CHAPTER – 1

INTRODUCTION

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1.1 EXCEPTIONAL CHILDREN

We live in a world of diversities and individual differences. None of us is ever identical in true sense to any other creation of the Almighty irrespective of the closeness of our blood relationships. However the distribution of such individual differences among our population, in all the personality dimensions, follows the trend of a well-known pattern known as normal distribution. Accordingly, most of the children are found to possess average abilities, capacities and potentialities with regard to their growth and development in one or the other dimensions of the personality. However, it does not always happen this way. There are exceptions and as such many of our children deviate too much from the expected range of the normal or average possession of the one or the other traits of their personality so much so that they are in need of some special care, attention and measures for the adequate adjustment, welfare and progress in their life. Designated exceptional children are found to suffer from extremes or excesses. Among them, the unfortunate ones called disabled are found to suffer a lot from one or the other deficits, deficiencies and inadequacies with regard to their potentialities, growth and development. The fortunate ones on the other hand like gifted, talented and creative, possess capacities and potentialities in abundance in one or the other field of life.

Strangely enough whether one lies on the positive or negative extreme of the possession of a trait such deviation from the average are never taken normally by the majority which is bound to be composed of averages or normal. Thus, not only the disabled but the talented and creative children also, on account of their specific needs and problems, are in a dire need of some specific and special provisions for their adjustment and education.

"Exceptional child is a child who differs from the average or normal child in (i) mental characteristics, (ii) sensory abilities, (iii) communication abilities, (iv) behaviour and emotional development, or (v) physical characteristics. These differences must occur to such an extent that the child requires either a modification
of school practices or special educational services to develop his or her unique capabilities” (Kirk, et al, 2006). One view of the classification and labeling of the exceptional children is shown below –

![Classification and Labelling of Exceptional children](image)

**Figure 1.1** Classification and Labelling of Exceptional children, Source: Mangal (2007)
This study is confined to the children with special needs arising out of significant loss of vision to be known as visually impaired (VI) children.

Senses are said to be the gateways of knowledge. Out of our five sense organs, the sense of sight possesses the most unique advantage of providing knowledge and information of the environment surrounding us in a most comprehensive and suitable way. That is why the knowledge gained through the picture of the object, person or event is said to be hundred times better than its mere description in words (i.e. hearing). In case we can have a living actual experience of that object or event through direct contact, then the worth of such information and knowledge gained has no paralleled to any type of other media or exposure available for its gaining. Now it is no matter of secret that one can avail such experiences only by banking upon his visual abilities. Unfortunately the children with visual impairment in one way or the other are denied the valuable opportunities of coming into direct contact with the realities of life and environmental surroundings through their sense of sight and may therefore suffer to the extent of requiring special care, provision, education and treatment for their well-being, development and adjustment (Mangal, 2007). The visually impaired children are considered to be the most traumatic because in spite of having mental capability they could not attain academic success like the normal students as they cannot see.

After birth the child is in the process of gradual development. It gives him knowledge and experience and the capacity for more effective adjustment with the environment. Physical growth brings about mental, emotional, social and moral development. Child continues to develop in these different directions till the age of 25 years in general. The course of one’s life from conception till death is divided into
certain specific stages referred to as the stages of growth and development. Each stage chronologically extends over a rather definite period in years and is characterized by typical norms of behavioural characteristics which are specific to the particular stages in all the different dimensions of the make-up of one’s personality. The following table shows the stages of human development:

<table>
<thead>
<tr>
<th>Period or stages of development</th>
<th>Approximate age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The prenatal period</td>
<td>From conception to birth</td>
</tr>
<tr>
<td>2. Infancy and toddlerhood</td>
<td>From birth to 2 years</td>
</tr>
<tr>
<td>3. Early childhood</td>
<td>From 2 to 6 years</td>
</tr>
<tr>
<td>4. Middle childhood</td>
<td>From 6 to 11 years</td>
</tr>
<tr>
<td>5. Adolescence</td>
<td>From 11 to 18 years</td>
</tr>
</tbody>
</table>


Among the different stages of human development, adolescence is the most sensitive period. It is a challenging period through which physical, psychological and cognitive changes take place (Berk, 2004). Chronologically adolescence comes roughly in between the year from 11 to the 18 years. During this period, the adolescent faces adjustment problems physically, mentally and emotionally. He becomes the focus of attention in the family. So, he becomes extremely self-conscious. During this period of rapid growth and development, the adolescent becomes conscious of his/her varied needs which are related to the biology of his body as well as his placement in the social set up in which he lives.

Adolescence appears to be the period of life during while individual makes the first serious effort to mark out the self-concept. The growing adolescent becomes aware of his physical and psychological changes. He developed some kind of ideas
(concepts) and attitudes as to what other people around think of him to be. Every adolescent either visually impaired or normally develop their self-concept (Dutta, 1987). The adolescent’s self is the essence of his existence as known to him. Here is what, for him, is the structure of his being, whether it be a palace or a prison. It is in this subjective world, that he tastes the substance of his humanity, its joys and sorrows, hopes and fears, tenderness and hardness (Jersild, 1963).

Emotion is a complex psycho-physical experience of the organism that involve the body and mind. Emotional adjustment means emotional security. Everyone is liable to feel insecure at one time or another. Satisfaction of needs leads to emotional adjustment. Adolescence is also a period of emotional instability. An adolescent is highly emotional and most of his actions and decisions are based upon emotions rather than on rational judgement. So, he faces adjustment problems emotionally in home, school and society.

1.2 NEED AND SIGNIFICANCE OF THE PRESENT STUDY

Lowenfeld (1975), stated that blindness imposes three basic limitations on the individual. First, it restricts the range and variety of experience, secondly, it restricts the ability to get about, and finally, it limits the control of the environment and the self in relation to it. According to him, the visually disabled individual gets a reduced experience and therefore, loss of sight cannot be interpreted as the loss of experience. Visual impairment imposes certain injustice demands which continuously influence the personality of the visually impaired persons.

The rationale of the present study is on the ground that no such study has so far been made in this region of the country. Adolescence is the most important period of human life. At this stage due to rapid growth and development adolescents faces
many problems, especially problems of adjustment. They become emotionally unstable. At this stage their self-concept also develops in full form. With the development of the self-concept and emotional maturity an adolescent gradually proceed towards adulthood.

As it is argued in the literature, adolescence can be more challenging for visually impaired adolescents than their sighted peers because those adolescents have problems related to their self, social relations and psycho-social adjustment, more specifically, adolescents with visual impairment reported negative attitude toward them, and most of them reported experience of related to their impairment.

So, it is very essential to study this stage comparing normal adolescent student with visually impaired adolescent students.

1.3 THE STATEMENT OF THE PROBLEM

Researches in special education especially in the field of visual impairment in Indian contexts remains in the backyard because of its activities being conducted outside the mainstream of education for long time.

After reviewing the research studies on visual impairment, it is clear that the field has vast developmental potential for psychological and educational explorations. However, it is yet an untouched and a virgin field of research under the domain of special education. Hence the researcher feels it worth while to study and compare the self-concept and emotional adjustment of visually impaired adolescent students with normal adolescent students. Therefore, the present problem can be stated as:

"A Comparative Study of the Self-Concept and Emotional Adjustment of Normal and Visually Impaired Adolescent Students of Assam".
1.4 OBJECTIVES OF THE STUDY

The objectives of the present study are -

(1) To compare the normal and visually impaired adolescent students with respect to emotional adjustment,

(2) To compare the self-concept of normal and visually impaired adolescent students,

(3) To compare the self-concept of normal and visually impaired adolescent students with respect to different dimensions – Behaviour, Intellectual & School Status, Physical Appearance & Attributes, Anxiety, Popularity and Happiness & Satisfaction.

(4) To study the relationship between self-concept and emotional adjustment of normal adolescent students

   i. Having high self-concept and having high emotional adjustment.
   
   ii. Having average self-concept and having average emotional adjustment.
   
   iii. Having low self-concept and low emotional adjustment.

(5) To study the relationship between self-concept and emotional adjustment of visually impaired adolescent students

   i. Having high self-concept and having high emotional adjustment.
   
   ii. Having average self-concept and having average emotional adjustment.
   
   iii. Having low self-concept and low emotional adjustment.

1.5 DEFINITION AND EXPLANATION OF THE TERMS USED IN THE STUDY

A statement of the problem consists of many terms which require clarifications and precise definitions in the context of the present study. In order to
communicate the comprehensive conceptual framework in a scientific way the key words of the title which needs operational definitions are as below.

Adolescent

The stage of adolescence comprises from 11 to 18 years of age. It is the intermediate period between the innocent childhood and responsible adulthood of man’s life. The term 'adolescence' comes from a Greek word 'adolescere' which means “to grow to maturity”. It is a period of rapid physical growth that brings about colourful changes and development in all directions. The individuals who fall under this stage are called adolescent.

Adolescence, that is the period of transition from childhood to adulthood has been regarded as a very critical period. All societies recognize the transition from childhood to adult maturity. In some societies transition may be highly structured, whereas in others it may be unstructured. One thing is certain that adolescent stage prepares an individual for adulthood. Adolescences is a period which begins with puberty and ends with a general cessation of growth Webster (1958), defines adolescence as “the state or process of growing up from childhood to manhood and womanhood”. This study will be confined to the normal and visually impaired adolescents of Assam.

Normal

Normal adolescents are those who are free from any physical and mental deficiencies. There are few words that have been used with so many meanings as normal. In physical medicine the term is used as a synonym for health. In statistics the word means literally characteristic of the norm that is common average or representative of a group. In earlier works on mental hygiene to be normal meant that
a person was free from the symptoms of mental disease. In the present work normal will be used in the statistical sense referring to traits that are typical representative or modal. So, normal or modal personality then refers to the traits which characterize an individual who is representative of or similar to a larger class of persons. This study will be confined to the normal adolescent students of Assam.

**Visually Impaired**

Visual impairment as an umbrella term, includes all levels of vision loss and thus may represent a continuum from individuals with very poor vision, to individuals who can see light but no shapes, to individuals who have no perception of light at all. As a result of such variance, we may find the use of a number of terms interchangeably to describe children with visual impairment such as — Visually impaired, visually disabled, visually handicapped, partially sighted, having low vision, legally blind and totally blind etc.

According to Rehabilitation council of Indian Act (1992), visually handicapped means a person who suffers from any of the following conditions—

(i) Total absence of light,

(ii) Visual acuity not exceeding 20/200 (Snellen) in the better eye with the correcting lenses or

(iii) Limitations of the field of vision subtending an angle of 20 degree or worse.

Visually impaired persons are those, whose visual acuity is 20/200 or less in the better eye with the best possible correction or a restriction in the field of vision to an angle subtending an angle of 20 degrees or less. The people must use Braille and tactile and auditory materials in their education. The present study will be confined with the visually impaired adolescent students of Assam.
Self-concept

Self-concept is an important concept of any child's development. As children develop a sense of self and interact with and gain experience in the world, their self-concept is affected. Self-concept is defined as the value that an individual places on his or her own characteristics qualities abilities and actions. The term self-concept refers to the ordered set of attitudes and perceptions that an individual holds about himself / herself (woolfolk, 2001).

The self-concept comprises three main elements:

1. The identity of the subject or self-image, referred to as the perceptions of himself/herself.
2. Self-esteem, which is related to the value individuals attach to the particular manner in which they see themselves.
3. A behaviour component, reflecting how self concept influences and formulates the individual’s behaviour (Tuttle and Tuttle, 2004).

Baumrind (1991) suggested that the development of self-concept of children and adolescents requires an environment that provided the freedom to explore and experiment and protection from danger. Individuals with high self-concept tend to have confidence in their own abilities to make decisions, expectations for successful out comes and relationships that are characterized by respect and dignity. Therefore, the manner in which a disability interacts with the processes and factors that are involved in the development of self-concept is an important area of research.

Some young children with disabilities have negative self images; they may view themselves as failures, have negative thoughts about themselves, depending on their parents and others and may have difficulties with social skills (Vernon 1993). To
develop a healthy self-concept they need to be provided with interventions such as counseling, stress reduction techniques and help with developing their personal and social skills. The present study will be confined to the self-concept of visually impaired and normal adolescent students.

Adjustment

Adjustment is a continuous and life-long process and life means continuous adjustment to changes in the physical and social environment. Throughout the life individual faces situations in which prompt and complete satisfaction of his need is not possible. All these situation calls for adjustment. The dictionary meaning of the word 'adjustment' is 'to fit', 'make suitable', 'adapt', 'modify' or 'make correspondent'. Thus when one makes an adjustment between two things, he adapts or modifies one or both of them to correspond to each other.

Man among the living beings, has the highest capacities to adapt to new situations. Man as a social animal not only adapts to physical demands but he also adjusts to social pressures in the society. Biologists used the term adaptation strictly for physical demands of the environment but psychologists used the term adjustment for varying conditions of social or interpersonal relations in the society. Thus, we see that adjustment means reaction to the demands and pressures of social environment imposed upon the individual. The demands may be external or internal to whom the individual has to react. Individual adjust in home, school and society and develops his personality accordingly.

A variety of adjustment problems would be apparent in different spheres of one's life such as physical adjustment, emotional adjustment, family adjustment, social adjustment etc. Here emotional adjustment will be studied.
Emotional Adjustment

Emotion is a complex psychophysical experience of the organism that involve the body and mind. Here the body acts upon the mind and the mind acts upon physiochemical system of the body. The body organism undergoes marked changes in the state of emotion. Everyone is liable to feel insecure at one time or another. Human behaviour is directed invariably towards a certain goal, the attainment of which satisfies a certain basic emotional needs. If progress toward a goal is thwarted, the process of personality development becomes jeopardized, unless a new course of action is resorted for overcoming or by passing the barrier to reach the goal (Sen, 1988).

Emotional adjustment (also referred to as personal or psychological adjustment) is the maintenance of emotional equilibrium in the face of internal and external stressors. This is facilitated by cognitive process of acceptance and adaptation. An example would be maintaining emotional control and coping behaviour in the face of an identity crisis. His capacity is an important aspect of mental health and where it is compromised or not developed, psychopathology and mental disorder can result.

Adolescence is a period of emotional instability. An adolescent is highly emotional and most of his actions and decisions are based upon emotions rather than on rational judgement. So, they faces the emotional adjustment problems. Here, the emotional adjustment of normal and visually impaired adolescent students will be studied.

1.6 DELIMITATION OF THE PRESENT STUDY

Keeping in view the limited resources time and facilities at the disposal of the researcher, the present study was delimited to the area and scope of the population, as well as the content of the study.
The present study has been delimited in following manner:

1. 100 visually impaired boys and girls have been included in the study who are within the age range of 11-18 years.

2. 100 Normal or general boys and girls have been included in the study who are within the age range of 11-18 years.

3. The sample of visually impaired adolescent students of the study has been delimited to the six special schools meant for the visually impaired children of Assam.

4. The sample of Normal adolescent students of the study has been delimited to the six general schools of Assam, situated near that special schools.

5. To explore the Self-Concept and Emotional Adjustment of normal and visually impaired adolescent students, only one tool for each variable have been used. These tools are as follows:

   a) Adolescent's Emotional Adjustment Inventory of Dr. R.V. Patil (Karnataka)

   b) Children's Self-Concept Scale of Dr. S.P. Ahluwalia (Sagar, M.P.)

1.7 ORGANISATION OF THE THESIS

The work in the thesis has been organized within seven chapters. The chapterization of the thesis is done as follows:

   Chapter-I, is introductory in nature and provides the need and significance of the problem, statement of the problem, objectives, definition and explanation of the terms used and delimitations of the present study.

   Chapter-II, presents the theoretical background of the study which comprises concept of self in Indian philosophy, concept of self in western philosophy, concept of self in modern psychology, terminology of self; personality and self-concept, self-concept and personality adjustment, adolescence and self-concept, adolescence and emotional adjustment, self-concept and emotional adjustment of visually impaired, developmental changes in self-concept.
Chapter-III, presents the review of related literature pertaining to the area of present study. It attempts to locate the related studies carried out at national and international levels and their objectives and findings gathered from different sources such as theses, dissertations, journals, reliable websites etc. A summary of the gathered studies is also presented in the chapter.

Chapter-IV, deals with the research design and methodology adopted for carrying out the present study. It comprises - the design of the study, sources of data, population and sample, tools and techniques, procedure for administration of the tools.

Chapter-V, contains the analysis, interpretation and discussion of the data in order to obtain necessary findings and derive conclusions. It includes tabulation, graphical representation and statistical treatment of the data.

Chapter-VI, describes the major findings derived from the study along with the implications, limitations and suggestions for future research offered from the investigators own points of view.

Chapter-VII, the thesis concludes with this chapter, which presents the summary of the study.

A reference section is attached to the thesis with the heading of Bibliography which presents the list of names of books, theses, journals, periodicals, articles and their sources consulted during the period of investigation.

The name of the institutions select for data collection, a copy of covering letter seeking permission from the head of the institutions, the scales used for the purpose of collection of primary data are included in the appendix part next to the bibliography section.