CHAPTER – II
REVIEW OF LITERATURE
REVIEW OF THE LITERATURE

✓ Anxiety
✓ Adjustment
✓ Physical Disability
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 in these all stages of development parents play prominent role in one's life. As far as parents are concern it is more difficult if their child is physically challenged. In this regard the present investigation will throw light on mental maladies (Anxiety and Adjustment) of such type of parents.

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 those parents' anxiety and adjustment, whose children are physically challenged.

2.1 Anxiety

Gonca Bumin (2008) investigated the relationship among anxiety and depression with quality of life in mothers with disabled children in his research. The study was performed three rehabilitation centers in Ankara. One hundred and seven disabled children's mothers included of the study. Beck Depression Inventory (BDI), State Trait Anxiety Inventory (STAI) and Nottingham Health Profile's Part -1 (NHP) were
used to assess depression, anxiety and quality of life of mothers. The assessments were performed during children's treatment in rehabilitation centers. The mean score on the BDI was found 14.22 and on SAI 41.95 and on TAI it was found 47.27. result revealed that there was a significant correlation between BDI and TAI (r: 0.348, p0.01) and all subscales of NHP (emotional reaction-ER r: 0.622, energy level-EL r: 0.416, pain r: 0.463, sleep r: 0.429, physical mobility-PM r: 0.422, social isolation-SI r: 0.587, p0.01). There was a significant correlation between TAI and ER (r: 0.271, p0.01) EL (r: 0.206, p0.05) sleep (r: 0.252, p0.01) of NHP. There was a significant correlation between mother's education level and TAI (r:-0.209, p0.05). There was a significant correlation between mother's education level and NHP pain scale (r:-0.240, p0.05). Conclusions: The findings of this study indicated that mothers with disabled children have anxiety and depression. Increased depression and anxiety level affected with badly in mother's quality of life.

**Annette Östlund, Gunnel Hensing, Valter Sundh and Fredrik Spak (2007)**, Analyzed stability of and change in personality traits in a general population sample of women over 5 years. Specific questions were how personality traits changed after a first episode of alcohol dependence/abuse (ADA), anxiety or depression disorders and after remission of an episode. The study was based on data from a longitudinal general population-based survey titled, "Women and alcohol in Göteborg (WAG)". A total of 641 women were interviewed in
1990 or 1995 and re-interviewed after 5 years. Personality traits were assessed with the Karolinska Scales of Personality (KSP) and lifetime psychiatric diagnoses given according to the Diagnostic and Statistical Manual of Mental Disorders, 3rd revised edition (DSM-III-R). Mean T-scores (KSP) for the general population sample were stable between initial assessment and follow-up 5 years later. Correlations between assessments were high for most KSP scores, indicating high individual stability. For women with resolved ADA, KSP scores were normalized to five scales at the follow-up assessment: somatic anxiety, muscular tension, monotony avoidance, social desirability and irritability. Women who recovered from anxiety disorders during the follow-up had decreased scores in somatic anxiety and muscular tension and increased scores in verbal aggression. Women who developed ADA during follow-up had increased scores on the scales impulsiveness and verbal aggression. Women who developed depression during follow-up had increased monotony avoidance. Personality traits were generally stable in this adult female population but some personality traits changed in association with changes in psychiatric disorders.

Jennifer A Cleland, Amanda J Lee and Susan Hall (2007), revealed in their study that in UK primary care, depressive and anxious symptoms in COPD are related to age and high levels of symptoms. Depression is also associated with lower patient-reported generic health status. The data suggested that assessment and
treatment for depression and anxiety should be considered for all COPD patients, not just those with more severe clinical levels of disease. The potential of the EQ-5DVAS as a screening tool for anxiety and depression in primary care COPD patients also merits study.

Hidenori Yamasue, Osamu Abe, Motomu Suga, Haruyasu Yamada, Hideyuki Inoue1, Mamoru Tochigi, Mark Rogers, Shigeki Aoki, Nobumasa Kato and Kiyoto Kasai (2007) stated that exploration of the relationships between regional brain volume and anxiety-related personality traits is important for understanding preexisting vulnerability to depressive and anxiety disorders. However, previous studies on this topic have employed relatively limited sample sizes and/or image processing methodology, and they have not clarified possible gender differences. In their present study, 183 (male/female: 117/66) right-handed healthy individuals in the third and fourth decades of life underwent structural magnetic resonance imaging scans and Temperament and Character Inventory. Neuroanatomical correlates of individual differences in the score of harm avoidance (HA) were examined throughout the entire brain using voxel-based morphometry. They found that higher scores on HA were associated with smaller regional gray matter volume in the right hippocampus, which was common to both genders. In contrast, female-specific correlation was found between higher anxiety-related personality traits and smaller regional brain volume in the left anterior prefrontal cortex. These findings suggested that smaller right
hippocampus volume underlies the basis for higher anxiety-related
traits common to both genders, whereas anterior prefrontal volume
contributes only in females. The results may have implications for why
susceptibility to stress-related disorders such as anxiety disorders and
depression shows gender and/or individual differences.

Although the constructs of depression and anxiety are
conceptually and clinically separable, they have been difficult to
separate psychometrically. The study of Adam M. Kremen1University
of California, Berkeley(2006), attempted to statistically disentangle
the two constructs and to evaluate their differential correlates. A
common factor analysis of the items in a depression and an anxiety
inventory was conducted using data collected from two samples—208
college students and eighty-seven 18-year-olds participating in the
Block Longitudinal Study. In both samples two factors, interpreted as
depressive tendencies and susceptibility to anxiety, were found; the
factor loadings on each factor were highly correlated across the two
samples. No sex differences were found in these factor structures.
Factor-based scores comprised of well-differentiating items were
computed for participants in the Block sample. Using partial
correlation analyses, observer-measured as well as self-report-based
personality correlates of the specific variance associated with
depressive tendencies and with susceptibility to anxiety, respectively,
were contrasted. The results indicated that a strong interpersonal
component discernible in depression was less noticeable in anxiety.
Farabaugh A, Fava M, Mischoulon D, Sklarsky K, Petersen T, Alpert J. (2005), examined whether comorbid anxiety disorders influence depressed patients' likelihood of meeting criteria for a personality disorder (PD) and whether comorbid anxiety disorders influence the stability of the PDs in patients with remitted depression. The initial sample consisted of 373 outpatients who met criteria for major depressive disorder (MDD) (by Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Revised Third Edition-Patient Edition) and who were enrolled in the 8-week acute treatment phase of a study of fluoxetine for MDD. Sixty-four subjects who responded to fluoxetine treatment in the acute phase met criteria for remission throughout a 26-week continuation phase during which they remained on fluoxetine with or without cognitive behavioral therapy. Stability of PDs was defined as meeting criteria for a PD at both beginning and end point of the continuation treatment phase. They found that there was a significant relationship between the presence of Cluster A and C PDs and the presence of anxious depression at baseline before antidepressant treatment. After successful treatment of MDD, we found a significant relationship between anxious depression diagnosed at baseline and the stability of a Cluster C PD diagnosis. They concluded that anxious depression may place patients at greater risk of having a PD diagnosis, especially one from Cluster A or C. Once the depression remits, patients who initially met criteria for anxious depression may be more likely to
maintain a Cluster C PD diagnosis compared with patients initially diagnosed with MDD alone.

**Veisson and Marika (2001)** done research on Parents of disabled children: Personality traits. In this study 89 mothers and 49 fathers of disabled children were questioned and the results compared with Estonian norms. A five-factor personality inventory in the Estonian language was used. The results showed that mothers of disabled children had significantly lower Extraversion, Openness and higher Neuroticism than the norms for Estonian women. The results demonstrated also that fathers of disabled children were significantly lower in Extraversion and Openness, but significantly higher in Conscientiousness than indicated in the norms for men.

**Nicholas J Schork, Murray B Stein, Margaret Daniele Fallin,**

**Nicholas J Schork and Joel Gelernter (2005)** done clinical research on "COMT Polymorphisms and Anxiety-Related Personality Traits". High neuroticism and low extraversion are characteristic of anxiety-prone individuals. A functional variant in the catechol-O-methyltransferase (COMT) gene, the Val158Met ('val/met') polymorphism, has been associated in some prior studies with several phenotypes, including neuroticism. They tested the hypothesis that the val158met polymorphism would be associated with both high neuroticism and low extraversion, making it a plausible candidate locus for anxiety susceptibility. To determine whether val158met is responsible for these effects, they also evaluated the association with
haplotypes that included two other SNPs within the COMT gene. They collected a sample of 497 undergraduate college students who were phenotyped on a personality inventory (the NEO-Personality Inventory-Raised (NEO-PI-R)). On the basis of the obtained results they revealed that involvement of the COMT locus in susceptibility to anxiety-related traits (i.e., low extraversion and high neuroticism) is unlikely to be wholly accounted for by the well-studied rs4680 ('val/met') polymorphism. Other functional variants may exist that contribute to this relationship.

Debra K. Moser (2002) concluded on the basis of their study on "An International Perspective on Gender Differences in Anxiety Early after Acute Myocardial Infection" that women had higher anxiety levels than men and this pattern of higher anxiety in women was seen in each country studied. Neither socio-demographic nor clinical variables interacted with gender to influence anxiety. Further they revealed that across a variety of cultures, women have higher anxiety than men after AMI and this relationship is independent of age, education level, marital status, or presence of comorbidities or severity of AMI.

Dell'osso, Liliana, Saettoni, Marco, Papasogli, Alessandra, Ciapparelli, Antonio, Di poggio, Adolfo bandettini, Ducci, Francesca, Hardoy, Carolina, Cassano, Giovanni battista (2002)
have done study on" social anxiety spectrum: gender differences in italian high school students." Gender differences in the social anxiety spectrum and their correlation with other psychopathological features were analyzed in 520 students by using two questionnaires: the Social Anxiety Spectrum Self-Report (SHY-SR), which explores social anxiety spectrum, and the General Spectrum Measure (GSM), which explores panic-agoraphobia, mood, obsessive-compulsive, and eating-behavior features. Mean SHY-SR total score was significantly higher in women than in men, and gender differences were particularly pronounced for interpersonal sensitivity domain. Likewise, GSM scores were higher in women, except for the manic section. The SHY-SR domains correlated significantly with all GSM sections, except for the manic section. In conclusion they found that women reported more symptoms than men (who belonged to different psychopathologic dimensions) and displayed a profile of social anxiety spectrum that differs quantitatively but not qualitatively from the men's profile. The correlation between social anxiety spectrum and other psychopathological features mirrors previous findings concerning the high comorbidity of axis-I social anxiety disorder.

F Pochard, E Azoulay, S Chevret, F Lemaire, P Hubert, P Canouï, JR Le Gall, JF Dhainaut and B Schlemmer (2000) have done study on "Anxiety and depression in family members of ICU patients: ethical considerations regarding decision-making capacity". They suggested on the basis of their finding that Anxiety and
depression have a major impact on the ability to make decisions. Characterization of symptoms reflecting anxiety and depression in family members visiting ICU patients may be of major relevance to the ethics of involving family members in decision-making, particularly about end-of-life issues.

Veisson and Marika (1999) have done research on "Depression symptoms and emotional states in parents of disabled and non-disabled children" in which they studied the depressive symptoms and emotional states among 151 mothers and 57 fathers of disabled children and 101 mothers and 55 fathers of non-disabled children. The results showed that parents, especially mothers of disabled children, have significantly more negative emotional states and also significantly more depressive symptoms. Significant differences in depression symptoms between the disabled and control parent group were found in most symptoms. Parents in the control group were significantly more happy, glad, satisfied, proud, grateful, happy for their child, pleased and hopeful.

Brita Ryde-Brandt (1991) investigated the Defense strategies and anxiety in mothers of disabled children in his research. The aim of this investigation was to study anxiety and defense strategies in mothers of children with different disabilities. Mothers of children with childhood psychosis, motor handicaps, or Down's syndrome were tested with a projective, percept-genetic technique, viz. the Mother-Child Picture Test (MCPT). Levels of anxiety were measured with the
Hospital Anxiety and Depression Scale (HAD). In mothers of psychotic children, the absence of anxiety was significantly associated with misinterpretations and/or failure to recognize the MCPT motif (a close relation between mother and child). This association was not found in the mothers of motor-handicapped children or children with Down's syndrome. The results suggest that, for mothers of psychotic children, the activation of defensive strategies is important to avoid feelings of anxiety evoked by the mother-child situation. For mothers of children with other chronic disabilities, for example, motor handicaps or Down's syndrome, low levels of anxiety may be experienced without the mobilization of strong defensive mechanisms. Different interpretations of the correlation between defence strategies and anxiety in the mothers of psychotic children are discussed.

B Ryde-Brandt (1990) has studied the Anxiety and depression in mothers of children with psychotic disorders and mental retardation. Using the HAD scale, anxiety and depression were assessed in 18 mothers of mentally retarded psychotic children and a comparative group of 18 mothers of children with motor handicaps. Anxiety and depression scores were significantly higher among the mothers of the psychotic children, although no definite signs of depression were recorded.

J Reich, R Noyes Jr, W Coryell and TW O'Gorman (1986), examined the effect of state anxiety on the personality test scores of 56 patients receiving treatment for panic disorder and agoraphobia.
The tests were administered before treatment and again 6 weeks later. For the 40 patients who improved by 5 or more points on the Hamilton Anxiety Rating Scale, significant changes in personality measures were observed at week 6, including increased emotional strength and extraversion and decreased interpersonal dependency. The authors conclude that state anxiety, like depression, is a possible confounding factor in personality measurement, and adjustment for it should be made in future studies.

2.2 Adjustment

The study of Vidhya Ravindranadan and Raju,S.(2008) in which attempts have been made to ascertain the level of adjustment and attitude of parents of children with mental retardation. The sample consists of 50 parents (either mother or father) of children diagnosed as mentally retarded. Parental age group is 25-50 yrs. The tools used for the measurement of variables are An Adjustment Inventory, Scale of Parental Attitude Towards Mental Retardates, and a Personal Data Sheet. Subjects have been grouped on the basis of Religion, Education, Locality, and Income. The data were analyzed using Analysis of Variance (ANOVA) and t-test. The results indicated that parental religion, income, and education do not have any significant influence on adjustment variables, but there is change in parental attitude among different religious groups. Locality of parents influences only on the dimensions of social adjustment and parental attitude.
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.

Psychological distress, as expressed through symptoms of depression, was studied in a cross-sectional sample of parents providing homecare to developmentally disabled children by Barry Trute (2006). Mothers and fathers were interviewed separately in 73 households. The intent of the study was to explore predictors of symptoms of depression to better understand what child, family and life circumstances might be differentially related to psychological stress in the cohorts of men and women. Hierarchical regression analyses showed similar levels of variance explained in depression of mothers (42%) and fathers (40%). Mothers with younger children, and fathers with male children, appeared to be at higher risk for depression. Personal or intra-psychic coping resources (self esteem), and strong-tie social support resources (spousal relationship) were found to be significant predictors of depression in both mothers and fathers. Informal respite resources were related to mothers' well-being.
Ignace PR Vermaes, Jan MAM Janssens, Anna MT Bosman and Jan RM Gerris (2005) have done research on “Parents’ psychological adjustment in families of children with Spina Bifida: a meta-analysis”. Spina Bifida (SB) is the second most common birth defect worldwide. Since the chances of survival in children with severe SB-forms have increased, medical care has shifted its emphasis from life-saving interventions to fostering the quality of life for these children and their families. Little is known, however, about the impact of SB on family adjustment. Researcher have struggled to synthesize the few contradictory studies available. In this systematic review a new attempt was made to summarize the findings by using meta-analysis and by delimiting the scope of review to one concept of family adjustment: Parents’ psychological adjustment. The questions addressed were: (a) do parents of children with SB have more psychological distress than controls? (b) do mothers and fathers differ? and (c) which factors correlate with variations in psychological adjustment?.PsycInfo, Medline, and reference lists were scanned. Thirty-three relevant studies were identified of which 15 were eligible for meta-analysis. It was found that SB had a negative medium-large effect on parents’ psychological adjustment. The effect was more heterogeneous for mothers than for fathers. In the reviewed studies child factors (age, conduct problems, emotional problems, and mental retardation), parent factors (SES, hope, appraised stress, coping, and parenting competence), family factors (family income, partner relationship, and family climate), and environmental factors (social
support) were found to be associated with variations in parents' psychological adjustment. It was concluded that meta-analysis proved to be helpful in organizing studies. Clinical implications indicate a need to be especially alert to psychological suffering in mothers of children with SB.

Toshiaki Furukawa, Irwin G. Sarason and Barbara R. Sarason (1998) have examined the ways in which social support may affect the adjustment of individuals to a novel social environment. A distinctive feature of this research was the assessment of social support both before and after entering a completely new network of social relationships. A cohort of international exchange high school students (N = 242) was administered a battery of self-report questionnaires dealing with personality traits, perceived social support, coping behaviors and emotional distress before leaving Japan and six months after living with a host family in a foreign community. Perceived social support abroad contributed to less emotional distress. This health-promoting effect of social support was found to be mediated by adaptive coping behaviours, and was not due to confounding by personality traits. Perceived social support at home was predictive of more emotional distress abroad. Subjects who reported high levels of social support at home were particularly vulnerable when they entered the completely new environment and found that such support was no longer available.
The study of Sanders J. L. (1) ; Morgan S. B (1997) examined stress and adjustment in parents of three groups of families: those with an autistic child, those with a Down syndrome child, and those with only developmentally normal children. A total of 54 families participated, with 18 representing each group. Parents of autistic children generally reported more family stress and adjustment problems than parents of children with Down Syndrome who, in turn, reported more stress and adjustment problems than parents of developmentally normal children. Although parents of disabled children reported more stress associated with caring for their child, they generally showed resilience in adjusting to the presence of a severely disabled family member.

Maria Lawenius and Marika Veisson (1996) have done work on “Personality and self esteem in parents of disabled children: A comparison between Estonia and Sweden “. The main purpose of this study was to measure differences with respect to personality characteristics and self-esteem between parents of disabled children and parents of non-handicapped children in Sweden and Estonia. A total of 270 parents were included in this study, 154 parents with a disabled child and 116 parents in a control group. The methods used were the Adjective Check List by Gough & Heilbrun, the Eysenck Personality Inventory and Coopersmith Self-Esteem Inventories, Adult form. Few statistically significant differences were found between the parents of handicapped and non-handicapped children with respect to
answers on the three tests. Some sex differences were found. There were a lot of cross-cultural differences, Swedish people being more extrovert and Estonian more neurotic. Swedish people also have significantly higher self-esteem.

Adrian Furnham and Shaheen Shiekh(1993) have done their research on the topic “Gender, Generational and Social Support Correlates of Mental Health in Asian Immigrants”. In their study a sample of 100 Asian immigrants, mainly from India and Pakistan, were interviewed in their native language (Urdu, Punjabi, Hindi or English) concerning their psychological adjustment to life in Britain. It was predicted that female Indo-Pakistan immigrants would have higher levels of psychological symptomatology than male immigrants; and that second generation immigrants would have higher levels of psychological symptomatology than the first generation immigrants. The results showed that indeed the female immigrants did have significantly higher levels of psychological symptoms than males but that second generation immigrants did not have higher levels of psychological symptoms than the first generation immigrants. Social support networks of the subjects were not correlated with mental health. However for the two generations, there was evidence linking social support to mental health. The extent of acculturisation, as measured by identification assimilation, was not correlated with mental health. Results are discussed in terms of the burgeoning literature in this field.
Jan L. Wallander2, 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.

Sumant Khanna, P.N. Rajendra, DPM and S.M. Channabasavanna (1988) have done research work on Social adjustment in obsessive compulsive disorder. The Social Adjustment Scale-Self Report was administered to 32 subjects with Obsessive Compulsive Disorder and age-sex matched controls. The patients had global impairment, especially during leisure, which correlated with severity of the disorder. The improvement of this impairment with therapy is highlighted. It is stressed that social adjustment in Obsessive
Compulsive Disorder subjects should be considered during their therapy.

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.

Perry M. Nicassio, Gary S. Solomon, Steven S. Guest, and Joel E. McCullough (1986) evaluated a stress management, coping skills model of adjustment in the analysis of depression in a sample of Laotian refugees living in the southeastern United States. Stressful events and experiences during emigration and a lack of English proficiency were associated with depressive symptoms, while demographic variables and social support were not. English proficiency also significantly reduced the impact of acculturative stressors on depression, suggesting that language skill may act as a stress buffer in the new cultural environment.
The behavioral adjustment of 23 children attending a residential school for the blind was examined using a well-standardized behavior rating scale. Ratings of internalizing, externalizing, and overall problem behaviors were obtained from either the dorm or natural parents, using Achenbach's Child behavior Checklist (CBCL). Stepwise multiple regression analyses of demographic and intellectual variables indicated that WISC-R Verbal IQ accounted for 50% of the variation in the adjustment ratings. Compared with these CBCL's sighted reference groups, the blind children had a significantly greater number of internally directed problem behaviors, although the mean I score was still within the normal range. Implications for clinicians evaluating visually impaired children are discussed. (Teare JF; 1984)

2.3 Physical Disability

What makes your life meaningful? Is a question on which previous researchers have done work to explore 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 Singapore an 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, contribute substantially to greater disability and diminished quality of life among aging women compared with men.

Larry L Mullins (2002) examined the influence of a brief (3-7 day) respite care admission on psychological dire stress and parenting stress in parents of children admitted to a centre for developmental disabilities. A comparisons group of parents of children who were admitted for short-term (30-day) inpatient treatment was utilized. Parents (N=80) completed the Brief Symptom Inventory (Derogates, 1993a) and the month follow up. Therapists completed measures of functional ability at admission and discharge analyses indicate that psychological distress was significantly lower at discharge and 6-month follow-up for both groups. Parenting stress was significantly lower at discharge, but at 6-month follow-up had returned to admission levels. Notably, both groups demonstrated improved functional ability from admission to discharge despite the respite care group receiving little formal therapy over a much shorter stay in the centre. Respite care appears to result in reductions in Psychological distress in parents of children with developmental disabilities; such
reductions are comparable to that of a longer term stay. It is important to note that these improvements in functioning are maintained over time.

A large American research project (2002) about women with physical disabilities4, 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.