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CHAPTER - I
INTRODUCTION

1.0 Introduction:
In the early history of man, there was a belief that the handicapped/disabled were fools, non-human, or perhaps witches possessed by demons of evil spirits. The right to live was denied to them. These children were treated with hostility and were neglected. They were considered as ‘Curse of God’ and a burden for the parents. They were often killed by their parents. They were kept in protection and wardship. Mankind was subjected to a health that ‘the disabled are useless, incapable of doing anything on their own, a species to be pitied and looked after as long as they are alive’. Thus, no attempt was made for their education, training, habilitation, and rehabilitation. Children and young people with disabilities continue to be one of the most disadvantaged groups in all our societies. In addition to their manifest limitations they are subject to social discrimination, reduced work opportunities and most damaging of all impoverished educational experiences. The problems of the challenged are not the problems that are exclusively confined to them only. Since the society has not accepted them with sympathy, their problem has assumed larger and alarming proportions. Our social attitudes and stereotyped activities have led them to the state of indifferences. One of the most important issues is that governments and educational experts have been wrestling with, that how and where pupil with special need can best be educated. Do they need a specific form of care and special school or should they be accommodated in regular school with extra help? But with the world trend the educational provision has undergone changes
from isolation to normalization, normalization to mainstreaming, mainstreaming to integration and integration to inclusion. This process took centuries to reach at this stage. This new inclusive orientation is a strong feature of Salamanca Statements adopted by representatives of 92 countries and 25 International organisations in June 1994. Specifically the Statement argues that regular schools with an inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for maximum.

In the recent years there is a growing trend to provide suitable education and rehabilitation services to the challenged persons for their future growth. Persons with physically or mentally challenged is not considered a static concept with too much of negative content bearing on pessimism and despondency about the capability of them. It is now a well accepted fact that the challenged persons have in common with non-challenged persons and challenging effect of the challenged can be eliminated altogether or reduced to a great measure through appropriate medical aids, education and training, modification or environment and ensuring congenial socio-psychological climate (Jangira, 1986). From the helpless challenged the concept has now evolved into the concept of child with different needs/challenged. People are now more aware that practically everyone develops some special need at one time or other in life. The challenged are like us, full of vigor, potentials and abilities which need proper exploitation in a right direction for a better utilization. Therefore, this is not a problem in fact a social myth which needs to be eradicated collectively.
In analyzing the history of treatment and education of challenged, various authors have given the fact from the recorded history of mankind. The education and rehabilitation services for the challenged have developed much through the stages of rejection and care. In pre-historic societies, the survival of human being depends on the fitness of each individual and did not protect the children who were born with defects. Secondly, the force of superstition believed that physical deformities and mental disorders were the result of possession by demons, rejected, punished or killed those who are afflicted. However there is some evidence of challenged persons being treated with kindness or even revered as possession of super natural powers generally at rural belt of our country. The research findings show us the ancient Greek and Roman societies gave us the first recorded attempts for scientific understanding and treatment of challengeness among children. Whereas in Middle Ages, the challenged persons were often objects of amusements/entertainment, more often they were either executed or imprisoned. During that period the church began to foster human care for challenged people and to provide asylums for them which seem to have its origin on the humanitarian interest for challenged people on this earth. Then the interest in educating challenged children that grew out of the new humanism of the Renaissance the belief in the worth of every individual. Finally it helped them to improve functionally human beings and to give them equal right as normal human being which is called mainstreaming or integration or normalization in different countries as integration/inclusiveness in India. By integrating children with challenged into normal schools, their basic considerations, of what
treatment the child needs and what help the school needs are ignored. A child with challenges if placed in a normal classroom where his or her special needs were largely ignored not due to ignorance and over-protection, rather than through rejection or neglect a case of pseudo-integration develops.

The basic principle is the recognition of the right of all children, irrespective of abilities or disabilities, to receive a full and effective education compatible with their individual needs to prepare them to share in and to contribute to normal life within the community. There is a general agreement that to achieve this involves maximizing opportunities for those with special needs to be educated in the ordinary school with addition of such support and help as may be needed and minimizing the degree of segregation. Integration itself is capable of many different interpretations ranging from education in units on the same school which gives opportunities for sharing in the life of the school community, may produce as much isolation as education in a separate school. But the Warnock Committee saw very clearly that, there is the need of separate special schools for the children those who are with severe physical, sensory, intellectual and multiple handicaps, severe behavioural and emotional problems, as well as for those who encounter difficulties in coping in a large mainstreams school setting. It is in effect with separate school for different abled child with special provisions. Since 1975, the least restrictive environment provision has become the guiding principle in the placement of all handicapped children. But with the implementation of Integrated Education for the Disabled (IED) in 1974-
1975 the differently abled children should be with normal children in general education settings with all special facilities.

Inevitably, by trying to meet both the challenged child’s special and normal needs, a dilemma arises. On the one hand we want that challenged child to be equally accepted and not marked out in any way, on the other hand, we come to grips in doing so and we cannot avoid marking him out. It will provide factual information which will help to build up an informed, constructive and sympathetic approach towards children who are challenged. The challenged child is even more dependent than the ordinary child on the understanding and skill of those children responsible for his care. His development will be affected adversely if he is handled by uniformed, embarrassed or excessively sentimental children. There is a tendency among abled-bodied people to dwell on the problems and frustrations associated with challenged to such an extent that the challenged subjects ceases to be regarded as an individual with his own personal abilities and contribution to make a society. There were fears of contamination too e.g., commercial advertising pressures have tended to make a cult of having perfect and beautiful bodies, hair, feet, teeth, etc. This cult of ‘The body beautiful’ works against the challenged and challenged tends to become associated with failure and shame.

Challenged persons, in society are generally ill treated and they may not be allowed normal benefits and other advantages enjoyed by the normals. In some cases we came across that despite giving some consideration to challenged persons, rather they are being discarded, teased and badly treated. Physically challenged persons, though physically abnormal, but in their behaviour they may prove more self
concept and better adjustment of these individuals may prove to be at par with those of normals. Thus challenged persons if properly cared for, can prove fruitful to a society rather than rejected. Challenged persons generally feel inferior to normals. Alur (2001), in her study found that Disability in India is not seen as something “normal” or “Natural”, rather it is seen as an “evil eye”. Guilt, stigma and different kinds of fears tend to be paramount in such families. She further concludes that “the contradiction here was that Indian society, although integrated in accepting and valuing diversity in so many ways has a social role construct of disability which is negative, discriminatory, and exclusionary”. Kannan, (2000) states that in order to harness the great potential of more than 30 million people with challengeness, it is essential that “prejudice, mental or irrational myths concerning disability, is eradicated.”

There is also a general agreement that to bring the challenged into the normal life, it is required to involve them in general schools with special facilities which was reflected in the Eleventh Five Plan (2007-2012) education bill that is for integrated the education system for all children.

The issues of human rights, equality, and normalization influenced conceptual development and practice of challenged children. The education and rehabilitation process took into consideration the social, political and economic contexts of human development. The normalization movement in the beginning of the 2nd half of the 20th century led to the mainstreaming and integration of children with physical and intellectual challengeness in regular schools, reducing segregation in special institutions. The genesis of special
needs education in India can be traced back to pre-Independent India. There are examples in Indian history that show that people with disabilities had educational opportunities, and that did not come in the way of learning. However, during the colonial period, India increasingly looked at educational models existing outside the country for them. Since the government had no policy on the education of children with disabilities, it extended grants to the private schools. This approach of setting up separate schools, most residential, spread across the country, although it was concentrated in urban areas. For over a century, these special schools offered the only education available to children with special needs because of the widespread belief that children with special needs could not be educated alongside others. This allowed a small number of children to have access to education but did not help these children to enter the mainstream community after completing their education. Integration itself is capable of many different interpretations ranging from education in units on the same institution which give opportunities for sharing the life of the school community for total integration in mainstream classes with separate treatment for the best interest of each child.

The constitution of India and the educational policies envisaged Independent India reflect a preserverence and commitment to the fulfillment of Universalisation of Elementary Education (UEE). The Constitution states that free and compulsory education should be provided for all children until they complete the age of 14. The first Education Commission in India (Kothari Commission, 1964-1966) drew attention to the education of children with disabilities. In 1968, the National Policy on Education (NPE) followed the Commission’s
recommendations and suggested the expansion of educational facilities for physically and mentally challenged children, and the development of an integrated programme enabling the challenged children to study in regular schools. In 1974, for the first time, formulated by Ministry of Social Welfare, Government of India emphasized that challenged children should be enrolled with their non-challenged counterparts in the same schools; the necessity of integrated education was explicitly emphasized under the scheme for Integrated Education for Disabled Children (IEDC). The Scheme was implemented in 27 states and 4 UTs through over 41,875 schools benefitting more than 1, 33,000 children with disabilities till 2003. In 2005-2006, 211522 challenged children were covered under the IEDC Scheme with the help of 2,512 teachers in 90,756 schools. Again in 2006-2007, 151901 challenged children have been covered so far under the scheme with the help of 7,876 teachers in 37,390 schools (Department of Education of Groups with Special Needs, (DEGSN), NCERT, 1998, New Delhi).

However, the National policy on Education (NPE), 1986 is a milestone in Indian education. Based on an in depth review of the Indian educational system and evolved through a consensual process, it provides a comprehensive framework, to guide the development of education. According to the NPE,” the indicators of integration are that challenged people enjoy the same rights as the rest; have opportunities for growth and development in environmental conditions available to the rest have access to the quality of life like any other citizen, and are treated as equal partners in the community. The operational effectiveness of the NPE was enhanced by a Programme of Action (POA) incorporating a detailed strategy for implementation, along with
the assignment of specific responsibilities and financial organizational support. The NPE and its POA were updated once again in 1992 through a consensual process involving all State governments, resource organizations and educationists. It was further under modifications in 1992 (MHRD, 1992) that universal enrolment by the end of the 9th Five year plan for both categories of challenged children: those who could be educated in general primary school, and those who needed to be educated in special schools or special classes in general schools. According to POA; approximately 1.4 million children are in the 0-4 years age group requiring identification, assessment, early stimulation and preparation for education. The National commission on Teachers, a Delhi-based voluntary teachers group recently reported that not more than 5 percent of the blind and deaf children and perhaps, 0.05 percent of the mentally retarded are estimated to be in about 800-1000 special schools which for the most part, are located in metropolitan centers. Rural areas, where about 80 percent of these children are located, remain practically unserved.

The World Declaration on Education for All, adopted in 1990, gave further boost to the various processes already set in motion in the country. The Rehabilitation Council of India (RCI) Act 1992 initiated a training programme for the development of professionals to respond to the needs of students with disabilities. RCI estimates that 30 million challenged children are in need of education; it aims to educate 10 percent of all challenged by 2020. However, according to RCI’s 1996 report on Manpower Development (Commission by the Social Justice and Empowerment Ministry), the breakup of population of challenged children in the age group of 5-14 is as follows: hearing challenged (3.24
million), speech challenged (1.96 million) visual challenged (4.01 million) mental retardation (9 million), cerebral palsy (3 million).

It is now fairly well accepted that about 10 percent of our school going population, approximately 300 million, have special education needs. The current education coverage of this huge challenged sector is just one percent. In other words, in a period of 115 years, because of inappropriate strategies and perhaps inadequate awareness, progress has been halting and grudgingling slow. Since the Persons with Disabilities (PWD) Act 1995 (Equal Opportunities and Rights of Persons with Disabilities) called for the education of children with disabilities up to the age of 18 years in an appropriate environment. It includes a number of provisions that endeavour to promote the integration of students with disabilities into normal schools. The economic rehabilitation section under this Act stipulates that certain posts in various government Departments and in the public sector are to be identified, and a 3 percent are to be reserved for people with disabilities. In recent years, two major initiatives have been launched by the government for achieving the goals of Universalisation of Elementary Education (UEE): the District Primary Education Programme (DPEP) to integrate education for children with challengeness and the programme covers 60 percent of the child population of the country. Furthermore, the National Curriculum Framework (NCF) 2005 recommended that there must be the integration of children with special educational needs in the learning process. It recognizes the requirement of bringing learners with special needs in integrated schools that are cost effective and have sound pedagogical practices. In addition to the various policy initiatives at the national level, India
has also actively participated in the global declarations on Protection of Child Rights (1989), Protection of Rights of Persons with Disability, UN conventions on the Rights of the Child, Salamanca Declaration and other International policy initiatives. In 2001, an International Centre for Special Needs Education was set up by NCERT in collaboration with UNESCO to play a catalytic role in developing replicable models of inclusive schooling. In India it is estimated that about 2.19 million children with different challengeness are to be provided education in the school system. It is difficult to give an exact account of special schools in India as many are run by voluntary organizations with or without government support. However, it is estimated that there are over 2500 special schools across the country (RCI 2000). The Ministry of Social Justice and Empowerment (MSJE) support around 400 schools being run by the voluntary sector.

There has been increased in the number of special schools for the blind and deaf children. In 1994, there were 25 schools for the blind with 1156 children (CABE, 1994): by 1998, there were 200 schools and 15,000 children (MHRD, 1999). Similarly, in 1994 there were 35 schools for the deaf with 1311 children; by 1998 there were 280 schools with 28,000 children (MHRD, 1999). Out of which 28,803 challenged persons are in Meghalaya which constitute 1.25% with total challenged persons of the country. To provide an equal educational opportunity to these children, the Government of India under the Integrated Education for the Disabled Children (1992) and Sarva Shiksha Abhiyan scheme has provided integrated education in general schools. Under Sarva Shiksha Abhiyan, at present more than 3,000 special schools for the challenged are functioning in the country. Among them approximately, 900
Institutes are for hearing challenged children, 400 for children with visually challenged, 1000 for mentally retarded, 700 for physically challenged.

As far as Meghalaya is concerned, under Sarva Shiksha Abhiyan (SSA) Meghalaya has outlined strategy for 2006-2007 of bringing 59,142 out of school children into schools by conducting Back to school camps. The state has identified 9,306 children with special needs and has enrolled 5,238 such children are being provided Home Based Education (HBE). In addition, 168 severely challenged children are being provided Home Based Education (SSA, 2007, Meghalaya). A comprehensive country wide Sample Survey was undertaken by the National Sample Survey Organization in 1991 to estimate the number of people with challengeness. It was reported that about 1.9 percent of the population (i.e. 16.2 million) has physical and sensory challengeness. UNICEF’s Report on the Status of Disability in India 2000 states that there are around 30 million children in India suffering from some form of disability. The Sixth All India Educational Survey (NCERT, 1998) reports that, of India’s 200 million school-aged children (6-14 years), 20 million require special needs education. Approximately 89,000 (Sixth All India Survey, 1998) children with challengeness have benefitted from integrated education through 18,000 general schools across the country (MHRD, 2000). It is estimated from these figures that more than 90 percent of such children are presently outside of the school. Sixth All India Educational Survey (NCERT, 1998) identified 418 special schools for the speech and hearing challenged in which 17,936 children are studying. While the national average for gross enrolment in school is over 90 percent, less than 5 percent of children with
challengeness are in school. The majority of these children remain outside of mainstream education. The low turnout can be attributed and causes such as difficulty in coping with general education demands and social reasons. In addition, children with challengeness also make use of the National Institute of Open schooling, there are over 5 million children enrolled.

However, there has been no significant increase in the proportion of children with challengeness enrolled. In 2001-2002, 1,816 challenged children were registered; this is approximately one percent of total enrolment for the year. India has estimated 320,000 blind children, more than any other country in the world. Even though this represents a small fraction of the total blindness, the control of blindness in children is one of the priority areas of the WHO “vision 2020: the right to sight” programme. This is a global initiative, which was launched by WHO in 1999 to eliminate avoidable blindness worldwide by the year 2020 (NCERT, 2004). Thus, currently this scheme envisages mainstreaming the challenged children from the preschool training to Senior Secondary School level. Its activities range from counseling of parents and community members to special training of challenged children which covers academic training to vocational courses. Thus they can well contribute in our nation’s progress, rather to be a burden and also they can well be adjusted in the same way as normal human beings do. Challenged individuals if properly cared and attended to, may become self-dependent and a feeling of appreciation in them develops and hence they will find some placement in society to lead a comfortable normal life as other members of society lead. Therefore, the investigator wanted to investigate Self Concept and
Adjustment of physically challenged children studying in integrated and segregated educational settings.

1.1.0 Self Concept

After more than a decade of relative neglect, self concept is enjoying renewed popularity and attention by both researchers and practitioners. There is growing awareness that of all the perceptions we experience in the course of living, none has more profound significance than the perceptions we hold regarding our own personal existence - our concept of who we are and how we fit into the world.

Self concept may be defined as the totality of a complex, organized and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence. The concept of self is probably the most distinctive and indispensable concept in psychology of personality. The fear is that the more limited the range of peers and peer experiences, the greater the possibility of this having a retarding effect on the development of the self-concept (Scholl, 1986). There is vast literature in psychology dealing with the nature of self-concept, component of self concept, types of self concept, development of self concept, discrepancy between social, ideal and basic self-concept and effect of self concept on behaviour and adjustment.

In psychological discussion the word ‘Self’ has been in many ways giving rise to two chief meanings of self – firstly, the self as the subject or agent and secondly, the self as the individual who is known to himself. The term self – concept has come into common use to refer to the second meaning which relates to phenomenological approach. In psychology, Self-concept generally refers to “composite of ideas,
feelings, and attitudes people have about themselves” (Hilgard, Atkinson and Atkinson, 1976). We could also consider the self concept to be our attempt to explain ourselves to ourselves to build a scheme that organizes our impressions, feelings and attitudes about ourselves. But this model or scheme is not permanent, unified or unchanging. Our self-perceptions vary from situation to situation and from one phase of our lives to another. Self-concept is a cognitive structure - a belief about who you are.

The concept of self has origins in the earliest history of personality theory. In the seventeenth century, the philosopher Rene Descartes discussed the ‘cognito’ (awareness of one’s own being) as the core of human existence. Sigmund Freud and the early psychoanalytic theorists used the term ego to refer to this organized aspect of personality. Sullivan used the phrase the ‘Self system’. Other theorists such as William James used the term self to describe essentially the same process and that usage also continue into the present.

The self-concept refers to the way in which individual perceive themselves. It refers to the experience of one’s own being. It includes what people come to know about themselves through experience, reflection, and feedback from others. The self-concept is an organized cognitive structure comprised of a set of attitudes, beliefs, and values that cut across all facets of experience and action, organizing and tying together the variety of specific habits, abilities, outlooks, ideas and feelings that a person displays.

The concept of ‘Self’ and ‘Society’ are mutually interrelated so that one almost calls for the other. The British theorist Charles Cooley, drew early attention to the important relationship between self and society
in his idea of ‘looking glass’ self, proposing that the content of self perception is derived largely through the mirror of interaction with the other people, whereby one assumes the role of another in order to have a look back at oneself George Herbert Mead, an American, extended the same ideas into a more elaborate description of feedback from others who are especially important or meaningful individuals (significant others) and composite feedback synthesized from collective interaction with many others people “the generalized other”.

Several theoretical models of self-concept exist in the literature. For example Coopersmith (1967) has suggested that four factors contribute to an individual’s Self-concept:

1) significance (feeling of being loved and approved of being of by important others)

2) competence (ability to perform tasks considered important)

3) virtue (adherence to more and ethical principles)

4) power (the degree to which an individual is able to extent control over self and others)

Theory of self-concept was elaborated in the 1940s by Prescott Lecky and Carl Rogers, focusing attention upon the perceptual aspects of self-concept and the evaluative elements of self-esteem Rogers proposed a distinction between the self as actually perceived (self-concept) and the self as ideally desired (ideal self), suggesting that both are measurable and diagnostically useful notions. Discrepancy between self-concept and ideal self represents an index of personal psychological adjustment, with the optimum condition placing self-concept slightly (but only slightly) inferior to ideal self- resulting in
happy levels of self-regard, optimism about goal setting, and appropriate incentive for achievement and adjustment to the world.

Children with a positive self concept are described as imaginative confident in their own judgments and abilities, assertive, able to assume leadership roles, less preoccupied with themselves, and able to devote more time to others and external activities.

Children with a negative self concept are described as quiet, unconstructive, unoriginal, lacking in initiative, withdrawn and doubtful about themselves (Cooper Smith 1967).

1.1.1 Self-concept and Self-esteem

One initial aspect of that multifaceted self-concept which seems to spill over into so much of the personality in general is how one perceives one’s value. How one values oneself in relation to others determines (in part) one’s self esteem or self regard. The psychoanalytic concept of super ego concerns evaluative and judgment aspects of the self which is called self-esteem referring to those aspects of self-perception that concerns the degree to which one likes or dislikes the content of what one perceives in the self. Fromm (1956) described Self concept as ‘life being aware of itself”. Wall (1996) suggests ‘A child’s self concept is crucial to a positive outlook and progress towards his/her full potential and a range of factors can create a positive or negative self-concept’. Self-concept is different from self-esteem. But the terms are frequently used interchangeably. Self esteem refers to the extent to which we like accept or approve of ourselves or how much we value ourselves. Self esteem alway involves a degree of evaluation and we may have either a positive or a negative view of ourselves. Self-esteem is described as feelings of personal
worth and level of satisfaction regarding one’s self or self report i.e. what a person is willing and able to disclose. Self-esteem has been defined by Coopersmith as the evaluation which an individual makes and customarily maintains with regard to himself; it expresses an attitude of approval or disapproval and indicates the extent to which the individual believes themselves to be capable significant, successful and worthy. In short, it refers to the value individuals placed in their own worth.

![Diagram of the Development of the Self: Five Stages](image)
1.1.2 Development of Self-concept

The Self-concept evolves through constant self-evaluation in different situations (Shavelson and Bolus, 1982). The newborn infant’s state of consciousness is a “big blooming buzzing”. The infant is not aware of himself as a person nor does he differentiate himself from the environment. Gradually, because of the sensations he experiences from within his body and from his environment, he begins to differentiate between the two. This is the beginning of the long process of developing a concept of self. Self-concept begins to develop early in life, with children as young as 18 to 24 months able to discriminate between self and others. This self-concept changes tremendously as we develop. Some theorists believe that humans develop self-awareness in a manner that parallels the growth process.

An American psychiatrist named Harxy Stack Sullivan’s explanation for the way in which people develop positive “good me” or negative “bad me” self-appraisal. In this view, both these self-concepts reflect the feedback people receive from others. According to him, each of us internalizes such “good me, - “bad me” evaluation beginning in infancy and continuing through adolescence. In infancy, our evaluations result from non-verbal types of parent-child interaction (Chapman, 1976). As children grow, their language abilities expand, and so do the number and type of evaluations they receive whether or not these good me or bad me evaluations are accurate, they are hard to share. In the same way other theorists have expressed views on the development of the self-concept.

1.1.3 Components of Self-concept

Self-concept is an individual’s perception of self and is what helps make each individual unique. Positive and negative self-
assessments in the physical, emotional, intellectual and functional dimensions change over time. Self-concept affects the ability to function and greatly influences health status. Its components include physical, psychological, and social attributes which can be influenced by the individual’s attitudes, habits, beliefs and ideas. The concept of self has three major components: the perceptual, conceptual and the attitudinal.

The perceptual component is the image the person has of the appearance of his body and of the impression he makes on others. The perceptual component is often called the “physical self-concept”. The conceptual component is the person’s conception of his distinctive characteristics, his abilities and disabilities, his background and origins and his future. It is often called the “psychological self-concept” and is composed of such life-adjustment qualities as honesty, self-confidence, independence, courage, and their opposites. The attitudinal component is the feelings a person has about himself, his attitudes about his present status and future prospects, his feelings about his worthiness, pride, and shame. As the person reaches adulthood, the attitudinal component includes also the beliefs, concept values, ideas, aspirations and commitments which make up his philosophy of life.

1.1.4 Relationship of Self concept to challengeness

It has been verified in many researches that Self concept is significantly related to many aspects of human behaviour such as body image (Cok, 1990; Lawrence, 1991), social acceptance (Cheung & Lau, 1985; Obiakor & Stile, 1989), parental behaviour (Harvey & Greenway, 1982; Guas & Schwalbe, 1986), academic performance (Purkey, 1970, Gurney, 1988), and so forth. It is evident that a positive Self concept
can be equated with “positive self evaluation, self respect, self esteem, self acceptance” whereas a negative self concept is associated with negative self evaluation, self hatred, inferiority and a lack of feelings of personal worthiness and self acceptance” (Burns, 1986). Therefore, persons with a high self concept generally are more accepting of and show appreciation towards themselves. On the contrary, persons with low self concept tend to devalue themselves and show little acceptance of their personal qualities.

Since, self concept is a hypothetical construct; it is best investigated by means of network studies. There are two groups of network studies: Within network and between network. Within network study specifies the internal structure of self concept and its interrelationships to observable attributes of the person. It may identify several facets of self concept like academic, social or physical self concept. Between networks, on the other hand, deals with the logical and consistent patterns of self concept related to or independent of other constructs. For instance, the academic self concept may be more closely related to achievement than physical self concept. This network of interrelationships is called a nomological network (Shavelson et.al. 1976).

Generally challengeness, whether adventitious or congenital, is viewed as an acute physical and psychological shock. It is a discontinuous trauma for the individual, affecting biological, social and vocessional functioning. The effectiveness of one’s body as a physical tool is diminished, and a loss of capacity for sensation, movement or celebration makes even the simplest tasks major obstacles (Barker et.al. 1953). Thus the widespread effect is caused by challengeness in
all spheres of individual’s life and also society has very often unfavourable attitude towards the challenged, which affects their self concept which ultimately affects their adjustment which may depend on onset and extensity of challenged.

The two basic types of challengeness are congenital (present at birth) adventitious (acquired after birth). In general adjustments to living are best among the congenitally challenged. The adventitiously challenged adjust less successfully especially those whose challengeness occurred at a later period of life. This difference is presumably conditioned by the concepts people have of themselves. In the case of congenital challengeness, individuals often develop from infancy a more realistic self-concept. With no memory of a normal lifestyle, they picture themselves as “challenged persons”. In the case of adventitious challengeness, however, individual expectations fortified by past experiences, have been rudely shattered, goals are suddenly denied and the consequences are frustrating. The original picture or plans must be modified and new ones developed. The older the person is at the origin of the challenged the stronger the impact usually is on the emotions.

Youths with adventitious challengeness often go through several motional stages before they can realistically accept their new status. Having withdrawn from social contacts, they may become totally self-absorbed, returning only gradually to reality, Teachers who work with the adventitiously challenged should be aware of these stages, for each requires a different approach. The teacher must establish a rapport with the student before any programme can be prescribed. It is a mistake to assume that the congenitally challenged are always better
adjusted than those adventitiously challenged. Individual cases vary so widely that no rule of thumb can apply. The same would also be true for children whose challenged has typical and distinctive characteristics. Physical limitation and source constraints are primary and secondary factors to the challenged people which develop a sick self-concept. Therefore, one’s self concept influences how one regards both oneself and one’s environment. The self concept of a physically healthy person is consistent with his physical attributes and physical abilities. However, people may maintain a self concept that is at odds with their true feelings to win the approval of others and ‘fit in’, either socially or professionally. This involves repressing their true feelings and impulses, which eventually causes them to become alienated from themselves, distorting their own experiences of the world limiting their potential for self actualization and fulfillment. The gulf between person’s self concept and his or her actual attributes and abilities is a chronic source of anxiety and can even result in physical disorders.

The degree of intensity of challengeness often determines the degree of adjustment necessary. Those with minor visual or auditory problems, for example, may experience only minor adjustments after glasses or a hearing aid are prescribed. On the other hand, serious visual challengeness such as 20/200 vision require special techniques and facilities.

Extensity is another way in which challengeness may be specified. Extensity refers to challengeness that go beyond the physical or mental to other aspects of one’s behaviour and personality.
1.2.0 Adjustment

Though it is difficult to get complete agreement about the meaning of adjustment, some generalized definitions draw upon the biological concept of adaptation. Lazarus (1969) defined adjustment to include “man’s efforts, successful and unsuccessful to deal with life in the face of environmental demands, internal pressures, and human potentials”. However, he indicated that adjustment can be looked at a number of view points, such as achievement versus process: Sechrest and Wallace (1967) added several other issues frame of reference, measurability, cultural point of view, homogeneity? heterogeneity and continuous or discontinuous. The first two issues achievement versus process, frame of reference has special reference to the subject of adjustment to challengeness.

Adjustment can also be defined as a process by which an individual attempts to cope with, master and transcend the challenges of life by utilizing variety of techniques and strategies. There are two important qualities of adjustment. First adjustment is a process, that it involves continuous change. The second important quality is that people develop consistent patterns of adjusting to these constant changes.

Psychologist Karen Horney (1945) classified these adjustment patterns in terms of three broad types of responses. She suggests that people tend to deal with problems, by either moving toward them, away from them, or against them. Horney believed that each of these strategies demonstrates an important individual need. Thus the person who always solves problems by escaping (moving away from them) may be afraid of becoming too involved and dependent on others, by
integrating themselves to others or seeking advice, may be demonstrating an excessive need for love, while those who move against problems by reacting aggressively may be demonstrating an excessive need for power. In Horney’s view healthy adjustment requires the balanced and coordinated use of all three strategies. First, healthy adjustment includes an understanding of our own individual needs. Second, it includes a respect for human life and an awareness of the right of others. Finally it is flexible and tolerant and it represents choices made from options rather than simply responding in “acceptable” or “normal” ways (although a person’s need not always be a pioneer in order to be healthy).

With specific reference to educational environment the adjustment of a child would mean his coping of and adapting to various factors related to school life. Jamieson et.al (1977) revealed that success in school was frequently defined by both teacher and parents as a situation in which the child coped. For them coping and success were synonymous.

In this context, it is elaborated that every child is a unique individual entity as also in relation to their condition, circumstances, personality make-up and use of adaptation techniques, in life. Secondly, factors that facilitate or undermine adequate coping may be difficult to observe and understand completely. Thirdly, as soon as the challenged, child enters the ordinary school environment; he/she faces the demands of the so called ‘dominant’ culture, where adjustment is a function of sight amongst other factors. Adjustment will therefore automatically vary in different school environments, and is the outcome of the total social and educational milieu, the child lives in.
This was the major reasons why adjustment was felt to be an appropriate measure for comparing the two kinds of school provisions. Besides the fact, that against the background of integration, successful integration implies ‘good’, adjustment. It in differing school environments, pointedly relates to two specific realms of activity.

Educational and social, both being converted goals. However, success in academic achievement does not necessarily result in good social adjustment, and vice-versa (Hegarty et.al. 1981). The present study focuses on the latter realm, where explicit adaptations are called for in relation to interaction with peers and teachers, making friends, being accepted and conforming to desired behaviour patterns, showing a degree of confidence and independence. Participation in class / extra curricular activities similar to those, identified by Hudson and Clunies Ross (1984), for evaluating the well being of pupils with quite marked special needs.

As far as adjustment in relation to challengeness is concerned Shakespeare (1975) has pointed about the differences among various researchers on the concept of adjustment for specific categories of challenged population. There are however, two criteria by which successful adaptation to the challenged is often judged in adult life; the ability to earn a living and the ability to lead an independent life. Good adjustment for the challenged would definitely include the above mentioned criteria, but with specific reference to the school going child, the latter would seem to be more age appropriate than the former. A challenged child who has accepted his/ her challengeness, and can face and cope with the events, demands and problems in he school environment cannot be thought of as well adjusted.
Adjustment refers to harmonious relationship between the person and the environment. In other words, it is the relationship that comes among the organisms, the environment and the personality. It is a condition or state of mind and behaviour in which one feels that one’s needs have been, or will be, gratified. The satisfaction of these needs, however, must lie within the framework and requirements of one’s culture and society. As long as this happens, the individual remains adjusted; failing this he may drift towards maladaptation and mental illness.

The contributions of psychoanalysis propagated by psychologists Sigmund Freud (1938) and supported by various psychologists like Adler, Jung and other neo-Freudians to understand the phenomenon of adjustment.

Freud’s view on adjustment is that the human psyche or mind consists of three layers, the conscious, the sub-conscious and unconscious. The unconscious holds the key to our behavior. It decides the individual’s adjustment and maladjustment to his self and to his environment. It contains all the repressed wishes, desires, feelings, drives and motives many of which are related to sex and aggression. One is adjusted or maladjusted to the degree, extent or the ways in which these are kept dormant or under control.

Erickson’s view on adjustment is that, it is a function of the conflict between inborn instincts and societal demands. He has divided the entire human life span into eight distinct stages. At each stage, the society characterized by a particular culture puts up a specific demand which may or may not suit the urges or instincts manifested at that specific stage by the individual. In this way, at each stage of life one is
faced with a crisis the resolution of which can have either a good or bad effect on one’s adjustment.

It must always be considered as a continuing product of one’s own interaction with the biological and social determinants lying in one’s biological and genetic make-up and environmental set-up. It is therefore innate as well as learned. All the factors, biological as well as social as well as learned patterns of behaviour, societal influence on the individual and vice-versa should be taken into consideration for its development within the individual with its ‘self’ or environment.

**1.2.1 Relationship of Adjustment to challengeness**

Adjustment is, the orderly, systematically and smoothly functioning of things. Because adjustment is a form of behaviour, that comes through social interaction. Therefore, the adjustment, or maladjustment of any individual is directly affected by the social context in which he is living. For smooth and successful functioning of society, it is essential that its all groups pay their responsibilities very well. Singh, R.P and Prabha (1987) found that physically challenged children were well adjusted with their families but there was lack of communication between such students and their non-physically challenged class fellows. There are two very broad categories of adjustment problems i.e. emotional disturbance and social maladjustment. Emotional disturbance refers to numerous imprecisely defined conditions such as “illness”, “psychosis”, “neurosis”, “phobia”, “obsessions”, “compulsions”, and “autism”. Fundamentally, children who exhibit emotionally disturbed behaviours are excessively aggressive, withdrawn or both. Their central problem usually is not isolation of social rules or the mores and folkways of the culture; they
are however, usually very unhappy people. Social maladjustment refers to/ involves behaviour which isolates rules. The behaviour may be acceptable within the context of the child’s sub culture, but not in society at large. In fact, within child’s immediate social milieu rule-violating behaviour.

According to research findings, there is no single most vulnerable period in a child’s development for the fostering of emotional disturbance. No doubt, during those periods in which major familial, social or physical changes, or a combination of these, occur the child is more susceptible than at other times. There is no question that adjustment problems have multiple etiologies, but the presumed genesis of any child’s emotional or social disorder is clearly outside the expertise of most school personnel. Special educators have become increasingly concerned about these areas since the late 1950’s, mainly as a result of having recognized that adjustment problems seen more prevalent among challenged children, in combination with other disabling conditions, than in other groups of youngsters.

Therefore, most of the challenged children require specialized attention and support in their education and especially in their upbringing. The impact of the challenged, is however, not limited to the child. Parents of a school age child who has a challenged typically report high levels of stress and are at risk for depression and such children appear lifeless, incurious, and deceptively unintelligent. They show lack of interest, involvement, and or motivation for academic success. They lack confidence and competence in expressing themselves. They do not participate in classroom discussions and fail to profit from classroom instructions. They show progressive academic
deterioration or cumulative achievement deficits resulting in high rate of failure, repetition of grade, and premature termination from schooling.

The physically challenged children are not well accepted by their peers. This is due to the fact that society’s reaction to the physically challenged child that determines his adjustment or lack of it. The more severely challenged are better accepted than the less severely challenged. This is because people’s sympathy tends to increase with the severity of challengeness or because the moderately challenged actually exhibit behaviours that elicit more negative reactions from others. It’s a cruel scandal that over 90 million physically challenged children worldwide, of whom 36 million are in India, are being systematically excluded from mainstream education. Persuading parents of ‘normal’ children to accept challenged children as classmates certainly was not a cakewalk, given deeply entrenched social prejudices. Most parents in the slum who were barely literate themselves believed that challengeness were contagious and are of expressed that their children would be scared or upset if they witnessed a challenged child getting a seizure or a fit or behaving unusually. So, it makes the physically challenged children having low self-esteem, lack of self-confidence, fear of changes in environment apathy, over dependence on others, low level of aspiration, anxiety, frustration and even maladjustment towards their non-challenged peers. He may be deprived of common cultural experiences that are open to non-challenged. This ultimately leads to his maladjustment in his social environment.
Outside the home the challenged individual is required to face the people having different attitudes and views about them. These views and attitudes may be favourable or unfavourable for them. The attitudes and behaviour of these people are very important for physically challenged person. These can lead to the healthy development of the challenged person or the life of isolation, depression and frustration. When the physically challenged person enters a social situation, he does not know whether he will be an object of curiosity, be sympathized with, helped, pitied, avoided or completely rejected. In different situations physically challenged person is rarely treated as a normal human being. Very often, he is identified with the challengeness/disability and is reacted in terms of whatever the challenged means to other person. This discrimination creates not only the adjustment problems for challenged persons, but also creates a bad impact of the society. The individual faces many problems in his adequate adjustment on account of his different challenged. So he is unable to participate in desirable activities and hence requires satisfying substitute interests. The challenged person may develop a feeling that the others have a low opinion about him. Due to this defect and undue exaggeration of this feeling in his mind results in development of an attitude of self pity and inferiority complex in him.

1.3 Relationship between Self-concept and Adjustment

All individuals are not blessed with normal physical and mental health. These individuals are avoided and discriminated. The attitude of society towards these individuals is such that, they start to feel themselves inferior from normal individuals and this inferiority complex restricts them to act inferior and minimizes their real abilities and
potentialities. Their Self-concept of being inferior or something unworthy themselves produces adjustment problem for them.

In the hierarchy of self-concepts, the various self-concepts are not separate and distinct but are so fused and interrelated that each influences the others and is, in turn, influenced by them. In this interrelationship, some of the self concepts play dominant roles at one age and minor roles at another. Whether a certain concept is dominant or not is determined largely by the amount of satisfaction a particular kind of self-concept gives is influenced largely by how it affects one’s adjustment.

Adjustment is very important in the life of every individual. The process of adjustment starts from birth and runs through life. Mathis et.al (1970) called it a continuous process, and further suggested that it is a kind and degree of relationship between an individual and his fellows. Boring et.al (1973) called it a process which maintains a balance between the needs and their satisfaction whereas Gates et.al. (1964) and Adam (1964) defined it as a process by which the person varies his behaviour to suit the conditions.

Rogers (1951) and Shlien (1961) viewed that self-concept plays a vital role in adjustment. They described that the fundamental problem of the neurotic is that he is self-rejecting. Wylie (1961) suggests that the individual’s self-acceptance is related to adjustment. A high regard of self generally means a high level of adjustment, except in a few cases where high self-esteem works as adversely as self-rejection. Anantharaman (1980) reported that those individuals who have positive self-concept were better in adjustment than those who have negative self-concept.
If the individual is to be personally and socially well adjusted, the development of the self-concept cannot be left to chance. Parents and teachers must recognise that one of their prime duties is to control the development of the self-concept. Unless they assume this responsibility at the time the hierarchy of self-concept is being formed, unfavourable self-concepts are likely to become so deeply rooted that later changes will be difficult or impossible.

When a discrepancy exists between a person’s evaluation of himself and the concepts others have of him - between the basic self-concept and the mirror images - it leads to tension, difficulties in self-acceptance, poor personal and social adjustments.

The discrepancy between what a person thinks he should be (his ideal self-concept) and what he thinks he is (his basic self-concept) should be relatively small. A large discrepancy between a person’s real and ideal self-images will lead to poor personal and social adjustments. If the discrepancy between the basic and ideal self-concepts persists for too long, it will lead to personality disturbances and great unhappiness. The person will dislike himself and will behave in a way that will make others dislike him. In addition he will suffer constantly from frustrations and humiliations because he sees himself falling far short of his ideal and is powerless to do anything about it. In time, he will develop marked feelings of inadequacy and inferiority which will further increase his dislike of himself and bring about even poorer social adjustment.

The relationship between adjustment and self-concept has been stated more emphatically by Rogers who defined Adjustment in terms of the degree of congruence between self-concept and experience.
According to him the maladjustment is caused by incongruities between self-concept and experience whereas well adjusted or “fully functioning” individuals integrate experiences in to the self (Rogers, 1951).

1.4.0 Concept of Physically challenged children

Challenged/disability is a barrier. There are times however when the impairment leads a person to a stage of challengeness. The challengeness develops to the extent that the individual cannot fully participate in the social and vocational pursuits. But this condition does not prevent the individual from overcoming his challenged conditions and from using his skills to the optimum level possible. The challenged is determined by its nature and extent and also on the basis of how much damage the challengeness has caused. The challenged of a person to carry out his daily activities is called as challengeness. Due to this reason, he does not lead a life like a normal person in his surroundings and society. When the development i.e. physical or mental of a person is completely affected, then it is called challenged.

Physically challenged children are children who are physically disadvantaged, resulting from an impairment or disability, that limits or prevents the fulfillment of a physical role that is normal depending on age, sex, social and cultural factors for that individual. In other words, a physically challenged child will be defined as one whose physical or health problems result in an impairment of normal interaction with society to the extent- that specialized services and programmes are required. Many children with challengeness suffer from excessive pity, sympathy and over protection; others are rejected, stared at, teased at and excluded from participation in activities with non challenged
children. All with some degrees of challenge need to develop respect for themselves and to feel that they have a rightful place in their families, schools and communities. It therefore becomes our sacred duty to harness these hidden potentials and help our less fortunate burden to live healthy, happy and normal lives. A physically challenged is defined as possessing a physical defect which reduces one’s efficiency in performing one’s personal and social obligations according to a socially determined standard.

An individual who is afflicted with a physical challengeness that, in anyway, limits or inhibits his/ her participation in normal activity is called a physically challenged. The physically challenged includes visually partial sighted or blind; deaf or partially deaf or hard of hearing; speech and language challenged or mute; orthopedically challenged or crippled. Physically challenged children have to adjust their own challengeness as well as their social circle and have to bear a double burden-social to challenged actual physical defect. Children with physically challenged are in extremely varied population. Their physical challengeness may be mild, moderate or severe. Their intellectual functioning may be normal, below normal, or above normal. Children may have a single challenged or a combination of challenged. A person is considered physically challenged if he has an impairment that substantially limits one or more of life's daily activities. The Americans with Disabilities Act (ADA PL 101-336) declares anyone physically challenged who exhibits physical impairments, as well as those who have a history of such conditions without currently displaying symptoms. Individuals, who are subjected to discrimination
due to certain physical challenges, even if they can perform regular activities, are considered challenged.

Therefore, the physically challenged children are the exceptional children, having the same characteristics as that of the normal children. The only difference is in the lack the vision or hearing or speech power. Due to these differences, the physically challenged children have variations among them also. Hence they have certain limitations in their life. If they aspire without considering their limitations they can become the victims of frustration and maladjustment. Many times, the society compares the different physically challenged children without considering their limitations and it results into higher expectations and wrong setting of goals.

1.4.1 Visual challenged

The term visually challenged includes all children whose vision is sufficiently challenged to affect their functioning in school. Apart from the physical challenges imposed by their visual challengeness, individuals who are blind or have only partial sight must also face the constant challenge of psychological and social adjustment to their challengeness. The visually challenged are those who have problems with vision. The term is used to describe the total group of persons whose vision is affected by challengeness in seeing, irrespective of the nature or extent of these. The term refers to all the persons where vision disadvantage has resulted from challengeness as well as disabilities. Within the broad definition visually challenged children are differentiated into two categories they are the blind and the partially sighted. Totally blind children are those who are born without ability to see or they must have gone blind by accident, operations etc. In India,
the broad definition of visually challenged as adopted in thePersons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, as well as under the National Programme for Control of Blindness (NPCB), 1976 is defined as -

**Blind**

Blind refers to a condition where a person suffers from any of the following conditions namely total absence of sight; or visual acuity not exceedingly 60/60 or 20/200 (Snellen) in the better eye with correction lenses; limitation of the field vision subtending an angle of 20 degree. In India, a person with a (Visual Acuity) VA < 6/60 is legally blind, which enables to receive certain services. However, a person who is legally blind can still have useful vision to do certain tasks. This refers to the fact that they still have functional vision, which is the use of vision for a particular purpose. The importance of the functional definition is that someone with a visual acuity of 2/60 can have useful vision for mobility will be labeled as blind.

**Partial Sighted**

Lowenfield (1974) has suggested that the paucity of research may be due to the fact that the partially sighted child is “for all practical purposes a seeing child, and his challenged, if it is one, does not affect him in any different way from other children who slightly deviate from the normal”. The available evidence indicates that the development of partially sighted children does not deviate from that of seeing children nor does it show discrepancies in growth within the child. The visual loss is measured with the help of Snellen chart.

The Persons with Disabilities Act, 1995 also recognizes partially sighted as a category of challengeness and defines it as follows: “Persons with partial sight” means a person with challengeness of
visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning and execution of a task with appropriate assistive device”.

In World Health Organization’s (WHO) 1992 is desirable to modify this definition and the following quantification should be added. “Partial sighted are those who suffer visual acuity between 20/200 to 70/200 (Snellen) or 6/18 to 6/60 in the better eye after the best possible correction or a Field of Vision between 20 to 30 degrees.

The World Health Organization working definition of partial sighted (WHO, 1992) is as follows: “A person with partial sighted is one who has challengingness of visual functioning even after treatment, and/or standard refractive correction, and has a visual acuity of less than 6/18 to light perception or a visual field of less than 10 degrees from the point of fixation, but who uses, or is potentially able to use, vision for the planning or execution of a task”.

In India, it is desirable to maintain the definition of blindness as adopted in the PWD Act, 1995, i.e. visual acuity of 60/60 (20/200) or less and field of vision of 20 degree and less and to consider all the persons in the range of acuity of 6/18 to 6/60 (20/60 to 20/200 to 70/200 (Snellen) or 6/18 to 6/60 in the better eye after the best possible correction”.

Therefore, the idea of integrating persons with visual challenged and education has become a national concern now and humanistic social attitudes in terms of acceptability of persons with visual challenged is finding its place in the society. With the enactment of PWD Act, 1995, the central and the State government are formulating
policies and programmes to serve the unreached population of persons with visual challenged.

1.4.2 Hearing challenged

Hearing challenged is a generic term indicating a hearing challengeness that may range in severity from mild to profound. Any challengeness in auditory perception causes a hearing challengeness. According to the planning Commission and the Persons with Disabilities Act (1995) “Hearing Challengeness” means loss of 60 decibels or more in the better ear in the conversational range of frequencies. Rehabilitation Council of India considers challengeness as loss of 70 decibels and above in the better ear or total loss of hearing in both ears. Streng (1958) classified hearing challenged in the following way:

**Deaf**

The child who is born with little or no hearing or who has suffered the loss early in infancy by speech and language patterns are acquired is said to be the ‘Deaf’. A deaf person is one whose hearing challengeness precludes successful processing of linguistic information through audition, with or without a hearing aid. Deaf means a hearing loss that adversely affects educational performance and is so severe that the child or adult is challenged in processing linguistic information through hearing, with or without amplification (hearing aids) (Easterbooks, 1997).

**Hard of hearing**

The hard of hearing are those with reduce hearing acuity either since birth or acquired at any time during life. Streng (1958) also classified hard of hearing as: “Children with mild losses are those who have a 20 to 30 decibels loss in the better ear in the speech range. Their speech develops through the use of the ear and their hearing border on
normal”. One who generally with the use of hearing aid, has residual hearing sufficient to enable successful processing of linguistic information through audition. Hard of hearing have a varying degree of ability to hear sounds of mild to moderate. It may range from 26 to 40 db and 41 to 55 db. Many hard of hearing children have found social adjustment difficult because they could not interact socially as hearing children do. Thus a hearing loss may interfere with social adjustment and educational progress especially in the areas of speech and language. The amount of difficulty will vary with the degree of hearing loss and also with other factors. Since the recent improvements in hearing aids, however, it has been found that most of these children gain more from being with normal children. The problems and issues of persons with hearing challengeness, though well known, have always been set aside. All hearing challenged are not the same. Challengeness not corrected leads to limitation of activities.

1.5.0 Educational Settings

The question of what organizational setting or placement is most appropriate for challenged children has been answered differently through the history of special education. Beginning with residential institutions, the range of placement options has gradually increased to include specials, special classes within public schools and finally integration into regular public schools (Mainstreaming) with their non-challenged peers. This mandate is known as placement in the least restrictive environment. Mainstreaming and least restrictive placements are outgrowth of the broader philosophical concept of normalization the belief that challenged persons should, to the great extent possible be integrated into society. Integrated students perceive
challenged people more positively compared with residential school students in predicted direction. To implement fully, the concept of least restrictive environment (LRE), a variety of educational environments or alternatives are necessary.

The Cascade Model of Special Education Service is a conceptualization of the range of placement and service options available for challenged children. The placement options are presented in hierarchical form and range from the least restrictive placement in the regular education classroom to the most restrictive placement in hospital or institutional settings. The Cascade Model was first proposed by Reynolds in 1962 and an amended version was proposed by Deno in 1970. Both proposals predated the passage of the Education of All Handicapped Children Act of 1975 (PL 94-142), a time when placement and service options for the handicapped were scarce. Reynolds and Birch (1977) characterized the pre PL 94-142 administrative arrangements as a two-box system in which parallel but separate educational programs for regular and special education were in operation within school buildings. Interaction and movement of children between the two systems was difficult at best and more often, non-existent. The Cascade Model helped create understanding of and support for the better system that “facilitates tailoring of treatment to individual needs rather than a system for sorting out children so they will fit conditions designed according to group standards not necessarily suitable for the particular case” (Deno, 1970). The Cascade Model visually appears as a triangular form that contains two essential elements: the degree of placement specialization and the relative number of children in the various placement options. The base of the
triangle coincides with regular classroom placement, the preferred placement for the largest number of challenged students. Progressively more specialized placements are included as the triangle extends toward the apex. The decreasing width of the triangle reflects the decreasing numbers of children to be placed in progressively more restrictive environments. Deno’s Cascade Model was widely cited and reproduced; it has become a fundamental concept for the field of special education. (See Figure 2 on facing page for an example of the Cascade Model).
Figure: 2 The cascade system of special education service. The task design indicates the considerable difference in the numbers involved at the different levels and calls attention to the fact that the system serves as a diagnostic filter. The most specialized facilities are to be needed by the fewest children on a long term basis. This organisational model can be applied to the development of special education services for all types of disabilities.

Sources: Encyclopedia of Special Education: A-D Reynolds, Elaine Fletcher-Cascade Model of Special Education Services (1962).
The basic concepts of specializations embodied in the Cascade Model were subsequently incorporated into federal and state laws as the least restrictive environment principle (Peterson, Zabel, Smith, & White, 1983). Variations of the Cascade Model have been presented by other authors (Cartwright, Cartwright, & Ward, 1985). However, the basic elements of degree of restrictiveness and relative numbers of children in the different placement options have been retained.

Despite its popularity and utility, the Cascade Model has been criticized. Reynolds and Birch (1977) view the original Cascade Model as “too place oriented” because of its “clearest focus on administrative structures and places”. They offer an alternative conceptualization of the Cascade Model in which instructional diversity is emphasized.

The Instructional Cascade envisions the regular classroom as the primary and optimal setting for the delivery of specialized services to challenged children. Children are seen as moving among the levels of the cascade for educational purposes. Ideally, a child would be moved to a more restrictive setting only for completing educational reasons and would be moved back as quickly as possible. The model shows that specializes instructional procedures are possible in regular classroom settings. The Instructional Cascade reflects the growing support for integration of the challenged into regular education programs.

Out of various levels of placement shown in the Cascade Model the two most important levels are there from the point of view of education as well as for the present study. These two are integrated and segregated settings.
Figure 3: Changes occurring in the cascade of specialized places, more diverse.

Source: Encyclopedia of Special Education: Case of Services Model and Emotionally Disabled Students by Peery et al. (1993)

- Removal of architectural barriers
- Braille and mobility instruction for the blind
- Classroom social structure becomes more cooperative
- Recurring specialized diagnostic appraisal
- Total communication for the deaf
- Individualized contingency management systems
- Effective management of acoustic environment
- Individualized instructional management system
- Broad team approaches to planning
Children with Special Needs reflections are very rare in government documents, which have largely propagated the development of special schools in India. Efforts under the SSA however suggest a change in the perceived nature and role of special schools, as they are increasingly being advocated as ‘resource centres, with efforts aimed at greater collaboration between integrated and segregated settings. “Undertaking the task of providing consultative resource support to regular schools, enrolling challenged children. Segregated schools could also assist in many other areas or steps required for implementing inclusive education in SSA, such as teacher preparation or providing aids and appliances. Segregated schools may also assist in implementing Inclusive Education (IE) activities in remote and difficult to access blocks and regions in a particular state”.

Education of children with challengeness in India has moved from segregation, special schools to integrated educational settings. There is a government sponsored scheme called Integrated Education of Disabled Children (IEDC) which project was started in 1980s and designed based on the experience gathered from a UNICEF assisted pilot project called PIED (Project on Integrated Education of Disabled Children) 1987. With this scheme States should recognize the principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with challengeness in integrated settings. They should ensure that the education of persons with challengeness is an integral part of the educational system. General education authorities are responsible for the education of persons with challengeness in integrated settings. Education for persons with
challengeness should form an integral part of national educational planning, curriculum development and school organization.

1.5.1 Integrated

Integration in education is a relatively recent development in special education. During the mid-20th century, several factors came together to precipitate change in direction of mainstreaming. Integration is the education of mildly challenged children in the regular classroom. It is a concept that is compatible with the Least Restrictive Environment. All the challenged can be educated with their normal peers whenever possible. It is based on the philosophy of Equal Educational Opportunities that is implemented through individual planning to promote appropriate learning, achievement and social normalization (Stephens, Blackhurst and Magliocca, 1982).

Integration does not mean the placement of all exceptional students in regular classes. The key to integration is the placement of the mildly retarded in the regular classroom environment that best fits their needs. Sometimes, it may not include a regular classroom but a special class in the regular setting and extra-curricular activities determined by consideration of how best we may promote learning achievement and social normalization.

An approach to integration that takes the individual needs of the special child into full consideration may result in one or more intervention. Such interventions are – physical integration, social integration, academic integration, societal integration etc.

Integrated setting is the learning environment of educational institutions in which all the challenged children can be educated along with their non-challenged children peers in general schools. It is an
educational setting which promotes a healthy social relationship between the challenged and the non challenged children at all levels as well as pupils who do not face severe difficulties and can attend the curriculum of the schooling providing they receive assistance from the special education teacher according to a set of prearranged visits.

Integration has emerged internationally as one of the most significant and controversial issues as a result of the normalization movement, influencing special education provision in the last two decades.

The concept of normalization is originated in Scandinavia, was adopted in the United States in the 1970s and has been imported into Britain in the 1980s. The principle of normalization refers to the belief that living arrangements and life opportunities for the challenged should approximate those of the non-challenged. Normalization can be defined as the philosophy that all challenged should have the opportunity to live lives as close to the normal as possible; patterns and conditions of everyday life as close as possible to the norms and patterns of the mainstreamed of society, should be made available to them.

Normalization has resulted in the greater integration of the challenged population into business and social activities. Its greatest influence on special education has been the promotion of two practices, deinstitutionalization and mainstreaming/integration.

Integration derived from the whole, Latin word “integrare” meaning to make whole, refers to the process of enabling children with special need to maximize their opportunities, potential and personal fulfillment in their families, school and wider community. It is part of
the change process in society aimed at ‘deinstitutionalizing’ challenged persons back into normal society. However as this research is concerned with integration in educational terms. It is viewed as providing a natural environment where these pupils are alongside their peers and freed from the isolation that is characteristic of special school placement (Hegarty, Pocklington and Lucas, 1981). Stressing that the integrated child must be provided with every opportunity to access to all aspects of school life and environment.

Integration of children with special needs into the mainstream school should only proceed if it can be shown that the advantages of such a programme outweigh any disadvantages that might be inherent in a process of integration. Integration in itself is not a particularly worthy goal unless the opportunities presented to youngsters with special needs are enhanced from that which accrues to them in the special school. Children attending special schools are segregated from their peer groups and form friendship groups often based on challenged rather than normality. It can be claimed them that the social disadvantages which derive from a segregated schooling outweigh any curriculum advantage or pastoral advantage that may accrue room being part of a specialized community. Integration into mainstream schools can largely overcome this challengeness but only if the issue is treated seriously and if the needs are adequately recognized. To assume total integration of all children with special needs is probably to make too large a claim. It is likely that there will always be a small number of children who will continue to need very specialized help in small segregated units. Nevertheless, the notion that the ordinary school must make strides to offer a wide range of curriculum options
for all its pupils is an attractive one. Providing always that the schools can resource sufficiently well to allow the opportunities to develop and flourish, then it is quite clear from the experience which has been gained so far that the move towards greater integration at a functional level is beneficial not only to children with special educational needs but to other children who come into contact with them.

The Warnock Report (1978) identified three characteristic ways of how integration of challenged children can be achieved.

1. Locational Integration – It refers to the setting up of special units of classes in ordinary schools but where there is little contact with other children, particularly in the curriculum of the school.

2. Social integration – It is where special classes or units are set up and where there are opportunities for social interchange, particularly at break times and perhaps at assembly times.

3. Functional integration – It is the fullest form where there is direct contact with children in the normal school programme and where there is a shared curriculum.

It is to be hoped that the resources necessary to bring about true integration can be made available but that requires large scale commitment-not only on the part of the schools, the teachers and the local authority but also by central government. Various policies, legislations and Acts have been implemented to bring up the challenged children in an integrated and regular setting to lead a normal life such as

The National Policy on Education (NPE), 1986 and the Programme of Action (1992) gives the basic policy framework for education, emphasizing the correcting of existing inequalities. It
stresses on reducing dropout rates, improving learning achievements and expanding access to students who have not had an easy opportunity to be a part of the mainstream system. The NPE, 1986 envisaged measures for integrating the physically and mentally handicapped with the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence.

The Rehabilitation Council of India (RCI) Act, 1992 was strengthened by the enactment of the RCI Act, 1992. The purpose is to standardize and monitor the training of special educators and other rehabilitation professionals in the country. Therefore, in 1992, Parliament of India enacted the RCI Act, subsequently amended in 2000, to establish a statutory mechanism for monitoring and standardizing courses for the training of 16 categories of professionals required in the field of special education and rehabilitation of persons with challengeness. Training of special educators and resource teachers that can offer support services to children with special needs in regular schools is the responsibility of RCI.

The Government of India has enacted the legislation Persons with Disabilities (Equal Opportunities and Full Participation) Act, 1995 (PWD Act) to achieve the goal of providing access to free education in an appropriate environment to all learners with challengeness till she/he attains the age of eighteen years. The Act endeavours to promote the integration of learners with challengeness in mainstream schools.

The National Curriculum Framework (NCERT, 2005) emphasized on providing equal opportunities to all children. An inclusive
curriculum to all students regardless of their physical, intellectual, emotional, linguistic or other conditions is required. Thus, it is accessible to all children including Children with Disabilities that the school has to make in terms of infrastructure, curriculum, teaching methods and other school practices to relate teaching to the special needs of all learners.

1.5.2 Segregated

Segregated setting is the learning environment of educational institutions when students’ special needs are considered to be particularly serious and consequently need special assistance provided by educators and specialists within special schools and with the appropriate infrastructure. In segregated schools severely challenged children are educated by especially trained teachers with the help of special aids and equipment and a curriculum adapted to their needs.

Segregation is the process by which children with special needs or the challenged children are identified as a separate group and are educated in special schools in the company of other challenged children of the same category being alienated from the parents, siblings, non-challenged peers and their community. These special schools have certain disadvantages which became evident as the number of these schools increased. These institutions reached out to a very limited number of children, largely urban and they were not cost effective. But most important of all, these special schools segregated CWSN from the mainstream, thus developing a specific disability culture (Janshala, 2003).

However, education of persons with challengeness should focus solely assisting individuals to achieve the maximum potential in schools
and community setting, segregation achieved widespread support. Segregated schools are dead ends for special needs children. They promote isolation, alienation and social exclusion. Segregated schools focus on challengeness rather than performance. Teachers in segregated schools are not under challenge to perform as a result of which the potential of the challenged children is not realized. The curriculum is watered down in these schools.

The National Policy on education 1986 and the Programme of Action (1992) stated that segregated or special schools with hostel facilities should be provided, as far as possible at district headquarters, for the severely challenged children. Under this policy, the Ministry of Social Justice and Empowerment has taken steps to ensure recruitment of trained manpower in special schools and improve standards in these schools through the National Institutes for the Handicapped.

According to Persons with Disabilities Act, 1995 setting up of special schools in government and private sectors for those in need of special education in such a manner that children with special needs living in any part of the country have access to such schools. It also endeavours the special schools for children with special needs with vocational training facilities.

The National Curriculum Framework (2005) recommends making the curriculum flexible and appropriate to accommodate the diversity of school children includes those with challengeness in both cognitive and non-cognitive areas. Segregated Setting is the learning environment of educational institutions which used specially designed instruction to meet the unique needs of challenged child.
1.5.3 Segregated VS Integrated Setting

In the sphere of challenged, the term institution, which relates to the question of segregation, refers to a kind of establishment that is most of often structured on a residential basis to treat, train and intern challenged people. Thus, it has been possible to speak of total institutions (Goffman, 1961). The Union of the Physically Impaired Against Segregation (UPIAS) describes segregated residential institutions as the “ultimate human scrapheaps”. Most of segregated school settings are residential institutions. In the segregated setting the child lives away from home and therefore away from the family setting for a significant portion of the year, and just as important lives in a setting, which is wholly geared to children with special characteristics.

The segregated setting spatially separates the challenged from the rest of the society. Since the challenged interacts mainly with other challenged individuals in the institution he learns a mode of communication and patterns of adjustment peculiar to the challenged who share the same organ inferiority, new norms developed among the challenged individuals who are segregated from the society at large and confined to interact among themselves. In short new subcultures ensures among the individuals confined to segregated settings.

Integrated Setting is the learning environment of educational institutions in which the challenged are regularly being taught along with normal children with resource support. Integration is the opposite of segregation. Integration is the process of bringing the ‘parts’ (the challenged children) to the ‘whole’ (the society). Integration denotes a trend toward educating the exceptional child with his normal peers to
whatever extent is compatible with his fullest potential development. Integration is basic to mainstreaming.

In the integrated school setting the child lives at home and attends a public school, with special classes or other resources for challenged children. There are clearly two important dimensions of difference, and they should be kept at least conceptually separate. There is the issue of whether the child is living at home or in an institutional/ segregated setting, and there is the issue of whether the educational setting is primarily geared to children in general or to children with challengeness. Of course, it is true that the segregated setting is by virtue of its very mission, geared to children who are challenged in one way or other and that integrated school settings usually serve children who are able to live at home, and so these two issues are for most practical purposes not fully separable. Nonetheless, it is useful to keep them conceptually separate, so that when the various advantages and disadvantages are considered, disadvantages can be appropriately classified, and possible solutions to them properly directed.

In Integrated setting, all the challenged children can be educated along with their non challenged children peers in general schools. It is an educational setting which promotes a healthy social relationship between the challenged and the non challenged children at all levels and reduces the physical distance between them through equal participation in social activities. It is an educational setting in which challenged children receive education along with non challenged children in the regular classroom with provision for extra help for the challenged. Thus, integrated setting is a practical solution to the
problem of segregation of challenged children. It refers to integrating the physically and mentally challenged children with the non challenged children in regular classroom in the least restrictive environment.

1.6 Demographic Figure of Meghalaya in Special Education

Like all other States in the country, Meghalaya has also adopted the policy of free and compulsory education for its students up to the age of 14. The State Government has also been taking active measures to improve the status of education in the State through various interventions like Mid Day Meal Scheme and Universalisation of Elementary Education (UEE) through Sarva Shiksha Abhiyan. The State Government has also made all effort to mobilize community participation, involvement through awareness campaign, which should result in constituting village committee, societal co-operation, who will assist in identification of out of school children, ensure children’s enrolment and also to give equal educational opportunities to all special children.

There is also a District Social Welfare Office, in East Khasi Hills, Shillong which is under the Department of Social Welfare. The purpose is to create awareness, identifying the needs, areas and beneficiaries for providing welfare services and assisting for their upliftment. The main purpose for setting up of this office is for implementation of various welfare schemes for the easier execution and supervision of the work within the jurisdiction. As per the census, 2.19 million children with different challengeness are to be provided education in the school system. Meghalaya has a total population of 2,31,8822 (as per 2001 census) out of which 28,803 challenged persons are in Meghalaya
which constitute 1.25 percent with a total challenged persons of the country. Meghalaya has a total of 9716 children with special needs from 0-14 years as per 2001 census.

According to the Commission of Disability, Government of Meghalaya, data based on surveys 2002, a total of 893 from 6 to 18 years have a low vision and visually challenged and a total of 1043 have hearing challenged from 6 to 18 years. However, the National sample Survey Organisation has reported that as per the survey report of Round 47th, 1991 and 58th Round 2002, the disability prevalence in Meghalaya from the age of 5 to 9 years is 1167 in urban and 1015 in rural and from 10-14 years is 1549 in urban and 1317 in rural areas. In 1991, Meghalaya has a disability prevalence of 1871 in rural and in 2002, 1117 in urban. The total number of blind in the State of Meghalaya as per the record of State Resource Centre (SRC) from the age of 0 to 60 years and above is 4518 as per the year wise falls under visually challenged category. The total number of hearing challenged in the State of Meghalaya as per the record of State Resource centre (SRC) from the age of 0 to 60 years and above is 4960 as per the year wise falls under this category. Data available from the National Centre for the Promotion of Employment for Disabled People (NCPEDP) indicates that among the 6 to 7 crore challenged people in India less than 2 percent receive education, less than 1 percent is employed. According to the findings of the State Directorate
of census operations (2004), 1.2 percent of Meghalaya’s over 23 lakh population suffers from challengeness.

Under Sarva Shiksha Abhiyan, Meghalaya has a strategy for 2006-2007 of bringing 59,142 out of school children into schools by conducting Back to School Camps. Under the Sarva Shiksha Abhiyan, the State has identified 10,246 children with special needs. Out of these, the total number of Visually challenged children identified from 6 to 14 years is 459 and out of these, the total enrolment of blind children is 444. The total of partially sighted children identified from 6 to 14 years is 1655. Out of these, the total number of partially sighted children enrolled from 6 to 14 years is 1119. The total number of Hearing challenged children identified in the State is 2147 from 6 to 14 years and the total number of enrolment of hearing challenged children in the State is 1984 from 6 to 14 years and the total identified children as speech is 629 and the total enrolment in the State is 613 (SSA office, Shillong, Meghalaya, 2010).

Out of 28, 803 challenged persons, the population of the challenged people of Meghalaya in the rural areas is 22,740 is over
three times more than the urban areas i.e. 6,063. The total male challenged found in the State is 15,317 and total female challenged population found in the State is 13,486. A total number of visually challenged in the State is 13,381 and out of these 7,170 males are visually challenged and a total number of visually challenged females found in the State is 6,211. A total number of hearing challenged found in the State is 3,668. Out of these a total number of 1,795 are male hearing challenged and 1,873 are female hearing challenged.

Meghalaya has a total of 2014 children with special needs from 0-14 years. Out of these 1020 are males and 944 are females. The State has a total of 7702 children with special needs from 5 to 14 years and 3900 are males and 3802 are females. Again, total number of children with special needs ranging from 0-14 years is 9716 and out of these 4919 are males and 4796 are females (2001 census). In the year 2003-2004, the drop out rates in Meghalaya at the primary stage (classes I-V) and elementary stage (Classes I-VIII) were 53.4 percent and 71.1 percent respectively as against 56.5 percent and 71.7 percent the respective stages during 2002-2003. Meghalaya has a total of 3,173 enrollments of children with Disability from classes I to VIII in the year 2007-2008 (Elementary Education in India: Analytical Tables 2007-2008, NEUPA, 2010).

While the challenged children attend the regular schools, there are also special schools for the challenged children. Most of the special schools are located in urban areas. Voluntary organizations are taking major initiative in opening special schools in the State. The Ministry of Welfare provides financial assistance to a few organizations to establish special schools and others manage their own. A few special schools
offer vocational training for such children. There are a total of 13 special schools in the area of visual, hearing, mental and locomotor challenged. The State has also organized regular programmes for the training of teachers for the challenged under the scheme for Disabled operated by the Department of Education. Education of the children suffering from certain mild challenged are in common schools with the help of necessary aids, incentives and specially trained teachers. In the Report of Sarva Shiksha Abhiyan (2010), under Inclusive Education, Meghalaya has appointed 14 teachers having special education training to work in different districts. There are altogether 67 trained teachers in the State of Meghalaya under Rehabilitation Council of India (RCI) are working for challenged children in different educational settings.

The State has also provided several Education Schemes for the Challenged children. Pursuing studies in recognized institutions from nursery up to post graduate level. Reader allowance is also given to visually challenged students studying from class IX onwards. In compliance with the provision under PWD act, a scheme for giving uniform grant, book grant, conveyance allowance to challenged persons. The Social Welfare Department, Government of Meghalaya also provides financial assistance under the PWD Scheme to undergo treatment outside the State, pursue educational, professional and technical training. The State also stands committed to the implementation of the people with Disability Act.

At the policy level, progressive legislations, Schemes and provisions exist for them. But at the ground level, the physically challenged continue to be neglected and marginalized, with the onus of care on the family rather than the community. But this comparative
assumption has not been thrashed out and investigated thoroughly by the researchers in the field. Therefore, it is very essential to carry out different study of physically challenged children studying in integrated and segregated educational settings to bring improvements in their conditions.

1.7 Importance of the study:

We have been feared and misunderstood persons who are challenged physically or mentally. In many cases those with challengeness and other special needs have been isolated which may be either the cause or the effect of misunderstanding. These children may have greater difficulty in facing the socially accepted points of reference because they are different than the non-challenged children. They cannot grow up with expectations based on what the average children around them to do and work to achieve. Hence, there is possibility of them developing unclear and confused self-concept.

In the process of forming the Self-concept, inferiority and anxiety may create adjustment problems which are common in the physically challenged children and there must be at least three adverse responses to inferiority and anxiety among them. The first one is ‘Mourning’ which refers to sadness and results in the less functional skills of the child which leads to maladjustment. The second one is ‘Devaluation’ and is a process by which the challenged can see themselves as more handicapped than they actually are. The last response is ‘Spreading’ and refers to those who see their challengeness in expanding way from the original source to the whole body. Self as a fragile concept largely depend on opinion of others. Physical limitation and source constraints are primary and secondary factors to the
challenged people which develop a sick Self concept. However, not all physically challenged have low self concept and play the sick role. Some are persistent fighters for independence and having positive Self concept but that depends on outside help and their degree of challengeness.

Self-concept plays a vital role in adjustments. A high regard of self means high level of adjustment (Wylie, 1961). Adjustment refers to a harmonious relationship between the person and environment. The degree of harmony is in part dependent on certain potentialities within the person and in part upon the nature of the environment. The physically challenged persons have firstly to adjust themselves to their own challengeness and at the same time to the environment around them. There are differences in adjustment and self concept of physically challenged children due to differential placements and situation i.e. integrated and segregated settings. Hence, they should be encouraged to identify their own problems as well as to realize their own worth and potentialities.

The debate over integrated versus segregated educational settings for the physically challenged children is not new. A lot of research has been conducted in this regard but the result is controversial. There are advantages and disadvantages in each of the educational settings. Integrated education supporters argued that higher self esteem and early confrontation with life’s realities can only lead to better adjustment in adult life with non-challenged world and non-challenged children will be more acceptable and tolerant towards challenged children. Further, physically challenged children may perform academically and socially better than their challenged peers.
those who are in segregated educational settings. However, integrated education is not accepted by all educationists, those who are in favour of segregated educational settings for severe and profound children. They argued that these children need the employment of additional personnel and specialized physical facilities, equipment and therapeutic which may not be available in integrated educational setting with overcrowded classrooms. Due to this children may suffer more physically, mentally and psychologically. But both have their important influence over different aspects of life of challenged children. As discussed here, Self concept and Adjustment are such two aspects which have a large impact on overall life and achievement of children and which in turn themselves are influenced by factors like type of educational setting as well as type of their challengeness.

In this context it is very useful to evaluate in what the Self-concept and Adjustment is related to the type of educational setting, type and degree of challengeness. In view of this, this study can provide the basic information about the methodological improvement, appropriate curriculum, and psycho-social interventions in integrated and segregated educational settings for physically challenged children particularly for the State of Meghalaya and may be useful for providing necessary guidelines to educational planners and policy makers engaged in improving educational perspectives for challenged students. It may also provide future directions for the promotion of research activities in their field.

In a nutshell the present study aims to investigate the impact of the type of educational setting, type of challengeness and their degree over Self concept and Adjustment. Investigator thinks that the topic is
worth investigating in view of ongoing integration of physically challenged children’s education as part of the strategy of Education For All in the country and particularly in the State of Meghalaya.

1.8 Delimitations of the Study

This study has investigated the questions related to the impact of educational placement, type of challenge and degree of challenge on Self Concept and Adjustment of visual and hearing challenged children of Pre-adolescent age-group (9-13) studying only in special schools of Meghalaya.

1.9 Statement of the problem

With the above justification and facts of the study the present problem is stated as:

“SELF-CONCEPT AND ADJUSTMENT OF PHYSICALLY CHALLENGED CHILDREN IN INTEGRATED AND SEGREGATED EDUCATIONAL SETTINGS OF MEGHALAYA”

1.10 Operational Definitions of the key words used

Self-Concept

It is an organized, consistent, conceptual gestalt composed of perceptions of the characteristics of ‘I’ or ‘Me’ and its relationships with various aspects of life together with values. In this study, it refers to the composite of ideas, feelings and attitudes of challenged children about themselves which was studied by Piers-Harris Children’s Self-Concept Scale.

Adjustment

Crow and Crow (1956) defined Adjustment as “An individual’s adjustment is adequate, wholesome or healthful to the extent that he has established harmonious relationship between himself and the conditions, situations and persons who compromise his physical and social environment”. It refers here to the adjustment of the challenged
children with regard to the realistic attitude of his defects and look with correct perspective on his inability to do a thing in the environment. It includes Educational, Social, Emotional aspects of orientation towards his parents, teachers, peers, school and themselves in terms of satisfaction they derive from their interactional relationship with themselves and others was studied by Pareek and Rao’s Pre Adolescent Adjustment Scale.

**Integrated Educational Setting**

Gearheart, Weishahn, & Gearheart, 1988 said that maximum integration in the general education class combined with concrete assistance for the general class teacher. It is defined as the learning environment of educational institutions in which the challenged are regularly being taught along with normal children with resource support at Meghalaya.

**Segregated Educational Setting**

It is the learning environment of educational institutions which uses specially designed instruction to meet the unique needs of a challenged child of Meghalaya.

“I live in a cocoon of social making peeping out at the world from behind a curtain” Asha Hans (Hans & Patri, 2003). Children in special schools were seen as geographically and socially segregated from their peers, and the initial movement to locatimally integrates these students in mainstream schools.

**Physically Challenged children**

They are children who are physically disadvantaged, resulting from an impairment or disability that limits or prevents the fulfillment of a physical role that is normal depending on age, sex, social and
cultural factors for that individual. In this study physically challenged children involved-

(a) Visually Challenged
The visually challenged are those who have problems with vision. This category includes partially sighted and blind children studying different integrated and segregated educational settings of Meghalaya.

(b) Hearing Challenged
The Hearing challenged are those children to have a damaged hearing mechanism and face difficulty in speech and language development. It includes hard of hearing and deaf children studying at different integrated and segregated educational settings of Meghalaya.

1.11 Objectives of the Study
The objectives of the study are defined as follows:

1. To study the level of Self-Concept of children with visual and hearing challengeness studying in integrated and segregated educational settings.

2. To study the level of Adjustment of children with visual and hearing challengeness studying in integrated and segregated educational settings towards peers, home, school, teacher and in general as a whole.

3. To study the level of Self-Concept of children with different degrees of challengeness studying in integrated and segregated educational settings.

4. To study the level of Adjustment of children with different degrees of challengeness studying in integrated and segregated educational settings.
5. To study the interactional effect among the type of educational setting, type of challengeness and degree of challengeness in terms of children’s self-concept and Adjustment.

6. To study the relationship between Self-Concept and Adjustment of challenged children.

1.12 Hypotheses

The following null hypotheses are formulated for the study.

1. There is no significant difference between the challenged children studying in integrated and segregated educational settings on their Self-concept and Adjustment separately.

2. There is no significant difference between the visually and hearing challenged children on their Self-concept and Adjustment separately.

3. There is no significant difference between partially and totally challenged children on their Self-concept and Adjustment separately.

4. There is no significant difference between the visually challenged children studying in integrated and segregated educational settings on their Self-concept and Adjustment separately.

5. There is no significant difference between the hearing challenged children studying in integrated and segregated educational settings on their Self-concept and Adjustment separately.

6. There is no significant difference between partially sighted vs blind and hard of hearing vs deaf on their Self-concept and Adjustment separately.

7. There is no significant interaction between the type of educational setting and type of challengeness in terms of children’s Self-concept and Adjustment separately.
8. There is no significant interaction between the types of educational setting and degree of challengeness among different groups (Visual and Hearing) in terms of children’s Self-concept and Adjustment separately.

9. There is no significant interaction between the types and degree of challengeness in terms of children’s Self-concept and Adjustment separately.

10. There is no significant overall interaction among the types of educational setting, types and degree of challengeness in terms of children’s Self-concept and Adjustment separately.

11. There is no significant correlation (r) between Self-concept and Adjustment of different challenged children as a whole sample and with different degree of challengeness studying in different educational settings separately, i.e.

   Correlation (r)  (i)  From whole sample
   (ii)  Integrated educational setting
   (iii) Segregated educational setting
   (iv) Visually challenged children as a whole
   (v) Totally blind children
   (vi) Partially sighted children
   (vii) Hearing challenged children as a whole
   (viii) Deaf children
   (ix) Hard of hearing children