CHAPTER IV
Discussion

A review of the rehabilitation literature reveals that considerable weight is assigned to the human body in determining emotions and impressions towards disabled individuals. Any deviation from normalcy has always attracted attention of students of human behaviour as well as common man.

Numerous characteristics in respect of the personality of physically handicapped have been carried out by personality scientists all over the globe. Studies have been made of groups of the physically handicapped with different types and varying magnitude of disabilities, age group, sex, educational status, socioeconomic background, cultural associates, etc. and it is not surprising that findings have also been as varied. Indications to the effect that the physically handicapped are not different from the able bodied in terms of temperament and personality had come from many earlier studies, eg. those reported by Wright (1960), Shontz (1970) Mussen et al (1958), Kammerer (1940) etc. Some investigators like Richardson (1964), Brioda (1950), Cruickshank (1952), Smock (1952), have, however, reported differences between the psychological makeup of the disabled and the normal person.

In the context of these contradictory findings, one is faced
with the dilemma as to whether or not there exists any differences of a fundamental nature between the physically disabled and able bodied persons. In order to resolve this dilemma, it would be reasonable to consider whether the differences in the personality makeup observed in some studies were attributed to the specificity of samples used or whether the personality characteristics associated with the physical disabilities were directly related to the handicap itself. The general consensus of opinion among the researchers seems to be that whatever personality differences between the physically handicapped and the able bodied have been observed, they were more the results of the individual's attitude toward the handicap than of the handicap itself. This seems to have been foreseen by Kessler who, as early as 1938, stated that maladjustment from crippling causes more difficulty in the capacity for work than does the actual physical handicap. A similar point has been made by Hussen and Newman (1958) who have stated that psychological effects of the physical handicap are largely dependent upon the individual's acceptance or refusal to accept the loss. Attitudes of the handicapped person towards his disability and attitudes of the family members towards the handicapped person are major determinants of his adjustment and, ultimately, rehabilitation.

Studies on the handicapped over the last ten years show diversity of opinion among the researchers. According to Viney and
Linda (1972), acceptance of disability is a part of self-concept in general. Persons who were better adjusted to their disability gave more responses indicative of persistence in finding solutions to satisfying needs than did less well adjusted wardmates. There is direct relationship between degree of physical handicap and level of image distortion as stated by Sangorrin, Javier (1977). Dadrid, Babin (1975) reported that physically disabled individuals pay more attention to their bodies and it's limitations than do able bodied individuals, while Weinberg, Asher, Nancy (1976) reported that disabled persons perceived themselves in much the same way that the able bodied person perceives themself.

It has long been recognized that people who become severely disabled go through two stages, i.e. denial and mourning, before adjustment to their disability. Negative aspects of these stages such as dependence and hostility are viewed as logical outcome within a society that perpetuates an ideology of normality, where disability is perceived as evidence of negative status.

Adaptive, maladaptive psychological reactions in parents and siblings invariably accompany chronic illness and physical disability in a child. Therefore, parental attitude is crucially important in determining how the child himself will cope. Siblings are frequently under considerable stress, directly or indirectly, and they and parents should always be included in planning a
treatment program for a physically handicapped child.

Mothers of the physically handicapped children displayed a greater incidence of assertive control and feelings of warmth than did the mothers of non-handicapped children, and showed no difference from the mother of mentally retarded children. The physically handicapped children interact at low involvement level more frequently than the non-handicapped, but displayed a greater number of assertive controlling behaviour than the retarded children reported by Kagan, Kate, Tyler and Nancy (1977).

Many problems with which parents of handicapped children have to deal stem directly from society and its preparation of certain myths or frauds. The need for parents to work together to effect change in society's attitude about the handicapped and to seek solutions to common problems is very much needed.

Harper, Dennis (1977) reported that non-handicapped perceived their mother as more possessive and intrusive than did the disabled. Male perceived their mother as significantly more lax in discipline and allowing more autonomy than did female. Severity of the disability was only modestly related to perceived maternal behaviour. Physically handicapping condition and its severity may be of more limited influence in the maternal rearing process than assumed.

According to Harper, Dennis and Richman, Lynn (1978) the type
of disability has differential effects on adolescent personality characteristics. However the profile elevations are consistent with previous reports of behavioural inhibition on both disability groups. Subjects with impairment of cleft-lip/palate displayed greater self concern and self doubt over interpersonal interaction. The orthopedically impaired group exhibited isolative and passive orientation to interpersonal interaction as well as more generalized feelings of alienation.

However, Shontz, Franklin (1971) research findings strongly discredit both widely held assumptions that specific physical disorders are associated with personality types and that some disabilities cause maladjustment. Another study by Lynch, Denis and Arndt Charles (1976) do not support the hypothesis that physically handicapped children are different from the non-handicapped in the extent expression of aggression reaction.

The relationship between a physical defect and mental deficiency has long been the subject of controversy. Very few crippled children are mentally retarded as a direct result of disablement. The results of study done by this researcher (Suple, 1983) confirm the conclusion of other such studies that the influence of physical defects on intelligence performance is exaggerated, but parents tended to slightly over-estimate their children's intelligence and considerable distortion occurred in the 60-80 I.Q. range.
A study by Cantwell (1973) revealed that more girls showed scoliotic posture than boys, and more boys showed kyphotic posture than girls. Kyphotic show very strong feelings of frustration and aggression.

The most important study by J. Shindi (1983) on emotional adjustment of physically handicapped children revealed that congenital group scored higher on guilt and emptiness of life when compared with children who had acquired defects. Conversely, the acquired group felt less stimulated by the world around them, showed a higher social contempt, and felt more isolated than children with congenital defects. The child who acquired a disability is little equipped to handle the situation. He may blame his failure on society as he sees the consequences of loss of human relationship. Hence he feels more isolated and abandoned. In the case of congenital disability, the child does not have to cope with alteration in self concept, whereas in the case of adventitious disability, the child is faced with a reflection of how he was before the advent. It was further asserted that the congenital group has comparatively less adjustment difficulties than the acquired group of children. Adjustment problems among the handicapped are, in fact, greater among girls than boys. The results showed that the congenital group would be significantly higher on self esteem than the congenital group.
Anxiety, Adjustment, and Achievement According to Age of Onset

Study of Anxiety, Adjustment, and Achievement according to age of onset of the disability has received little attention in the research area. However, some studies have been done on emotional adjustment of physically handicapped children with congenital and acquired orthopedic disabilities, motivational significance of hope and anxiety for the process of acceptance of disability and degree of disability and adjustment.

It is believed that the age of onset of disability is one of the factors in determining the personal adjustment of the individual. The crippled child, who gets disability in early childhood, will react in a different manner to his disability than a disabled adult.

Motivational significance of hope and anxiety for the process of acceptance of disability was examined by Boone, Steven, Roessler, Richard, Capper, Paul (1973). Hope on expectancy of future goal success was measured by Self Anchoring Striving Scale, defined as an index of emotional arousal, anxiety was measured using the short form of Taylor's Manifest Anxiety Scale. Acceptance of disability, a learning process involving value change, was measured by the Acceptance of Disability Test. Results indicate that hope and anxiety were independent constructs both of which were related to acceptance of disability. Therefore, multivariate model of acceptance of disability was presented. Including hope, anxiety,
and time since onset of disability, the multivariate model accounted for a large percentage of variance in acceptance of disability.

Physically handicapped children were found to suffer from a great amount of anxiety and conflicts. As a result, most subjects exhibited regressive and withdrawing behaviour. Anthony, William (1973) studied physically disabled college students and suggested positive relationship between a person's relations skills and indices of psychological adjustment.

According to Jones, Reginald (1974) physical dependency was statistically independent of achievement and relationship with teachers and peers.

In study by Leideyfeld (1948) and Artucks (1941), disabled groups have shown greater self respect than their counterpart. Sommers (1944) and Paterson (1930) have shown that no relationship exists between specific physical characteristics and inferiority feelings. Studies by Brunschwing (1936), Kammerer (1940), Landis and Bolls (1942) have shown relationship between degree of disability and poor adjustment. Other studies of Springer (1938), Donofrio (1948), Trancht (1946), have shown no relationship while Macgregor and Miller (1958) have shown reverse relationships.

Bose and Banerjee (1969) investigated the personality of institutionalized handicapped children using CAT. The results showed handicapped children to be passive and withdrawn.
Advani (1965) studied educational and psychological problems of blind children. Only limited research work has been done and much remains to be done in this area. Handicapped children are to be properly identified and helped by providing suitable facilities for education, guidance, employment, and adjustment in life.

The study by George, Pillay, Dharmamgadam (1967) investigated "The effect of Physical Disability on Personality Adjustment and Achievement of Secondary Pupils". One of the findings of this study was that the physically defective pupils were inferior to their nondefective peers in health, home, and school adjustment, but they did not differ significantly in social and emotional adjustment or scholastic achievement.

Inter-relation Between Anxiety, Adjustment, and Achievement in Able Bodied Persons

A study on Anxiety, Adjustment, and Achievement was done by Sindu Dinkar (1970) which reveals that:

1. Achievement motivation is significantly related to anxiety in negative direction.

2. Achievement motivation shows a trend towards positive relationship with adjustment.

3. Anxiety varies inversely with adjustment.

4. No significant sex differences seems to exist in respect of inter-relationship of achievement motive, anxiety, and adjustment.
Devi (1969) found no difference in the anxiety of male and female students. Sinha (1966) carried out a psychological analysis of some factors associated with success and failure in university education. Some of the findings are:

1. There is clear-cut distinction between high and low achievers on anxiety test and general adjustment inventory.

2. Intellectual level of low achievers is poor.

Joshi (1964) and Joshi and Singh (1968) reported factor analytical studies of adjustment problems. The results indicated interarea dependence in adjustment and also pointed out that the severity of the situation contributes to different areas of adjustments. Dhapola (1967) used Asthana's Adjustment Inventory and MMPI to find out the relationship between adjustment, extraversion and neuroticism. He found adjustment and neuroticism to be correlated negatively, adjustment and extraversion positively, and extraversion and neuroticism to be independent factor. Natraj (1968) found adolescent girls to be unsatisfactorily adjusted to the stress and strain of environment. Nijhwan (1968) and Patal (1961) studied adjustment of children. The former found significant relationship of children's age, parent's income and occupations, whereas the latter studied family adjustment and economic status as related to some character traits in children and found a significant correlation between the nature of the child's family
relationship and character traits developed in the child. Family relationship also depends upon socio-economic status though paradoxically character traits seem to be independent of it.

Narayan Rao (1964, 1967) studied the relationship between academic achievement and adjustment. He found that adjustment problems were related to under achievement in scholastic field and that problems of motivation hindered scholastic achievement. The pattern of adjustment of high and under achievers has been studied by Rao (1967). Incidentally the study revealed that a large number of problems reported by the under achievers reflected problems in the field of motivation.

Mallick (1961, 1968) reported sex differences in achievement, and achievement variations in different sociocultural settings have also been studied. Shrivastara and Tiwari (1967) studied need achievement in relation to socio-economic factors and found the upper class people to have high need achievement and middle class are the highest need achievement. Mehta (1969) observed no difference in need achievement levels when such variables as rural-urban, high-low socio-economic status and parental income were compared. Highest level of need achievement was found among the boys whose fathers were highly educated and engaged in semiprofessional work. The boys from the professional group showed nearly the lowest need achievement. With education controlled,
the working class boys showed a higher level of need achievement than that shown by boys from the lower middle class white collar group. Misra (1962) studied academic achievement of engineering students and found the high and low achievers to differ in anxiety and neuroticism and not in intelligence. A study by Sharma (1964) relating anxiety to academic achievement revealed positive influence of anxiety on academic achievement. In a study by Sinha (1966) high achievers were found to have low anxiety, better health and emotional adjustment than the low achievers. Pande and Botakwar (1967) studied the personality of achievement orientated individuals using M.M.P.I. and Mukherjee's Sentence Completion Test. The results revealed a negative relationship between verbalized need for achievement and neuroticism. Mukherjee and Sinha (1967) related manifest anxiety to achievement orientation using Sentence Completion Test as test of achievement orientation. They found anxiety to be strongly related to achievement orientation.

It is generally believed that the age of onset of the disability is one of the factors determining the personal adjustment of the individual. It was said that a crippled child who gets disability in early childhood will react in a different manner to his disability than a disabled adult. From the inspection of the Tables number 5 and 7, it is apparent that anxiety, adjustment, and achievement do not differ according to age of onset of the disability.
Thus research findings of this study strongly disagree with the widely held assumption that age of onset of the disability is a crucial factor in adjustment of the orthopedically handicapped person.

These results are in contrast to the findings of J. Shindi (1983) who asserted that congenital group has comparatively less adjustment difficulties than the acquired group of children. The results showed that the congenital group will be significantly less anxious than the acquired group and acquired group scored significantly higher on self esteem than the congenital group, but the results of the study are consistent with R.C. Kammerer (1940) who stated that the adjustment does not depend on the age of onset of the disability. Other studies by George, Pillay, Dharmamgadam (1967) concluded that physically disabled do not differ significantly in social and emotional adjustment or scholastic achievement.

As stated earlier, there are contradictions regarding relationship between age of onset of the disability and it's effects on anxiety, adjustment, and achievement. From the review of the literature it appeared that a majority of the investigators reported that psychological problems of whatsoever nature, found in physically handicapped are due to environmental and social changes with reference to an individual with disability. Social attitudes
and one's attitude towards his own problems are responsible for psychological disturbances. Attitude towards disabled are influenced by the cultural values and norms of the society. Again, cultural values are also influenced by religious principles.

It has been a part of India's cultural heritage to help the poor and the needy even at great personal sacrifice. In India we do not find any instances of inhuman practice of exposure and destruction, which characterized the primitive attitudes towards the disabled. References in Mahabharata show that the handicapped were then treated with sympathy. The Hindu society, as it existed in those days, was virtually based on a joint family system which ensured the provision of food and shelter to the helpless and the homeless. In medieval India, the Muslim rulers follow the example of their Hindu predecessors in looking after the needs of the aged and the infirm, the destitute and the crippled. The present study was conducted in Indian context and the cultural heritage of India has definitely helped handicapped to merge into so-called normalcy. This could possibly be one of the reasons for negative relationship between age of onset of the disability and it's effects on anxiety, adjustment, and achievement.

The results in the Table number 6 reveal that male and female handicapped do not differ significantly in anxiety, adjustment, and achievement. The results do not tally with the results of
J. Shindi (1983) who stated that adjustment problems among the handicapped are, in fact, greater among the girls than boys. While the results of this study agree with the findings of Devi (1969) who stated that no difference was found in the anxiety of male and female able bodied students.

While interviewing the handicapped persons, the researcher observed that the males give top priority to their vocational rehabilitation. On the other hand, the females, in general, were more anxious about their matrimonial prospects. Thus, both the groups have their own problems, though of a different nature. Therefore, it is hoped, no difference was found in anxiety, adjustment, and achievement in male and female handicapped.

The results in the Table 6 further revealed that urban-rural, educated-semi-educated, and employed-unemployed groups of the handicapped differ significantly in anxiety and adjustment, but they do not differ in achievement. These findings tally with Mehta's (1969) statement that no difference in need achievement levels was found when rural-urban, high and low socio-economic status of able bodied groups were compared.

Inspection of Table 9 shows that anxiety and adjustment are inversely proportional to each other and substantial relationship exists between these two variables. It is also seen that anxiety and achievement are inversely proportional but relationship is
negligible and adjustment and achievement show positive relationship to each other, but relationship is negligible here also.

Thus we can say that anxiety which is the experience of tension that results from real or imaginary threats to one's security has adverse effects on a person's ability to get along with others. Likewise, anxiety has adverse effects on a person's ability to strive for superiority. If the person has the ability to get along with people, he will find striving for superiority easier.

Review of the literature on the handicapped does not reveal inter-relationship between anxiety, adjustment, and achievement in handicapped. On the contrary, many studies on inter-relationship between anxiety, adjustment, and achievement in able bodied have been reported. Sinha (1968) stated that there is clear-cut distinction between high achievers and low achievers on anxiety test and general adjustment inventory. Thus the findings of this study agree with the findings of Sinha. Narayan Rao (1964, 1967) studied the relationship between academic achievement and adjustment. He found that adjustment problems were related to under achievement in scholastic field and that problem of motivation hindered scholastic achievement. A study by Sharma (1964) relating anxiety to academic achievement revealed positive influence of anxiety on academic achievement. Sinha (1966) found high achievers to have low anxiety, better health and emotional adjustment, than
low achievers. Mukherjee and Sinha (1967) related manifest anxiety to be strongly related to achievement orientation. Even though there is no report in literature about the relationship between anxiety, adjustment, and achievement in orthopedically handicapped, the results of this study agree with the studies done on able-bodied persons.

The results of this study do not agree with the hypothesis that orthopedically handicapped person who bears congenital disability or acquired disability in childhood has:

1. Less anxiety than the orthopedically handicapped person who acquires disability in adulthood.

2. Less adjustment problem than the orthopedically handicapped person who acquires disability in adulthood.

3. High achievement level as compared to the person who acquires disability in adulthood.

However, it agrees with the hypothesis that:

(a) anxiety is inversely proportional to the adjustment

(b) adjustment is directly proportional to the achievement, and

(c) anxiety is inversely proportional to the achievement in orthopedically handicapped persons.

In this chapter of discussion, the results of this study and other studies done in this field were discussed.