Kimel, Rachel, Safarov, Artem (2006) have found in their study that Physical disability has a profound effect on one's quality of life, social intercourse and emotional well-being. Loneliness has been found to be a frequent companion of those afflicted with chronic illnesses that result in physical disabilities. This study examined the qualitative aspects of that loneliness. Five hundred and ninety-three participants volunteered to answer a 30-item yes/no questionnaire. Those with physical disabilities were compared to the nondisabled (general population), and then further divided into five homogeneous subgroups (i.e., those with multiple sclerosis, osteoporosis, Parkinson's, arthritis, and "other" disabilities) which were compared to each other and to the general population sample who are healthy and not chronically ill. Results indicate that the loneliness of those with physical disabilities differs significantly from that of the general population.
Miller A. and Dishon S. (2006) have done research study on the topic "Health-related quality of life in multiple sclerosis: The impact of disability, gender and employment status.". The objective were (1) Evaluate the impact of the patient characteristics of disability, gender and employment status on health-related quality of life (HRQOL) in multiple sclerosis (MS) and (2) Characterize the functional relationship between HRQOL and disability overall, and by gender and employment status. They assessed the HRQOL of 215 MS outpatients in our clinic using the MSQOL-54 and Fatigue Severity Scale (FSS), and that of 172 healthy controls, using the SF-36 (a subset of MSQOL-54). They compared QOL between MS subgroups defined by disability, gender and employment, and computed the linear and non-linear relationships between disability level measured by the Expanded Disability Status Scale (EDSS) and MSQOL-54 dimensions. Results revealed that QOL of MS patients measured by SF-36 is lower than controls, varying by QOL dimension with the greatest difference emerging for physical aspects of the disease. The relationship of physical disability, measured by EDSS, and all 14 MSQOL-54 dimensions and FSS is negative; for 12 of the 14 dimensions and FSS it is also non-linear. Non-linearity is most pronounced among women, who show a weak EDSS/QOL relationship at higher levels of physical disability, suggesting women better able to "psychologically buffer" the debilitating aspects of MS. While employed have higher QOL than unemployed, the former are more affected by physical disability. Further it was concluded that Multiple attributes, including disability, gender and employment status, affect QOL. QOL's relationship with disability is complex, displaying non-linearity and interacting with patient characteristics. This has implication for QOL research methodology and provides insight into factors affecting patients' perceptions of well-being.
Furlong N. and Connor JP. (2007) have done research with the objectives To measure disability-related stress through the development of the Physical Disability Stress Scale (PDSS) for wheelchair users. The Cross-sectional design was used and General community setting was adopted. Sample consisted of 119 wheelchair users with an acquired physical disability. General Health Questionnaire-28 (GHQ) and the World Health Organization Quality of Life (WHOQOL-BREF) was used. Factor analysis of PDSS items revealed 4 main factors of disability-related stress: access accounted for 33.7% of the variance, physical for 8.4% of the variance, social for 7.9% of the variance, and burden of care for 7.2% of the variance. Internal consistencies for the 4 factors were within acceptable ranges (alpha range, .78-.83). Concurrent validity was shown with the PDSS factors predicting 7% to 23% of the variance in GHQ subscales and total score and 12% to 31% of the WHOQOL-BREF subscales. Participants scoring in the GHQ psychiatric group showed significantly higher stress levels on the physical, social, and burden of care factors of the PDSS compared with the GHQ non-psychiatric group. The results suggested the PDSS factors are valid measures of disability-related stress with potential for clinical and research applications. Confirmatory factor analyses with larger sample sizes of wheelchair users are required to establish consistency in the measurement of disability-related stress.

The research work on "Abuse of the disabled child: a systematic review of population-based studies" Govindshenoy M. and Spencer N (2007) tried to ascertain the strength of the association between childhood disability and abuse and neglect. Systematic review of population-based studies published between 1966 and January 2006. Medline, Embase, Cinahl,
Cochrane library, National Research Register, Social Sciences database and PsychInfo databases were searched for potentially relevant studies. Inclusion criteria were population-based cohort, case-control or cross-sectional studies of children <18 years of age that reported empirical data on the association of abuse with disability. Risk estimates were expressed as odds ratios with 95% confidence intervals (CI) where possible. Meta-analysis was not undertaken because of heterogeneity of studies. Four studies met the inclusion criteria. Two were longitudinal studies, one was a retrospective birth cohort and the remaining study was a cross-sectional survey. Types of disability studied varied widely as did methods used to ascertain abuse and neglect. Two studies accounted for potential confounding. Three studies reported an association between psychological and emotional disabilities and abuse. Two studies reported an association of learning disability with abuse. Only one study examined the association of physical disability (cerebral palsy) with abuse reporting an adjusted odds ratio for all forms of abuse of 1.79 (95% CI 0.96, 3.36) and for physical abuse of 3.00 (95% CI 1.29, 6.78). The evidence base for an association of disability with abuse and neglect was found weak. Psychological and emotional problems, and learning difficulties appear to be associated with abuse but this association might arise because these conditions share a common etiological pathway with abuse. There is limited evidence that physical disability predisposes to abuse.

Hill Briggs F., Dial J.G., Morere D.A. and Joyce A. (2007) have done research on the topic "Neuropsychological assessment of persons with physical disability, visual impairment or blindness, and hearing impairment or deafness.". they Conducted assessment for individuals with
physical disability, visual impairment or blindness, and hearing impairment or deafness poses significant challenges for the neurophysiologist. Although standards for psychological testing have been devised to address assessment of persons with disabilities, little research has been conducted to validate neuropsychological test accommodation and modification practices that deviate from standard test administration or to develop test parameters and interpretive guidelines specifically for persons with different physical or sensory disabilities. This paper reviews issues pertaining to neuropsychological test selection and administration, common accommodation and modification practices, test development and validation, and disability-related factors that influence interpretation of test results. The finding of this research revealed that Systematic research is needed to develop methodological parameters for testing and to ensure reliable and valid neuropsychological assessment practices for individuals with physical or sensory disabilities.

Kirsten Naumann Murtagh and Helen B. Hubert (2004) have analyzed the role of sociodemographic factors, chronic-disease risk factors, and health conditions in explaining gender differences in disability among senior citizens. They compared 1348 men and women (mean age = 79 years) on overall disability and compared their specific activities of daily living, instrumental activities of daily living (IADL), and mobility limitations. Analysis of covariance adjusted for possible explanatory factors. Results revealed that Women were more likely to report limitations, use of assistance, and a greater degree of disability, particularly among IADL categories. However, these gender differences were largely explained by differences in disability-related health conditions. They concluded that Greater prevalence
of nonfatal disabling conditions, including fractures, osteoporosis, back problems, osteoarthritis and depression, contributes substantially to greater disability and diminished quality of life among aging women compared with men.

A large American research project (2002) about women with physical disabilities, noted three important factors that particularly affect the sense of self, of women with a physical disability. These include;

a.) Work, and the additional barriers and disincentives to enter the workforce, for women with a physical disability, and the resulting implications for financial independence, and positive self-esteem;

b.) Relationships and the reduced opportunities to develop romantic relationships, again with implications for self-esteem and

c.) Abuse, which appears to be related to the reduced opportunities for escape from less than ideal situations, due to factors related to dependence, environmental barriers, and social isolation.

The same research also noted how those women they interviewed, who had a strong positive sense of self, had tended to;

a. Appreciate their own value;

b. Asserted their right to make choices that improve their lives;

c. Felt ownership of their bodies;

d. Avoided allowing their sense of sexual self be diminished by negative images associated with their disability;

e. Were accepting, not ashamed of their bodies, and;
f. Took action to enhance their attractiveness. (p. 11.)

One of the findings of the research, (that could be applied to men as well as women,) was the need for esteem building activities for those with physical disabilities.