Chapter 1

INTRODUCTION

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Introduction to the Problem

Researchers are today engaged in various surveys and systematic investigations of the economic, educational, health and other conditions that are linked with modern community life. Among these, stands out the colossal problem of the socially handicapped, disadvantaged, exploited or victimised, the orphans, the juvenile delinquents, and the problems of those who have physical disabilities.

Adults often liken their childhood with paradise. However, if the child himself is consulted, his testimony is, unfortunately, quite the contrary. For the child, life is full of anxieties, problems of adjustment in different settings, unfulfilled needs and motives, and a variety of frustrations. It is small wonder then, that adolescence becomes "a period of storm and stress."

Personality

The human individual grows and matures as a person. This process of growth and development shapes his unique personality. It is natural that such a widely used term as 'personality' should have a variety of definitions. After a survey of related issues, Allport (1937) concludes that there are at least 50 different meanings of the term.

The two main streams of psychologists - behaviourists (Watson, Pavlov, Hull, Skinner, etc.) and dynamists (Eysenck, Hilgard, Allport, Guilford, etc.) conceptualized the term 'personality', on the basis of their own
orientations and viewpoints. Behaviour theorists emphasized the behavioral factors in defining the 'personality' concept. According to them the observation of overt and covert behaviour explains the personality of an individual. According to Watson (1930), "Personality is the sum of activities that can be discovered by actual observation of behaviour."

According to Cattell (1950), "Personality is that which permits prediction of what a person will do in a given situation. Personality is concerned with all the behaviour of the individual, both overt and under the skin."

Gordon (1963), defines personality as an aggregation of "the specific contents and consequences of behaviour and the processes responsible for these contents and consequences."

Both Eysenck and Hilgard concentrated on the unique adjustment of the individual which is the result of one's own personality. According to Eysenck (1953), "Personality is the more or less stable and enduring organization of a person's character, temperament, intellect and physique which determines his unique adjustment to the environment." To Hilgard (1957), personality represents a "Configuration of individual characteristics and ways of behaving which describe an individual's unique adjustments to his environment." Allport (1961) summarizes this succinctly, "Personality is the dynamic organization within the individual of those psychophysical systems that determine his unique adjustments to his environments."

Donald Heble (1966) defined the concept of personality in the light of physiological parameters. He considers personality a "publicly observable activity of muscle or glands of external secretion."
In the words of Robert Lundin (1969), "Personality is that organization of unique behaviour equipment an individual has acquired during his development." From the very first day of one's life, the individual starts acquiring knowledge, to gather experience and to solve his problems in some distinctive fashion. Thus determines his style of life, his modes of adaptation to the surroundings and his enduring habits, interests, thoughts and attitudes. This it can be assumed to refer to a global term which explains the individual traits and values. Personality is believed to be dynamic, it entails an active 'evolvement' and change by which the individual regulates himself.

From this review of personality definitions, it is seen that the available definitions can be grouped into various categories. A very few who have studied personality scientifically adopt the idea that personality is one's social 'stimulus' value. There are omnibus definitions of personality which begin with the words, "Personality is the sum total ....", and then describe it through instincts, inmate dispositions, tendencies and habits. There are integration definitions which emphasize the organization of personality, where this organization is "more than" the sum of its parts. As an illustration of this type of definition, Warren's Dictionary (1934) defines personality as "..... the integrated organization of all the cognitive, affective, conative and physical characteristics of an individual as it manifests itself in local distinctiveness from others." There are "totality" definitions which carry the emphasis upon integration, disregarding the parts entirely. There are definitions which describe personality as an individual's characteristic pattern of adjustments. There
are definitions that explain personality as an unique pattern of traits. This definition is essentially in the integrative class. It uses the general term 'trait', which must be defined. A trait is any distinguishable, relatively enduring way in which one individual differs from others.

"Trait" is thus a very broad, general term. A trait of personality may be as inclusive as a general attitude of self-confidence or as narrow as a specific habit, such as a conditioned muscular contraction in response to a sound. A trait may be a characteristic indicated by behaviour or of physical make-up.

The above given classes of definitions have shown that personality is conceptualized as composed of units or elements which influence the individual's behaviour so that it is relatively stable and consistent across circumstances, and is therefore predictable. These elements have been called 'generalized habits,' 'determining tendencies,' 'sentiments' and so forth. Trait or characteristic, though not the most recently adopted unit of analysis, is still most widely favoured.

Personality can be said to be balanced internally if the parts of the whole personality structure behave properly. On the other hand, external balance indicates the coping of the whole personality with the external environment. Thus, the term 'adjustment' can be used for the internal balance and 'adaptation' for the external balance (Argyris, 1955). For a normal and healthy personality, an individual should be integrated, that is adapted, as well as adjusted. Integration is explained by the characteristics of self-control, personal responsibility, social responsibility,
and democratic social interest and ideas (Shobon, 1966).

In a well integrated personality the various internal needs and reactions to the various external pressures are harmonious. On the contrary if the personality is not integrated, the need patterns are found in imbalance. The cause for faulty integration according to Hurlock (1964) may be that even with the best of environmental conditions, innate capacities cannot develop beyond their potential. Maladjustment sometimes occurs due to hereditary reasons, sometimes due to a broken home environment or faulty school atmosphere and unwanted social and cultural patterns. Heredity and environmental factors cannot be completely changed but their moulding up to a certain point is possible.

Each individual is different from every other individual in respect of such characteristics as physical appearance, mental abilities, interests and aptitudes either qualitatively or quantitatively. With these variations in background, each individual adjusts himself in some unique pattern, has a self-image and a different way of thinking. Tensions result when a wrong conceptions of self are attached with the individual.

There is great variability in personality characteristics between normal individuals. Hence it is felt the difference will be more pronounced between normals, orphans, delinquents and the physically handicapped. The present investigation was taken up to locate differences in personality characteristics that are likely to exist between these four groups of individuals, who apparently have different environments, with a variety of different experiences.
It would be impossible to carry out a comparative study on groups, taking into consideration all the major characteristics that can be found in human beings. The list of traits would run into hundreds. Hence an attempt was made to locate the main differentiating aspects of personality. For this study, the four groups of subjects will be compared on Reactions to Frustration, Need Patterns, Adjustment and Anxiety. These variables have a direct link with the way an individual behaves. A person's aggressions (reactions to frustrating situations), needs and anxieties, to a great extent determine how he/she behaves in a variety of situations. Adjustment gives an understanding of a person's mode of dealing with both internal and external sources of stimulation. Through the study of adjustment, we are able to understand the conditions under which people alter their behaviour.

Let us now examine these four personality characteristics - Frustration tolerance, Need patterns, Adjustment, and Anxiety.

**Frustration and Frustration Tolerance:**

Frustration is defined as occurring whenever the person encounters an obstacle or obstruction on the way to satisfying a need. But this definition implies a prior recognition that all behavioural response is response to minimal irritation (primary frustration), which is accompanied by tension. Tension is inherent in the very process of life behaviour. "When an obstacle explicit enough to require special effort breaches the horizon, an adventitious increase of tension occurs. In frustration theory it is hypothesized that when such adventitious stress occurs aggression in some form is entailed," (Rosenzweig, 1978).
Due to the predominantly social environment in which one lives, there are always situations arising in which wants, desires, urges and impulses have to be denied the satisfaction that they normally crave. Conflict between one's urges and the blocking of their satisfaction is a daily occurrence. What happens when there is such a conflict? The apparent result is — frustration.

When we cannot satisfy a need or solve a problem because an obstacle is blocking our effort, we experience feelings of frustration that disturb us, distract us from our other responsibilities, and interfere with our capacity to remain rational (Lehner and Cube, 1956). It was further observed by them that if our inability to overcome the obstacle continues, further problems and conflicts arise.

According to Sidney Jourard (1956), frustration refers to "the level of tension which produces irrational, disorganized conduct." He adds, "frustration is the tension that arises when one is blocked from attainment of goals which would satisfy basic needs."

Jourard's meaning of the word 'frustration', corresponds roughly to the usage adopted by Maier (1949). The latter distinguishes between motivated behaviour and frustration - instigated behaviour. He speaks of frustration in behaviour without a goal. He says, "A frustrated person is one who cannot reason and who cannot behave in his usually effective ways. All he can do is 'blow of steam'."

Garret (1950) defines frustration as, "when a strong drive is
blocked by equally strong motives or circumstances a sense of frustration often leading to conflict develops." According to him, frustration can have two meanings - it may refer to tensions arising from conflict among motives within the individual, or it may refer to the blocking of a response by people or obstacles in the environment.

Freud's analysis (1931) of reaction to frustration is important from a clinical point of view. According to him, "frustration leads to unhealthy, disorganized and promiscuous sexual behaviour."

Rosenzweig (1950) defines frustration as "the inaccessible obstacle which prevents an individual from satisfying his needs."

Present day problems of adults are forcing research workers to probe deeply into the behaviour of growing children and adolescents. It has been found that the same frustrating situation brings forth a variety of responses from different children and adolescents.

As Watson (1951) points out, "not only is the pattern (of reacting to frustrations) established, but it is consistent for the individual and remains more or less the same."

According to English and English (1951), "...harmful disturbances will appear in the behaviour of the child who is continually exposed to serious frustration."

A number of definitions of frustration have been given above. From these definitions it is seen that 'frustration' is commonly defined in three ways by different psychologists:
(a) As a Barrier: Some authors define frustration mainly in terms of a barrier. Symonds (1951) gives a number of definitions, but he himself defines the term as, "a barrier or obstacle which blocks a vital urge, no matter what the reaction to this obstacle is."

Lehnor and Kube (1955) have also defined frustration in terms of an obstacle blocking one's efforts to remain rational.

Sheffer and Shoben (1951) define frustration as "an external circumstance or an act of another person that prevents the reduction of an aroused drive." A drive, in terms of a motive, directs activities towards definite ends in all spheres of behaviour, including reactions to frustration in some way.

It is thus seen that frustration in this context is defined as an unsurmountable barrier.

(b) As a Reaction: Other writers have defined frustration in terms of the reaction to an obstacle and not principally in terms of the obstacle itself.

Maier (1940) describes frustration as a reaction to tension - "frustration behaviour has as its sole aim, the reduction of tension."

(c) As Both, a Barrier and a Reaction: Woodworth and Marquis (1963) emphasize the two factors of barrier and reaction, when they speak of people having an unsurmountable obstacle or being blocked in their desires and of results in the way of worry, tension and futile responses. Thus, frustration is not only what confronts a man but also, how he faces the obstacle.
It is an inadequate ability to meet an overwhelming force.

Dalis and Blake (1968) speak of frustration not only as entailing a blocking of gratification, but also a reaction in the form of a blow to the self-esteem and personal security of the individual. Rosenzweig (1950) defines frustration from this angle. He suggests that frustration occurs "whenever the organism meets a more or less insurmountable obstacle or obstruction en route to the satisfaction of any vital need, with the result that behaviour becomes irrational."

Having given an account of how frustration is defined according to various authors, reactions to frustration which form a part of this study will now be explained:

According to Rosenzweig (1938), it is a common feature of frustrated behaviour that it usually takes a turn towards "aggression which may be directed towards some one, or towards oneself, or towards nothing at all i.e. the obstacle in the frustrating situation is minimized almost to the point of denying its existence."

"When an individual meets with a frustrating situation, he reacts in a specific way, which may be either in the form of a normal way of response or an inadequate mode of response. This difference will depend on the degree of "frustration tolerance" or how much frustration an individual can withstand," (Pareek, 1964). Rosenzweig (1974) has defined frustration tolerance as "an individual's capacity to withstand frustration without failure of psychological adjustment, i.e. without resorting to inadequate modes of response."
As the child grows older, he learns to show diverse expressions of anger. It is common observation that physical violence decreases and that the form of anger is expressed in a more subtle way and less overtly in adolescents. They become more roundabout in their aggressiveness, finding that through sneers, sarcasm and so on, they are able to stir up anger in others. As in adults, so also in adolescents, a whisper, an up-raised brow, a joke, and such other subtle expressions of anger, may appear. Consequently, on the basis of general observation, we would expect to find in adolescents, less evidence of motor expression of aggression, a greater rise of verbalization as a means of expressing anger and a general toning down of overtness and violence.

This could be inhibition of anger. As the child grows, he learns to inhibit the anti-social, rowdy or undesirable impulses in himself. These may then, as he reaches his teens, express themselves in a more subtle way, indirectly, by passing their censor. It is a belief of the present researcher that the form of these expressions may differ in delinquents or the censorship may be weaker. Among orphans, it is likely that the censorship is stricter. Among the physically handicapped, it is again likely to differ.

Need Patterns

The second personality factor being studied is motives or need patterns. The importance of fantasy in the study of human personality has always been stressed on account of it being a composite of different needs, desires, motives, aspirations and strivings. Human motives in the
fantasy content of adolescent boys and girls can be studied.

Among the great mainsprings of behaviour, the need to belong or affiliate with other people is one. The adolescent shows a strong desire to be with his mates and associates and to be accepted by them. Unless this need is satisfied, he feels left out, isolated and dissatisfied. When given due recognition in the group, he experiences the pleasant feeling of intimate and affectionate relationship with other members of his group and draws strength and courage from this association which is based on mutual assistance and cooperation and identity of values and ideals. The adolescent is therefore, always struggling for widening his intimate and friendly circle, and devising new ways to attain this end or, when faced with disappointment in the pursuit of this goal, resorting to alternative methods compensating for it.

According to Kureshi (1975), "An adolescent's general behaviour also shows a pronounced aggressive trend - a need to violate the accepted codes of conduct and follow the socially tabooed ways of life. He seldom exhibits unquestioned conformity to the culturally prescribed modes of behaviour. Instead, he derives pleasure from being egocentric, negativistic and destructive, all these things he sometimes does for their own sake but mostly he employs them as tools for attracting the attention of those who, he deems, are growing negligent about his desires, goals and aspirations."

Frustrations and disappointments in attaining the desired goals are
the main causes of aggressive behaviour in adolescents. Since the period of development he is passing through is particularly full of frequent frustrations, the adolescent being still in the process of socialization and maturation, has little experience of making proper adjustments to the failures he unexpectedly comes across, and hence is always ready to retaliate against the frustrating stimuli. Now he is about to attain a mature and responsible position in life, and bitter realities associated with such a life begin to confront him. To these he reconciles only with great difficulty and in order to assert himself before others he becomes predominantly aggressive. Aggression is therefore, a need more peculiar to adolescents than to adults.

"Of all the psychological needs that manifest themselves in man's behaviour, the need for security is perhaps, the most vital in so far as social adjustment is concerned; " (Kureshi, 1975). Its importance is evident from the very fact that whenever an individual is confronted with some threatening situation, it takes precedence, though temporarily, over all other needs. A large amount of man's energy is consumed in seeking ways for its gratification.

The need for security, like the needs for aggression and affiliation, covers a considerable portion of the motivated behaviour of adolescents. Since the adolescent passes through a traditional phase of development following childhood and preceding adulthood, he is no longer a child to depend on others and not yet mature enough to be recognized as such by the adults. As he is on the verge of maturity, he begins to identify himself
with the adults and appears to attach much importance to the conditions which enable him to feel autonomous, self-reliant and at home, and hence his behaviour becomes markedly security-oriented.

The need for achievement is also a powerful one in adolescents. Throughout his life an individual, in order to satisfy his inner urge for accomplishing something, thinks and acts in terms of attaining goals which are not within his easy reach. He is not always interested in the outcome of the achievement-directed activity; that is whether it brings status and recognition to him or not, but quite often he wants to accomplish things for the sheer sake of having done something remarkable. Even if he fails to accomplish some of them, the failure does not necessarily make him depressed because then he tends to rationalize that the task was beyond his capabilities. Such experiences foster self-confidence in the adolescent and help him in forming his self-image which is of a person capable of dealing with any difficult task that confronts him. The adolescent with such a self-image, therefore shows much enthusiasm for exceptional and exemplary attainments and thus develops a strong need for achievement.

The need for power is another extremely important human need. Man has always been struggling for capturing the sources of influence and trying to place himself in positions of power and control. The urge to dominate others through strength or personal or moral qualities accounts fairly considerably for not only certain important forms of an individual's behaviour in relation to others but also the struggle for power in social and economic spheres.
Being socially immature the adolescent is not so much conscious of the worth of his being high in status and influential in relationships with others as an adult is, nevertheless in actual life he does tend to assert himself by means of aggression, a technique which is socially less accepted. His aggressive tendency is in fact governed more by his desire to dominate and control others than by anything else.

These above mentioned motives of affiliation, aggression, security, achievement and power are important in so far as they explain a good deal of the goal-directed behaviour of adolescents.

The purpose of the present investigation, where these needs are concerned is, to measure them in normal, orphan, delinquent and physically handicapped adolescents. They will be studied in relation to the important variables of sex and age. It will be investigated if there is a difference in the intensity of the need experienced and its priority placement among the individuals of the four different groups.

Adjustment:

Adjustment is the third personality variable being dealt with in this study. The psychology of adjustment is concerned with the total range of psychological adjustments involved in human experience. It seeks to give an understanding of a person's mode of dealing with both internal and external sources of stimulation. It inquires into basic sources of motivation, it studies the transformation of motives by learning; it studies the variability of response to experience; and it seeks to define the conditions
under which people alter their behaviour.

Man must satisfy his physiological needs by adjusting to his physical environment. But he must, in addition to the physical, also relate to the psychological needs like security, affiliation, aggression and others in a sociocultural setting.

The term adjustment is often used to convey a variety of different ideas. We refer to adjustment as growing accustomed to a particular condition, such as the changing weather. We may refer to adjusting or conforming to the ways of the majority. Adjustment can also refer to an individual's subjective state of well-being and happiness. In the present investigation, we understand adjustment as the individual's feeling of well-being and happiness in a social setting and within his emotional make-up.

Many psychologists have attributed paramount importance to early childhood experiences because they are viewed as providing the foundation for the nature of subsequent adjustment. Early life situations have their consequences on the individual's ability to adapt or adjust in a variety of situations and with different people - General findings of several studies are that longer and more complete the social deprivation, the more devastating are the behavioural effects; that early experience is an important determinant of later adjustment (Morgan and King, 1975).

The responses learned early in life occur and may indeed, recur in analogous situations throughout life. Different children learn different
things as they are growing up, due to the different behaviour reactions of people around them. This accounts for some of the variability between adolescents.

Every individual constantly strives to meet his needs. The environmental pressures force him to behave in certain ways. The interaction of the individual with his environment represents a dynamic state of equilibrium - disequilibrium between the exigencies of his personal needs and situational demands. This "effectiveness of the individual's efforts to meet his needs and adapt to his environment," is called adjustment (Coleman 1956). Psychologically adjustment implies many things like "the wholesome reduction of the pressure of needs, reasonable skills in dealing with frustrations, the development of psychological mechanisms by which difficulties can be circumvented or overcome, the adoption of patterns of behaviour required by varying situations, the efficient resolution of conflicts, and learning how to get along successfully with other people;" (Schneiders, 1960).

Hountras (1961) observes that "one may conceptually define adjustment as adherence to social norms."

The question of adjustment arises only when there are certain demands or requirements that must be complied or when there arise certain difficulties, conflicts or frustrations that must be resolved in one way or the other. In every area there is the everpresent possibility of frustrations or conflicts which require expert handling.

Some key ideas in understanding adjustment are motive, frustration,
conflict, anxiety and defenses. Schneiders (1960) expresses that "the essential purpose and content of adjustive behaviour are determined by needs and motives. If we think of learning, self-determination, training and education as the compasses by which the course of adjustment is charted, then motivation should be regarded as the propeller that initiates and sustains the course that is followed. The essential of adjustive responses is to set up an adequate relation between organism and reality, its purpose is the expression and gratification of dynamic factors within personality, and the reduction of tensions, frustrations and conflicts to which these factors give rise."

Social and emotional adjustment, the two areas being studied in the present investigation, are interrelated. The majority of situations are social situations which in turn arouse some emotion or the other. Through conditioning and later generalizing, the growing child and adolescent form behaviour patterns that we label as social and emotional adjustment or maladjustment. Through the feeding experience, a child can learn positive or negative responses which gradually get generalized to different persons and situations. Apathy for a crying child's needs can bring about learning to 'overreact,' to be apprehensive of evil when the circumstances of life seem calm. This learning occurs through the behaviour mechanism of anticipation which psychologists will measure as emotional and/or social maladjustments.

Thus the seemingly innocuous feeding situation can be fraught with important emotional consequences. Through this learning, the child becomes
apathetic, apprehensive, learning to fear anything, on the one hand, or
becoming loving, sociable, and confident, on the other.

Besides feeding, there are other important areas like cleanliness
training, sex training, anger-anxiety conflicts (sibling rivalry, rejection, desertion), direct or indirect domination, indifference, erratic
behaviour, lack of respect for the child's individual needs, lack of real
guidance, disparaging attitudes, lack of reliable warmth, injustice, discrimina-
tion, hostile atmosphere - that determine later adjustment or malad-
justment. One can assume that normal children living at home with both
parents, children living in orphanages, delinquents (evidence shows the
majority come from broken homes) and the physically handicapped have dif-
ferent experiences around the areas mentioned, and hence different develop-
mental learnings which give them different adjustment levels in emotional
and social areas.

**Anxiety**

Anxiety is the fourth and last personality factor dealt with in the
present investigation. There is no systematic conception of personality,
particularly with regard to its development, which does not give the
concept of anxiety a role of great, if not of central importance (Sarason,
1960). Anxiety is one of the most important concepts in psychoanalytic
theory. It plays an important role in the development of personality, as
well as, in the dynamics of personality functioning.

Anxiety is of central importance as a determinant of human behaviour
for it is most likely to arouse internal response (thoughts, feelings, psychophysiological reactions) or behaviour that conflicts with the satisfaction of other needs or motives. The concept of anxiety is utilised for explaining many of the psychopathological problems and has become a useful construct in the field of social interrelationships and behaviour. It has also become an important independent variable in explaining many features of human behaviour observed in experimental situations in the laboratory.

Anxiety has many facets which cannot all be encompassed in any simple definition. May (1950) upheld that anxiety is a threat of some value which the individual holds essential to his existence as a personality. From this viewpoint, any stimulus may have cue value, provided that it implies a threat to an experience and the threat-forewarning cues are similarly individual products. It follows that a wide variety of stimuli may arouse anxiety and those may be measured only as reaching or not-reaching threshold.

This anxiety has its origin in birth trauma as held by Otto Rank (1929). Freud (1935) singled out anxiety as the crucial problem of emotional and behavioural disorder. According to Symonds (1949), "growing out of many frustrating situations, anxiety serves as a driving force for a large number of subsequent adjustments."

Anxiety in the period of adolescence has been discussed by Anna Freud (1946). It has been emphasized that the psychological changes of
adolescence and their subjective manifestations bring about a psychological disequilibrium - a disruption of whatever balance may previously have been achieved between the individual's basic needs and impulses (what psychoanalysts refer to as instinctual drives), and between external and internal demands (i.e. social demands and internal standard or the demands of conscience or super ego).

When worries are frequent or intense, they may lead to anxiety and painful uneasiness concerning anticipated problems (Hurlock, 1956). Children who are prone to worry more than one normally finds in their age level, are likely to develop a state of anxiety which interferes with their adjustment. It generally comes from a feeling of insecurity within oneself and not from the external situation.

According to a number of psychologists, one class of stimuli that innately produce fear or anxiety is pain (Hebb, 1946; Hilgard and Bower, 1975; Lewis and Rosenblum, 1974).

It is difficult to dispute the contention that anxiety is a pervasive psychological phenomenon of modern society. There are some particularly difficult problems for the adolescent with respect to anxiety. Anxiety has its roots in frustrations, including the demands for conformity and security at the hands of parents, teachers, and others in society. Anxiety may be perfectly natural when it develops around objective dangers in the environment. But anxiety may become excessive if it has little or no foundation in real dangers. It may come to act as a self-perpetuating motive in which the goals may be nonadaptive and even harmful for the personality.
Excessive anxieties mean a predisposition to make exaggerated and inappropriate reactions on slight excuse. Anxiety responses reflect a person's insecurity, inferiority, and sense of inadequacy to reach goals or rewards which he and his society regard as worthwhile.

Life is certainly not a placid stream for anyone. The process of living is one of continual coping with circumstances and events that test the defenses against anxiety; it demands constant coping efforts by the individual. Many of these stresses are relatively minor, permitting adequate adjustment without undue strain. There are also severe stress situations whose reality defies the power of defense mechanisms and which raise the anxiety level noticeably.

Having discussed the personality factors of frustration, frustration tolerance, needs, adjustment and anxiety, it is seen that they are all inter-linked. Murray (1958), Combs and Snygg (1959) and White (1959) propose that a good deal of human behaviour and personality can be understood in terms of motivation or need patterns. The hierarchy of these need systems goads an individual into a variety of actions and those acts that are culturally conforming, personally rewarding and economic, find reinforcement and are adopted leading to tension reduction while such activities that are "culturally so deviant, or personally so unrewarding as to render the individual characteristically tense, dissatisfied or ineffectual" (Cameron and Magaret, 1951) pave the way to maladjustment and ultimately may culminate into behaviour pathology.

Understanding of adjustment and mental stability hinges to an
important degree on the nature, characteristics, and outcome of frustra-
tions. Anxiety, fear and worry seem to be a permanent part of human life. They are perhaps the outcome of unresolved conflicts. Some anxieties may be objective and understandable, whereas others may appear to be unwarranted and baffling (subjective or even unconscious). The strength of anxiety states varies from person to person and within any person from time to time. Mild anxieties can act as helpful stimulants; very strong anxieties tend to disrupt behaviour (Jackson and Slomberg, 1958; Sarason, 1960). Thus, the tensions of anxiety and unfulfilled needs lead to frustrations and all this plays a prominent role in the development of adjustive and maladjustive behaviour.

It shall now be relevant to say something about the four groups who form the sample of the present investigation.

**Orphans**

Orphans have always aroused a great deal of sympathy and pity. It was recently that attempts were made by psychologists, educationists and social workers at home and abroad, to study the personality development of orphans and offer them as much help as possible. Till very recent years, conditions in orphanages the world over, were deplorable. The popular story of Oliver Twist is a classic example of the lamentable conditions existing in orphanages, which were deleterious to the developing personalities of the orphans. Today, the physical conditions in orphanages were probably improved but it would be impossible to expect the orphanage to give every child the sense of emotional well-being that a real home
with parents can provide. It can be expected then that the orphan will show a personality that is markedly different from the personality of those children who live in their own homes.

The number of orphans in India is estimated between 60 and 65 thousand. These figures include only those orphans in the custody of orphanages, which amounts to a little over 450 in India.

Orphans are used to experiencing a delay in the satisfaction of their needs - even the most important ones. Many of their psychological needs are not satisfied at all. As Omar Khayam has said in the words of the orphans, "we are the sons and daughters of life's longing for itself. But we do not find it". Need frustration is a habitual experience with orphans from their very early days. Hence it is possible their personalities take a different shape as compared with others who may have even their learned needs well satisfied. Continuous thwarting of motives and needs can bring about maladjustment and permanent frustration in the orphan. His/her anxiety level may go down as he/she gets into the habit of not expecting anything from anybody. Or it may rise high as he/she feels inferior and certain needs like security, affiliation, aggression may increase.

All the persons and conditions that constitute a child's environment have a tremendous influence upon his developing personality, and consequently upon his pattern of adjustment, his level of anxiety, his various need patterns and his reactions to frustration. Significant influences come
from the home, the school/college, peer associates and other factors that may be more or less incidental. The home exerts the most important influence on the child. Since the orphanage is the home of the orphan, it is the orphanage that will exert the most significant influence over the orphans.

All behaviour is the effect of environmental influences upon inherent potentialities. The environmental influences in case of the orphans — physical, as well as, psychological are different from those of the normal children and possibly the delinquents and the physically handicapped.

**Juvenile Delinquents**

The realization of Juvenile delinquents as a separate and different group of minors, came to the fore in this country about 60 years ago. In the early twenties of the century, in the then Bombay State, a committee was appointed under the Chairmanship of Mr. C.L. Start, the chief inspector of certified schools, to study the condition of delinquent boys and present a report on how they differed from other normal boys. One of the points Mr. Start stressed in his report was — "the delinquents differ from the non-delinquents in their responses to frustration. The delinquents give disruptive responses with no 'apparent' anxiety. He added, "...unless stern corrective measures are employed, the delinquents continue to exhibit maladaptive behaviour patterns."

Juvenile misbehaviour is not strictly a modern phenomenon. Of late,
however, it has increased in number and seriousness, making it a particularly pressing social problem. The problem of juvenile delinquency is assuming grave proportions in the world today. It is one of the vital problems of developing countries like India and calls for urgent State action. Like all developing countries, the population of young people in India is growing fast, and how to keep them gainfully occupied, how to give them a purpose in life, are some of the challenges India has to take up today. A concerted approach by educationists, research workers, psychologists and the like is needed to understand this phenomenon of neglect.

The most serious and central problem of our era is the struggle between the socially disadvantaged and the socially advantaged groups. The realization that the conflict has now reached a critical phase in India has made it imperative that psychologists and social scientists attempt to gain some understanding of the psychological and social factors that lie behind it. The socially disadvantaged, as a group, tend to be distinctly more frustrated. They are dissatisfied with their opportunities to get ahead and their chances to enjoy life. Frustrations and insults are very common in their daily life. There is of course, the other group of critics who claim that the socially disadvantaged, get special attention from the authorities and special privileges are granted to them which go against the interests of the others in society. This results in a general disposition to respond with aggression and hostility. The result is a vicious circle, where aggression of both groups is directed against each other.
Researchers have shown that most human aggression involves learning (Dollard et al, 1939; Buss, 1961, Berkowitz, 1969, Johnson, 1972).

The problem of juvenile delinquency has attracted considerable attention in Western countries. In India, social maladjustment is increasingly defined as a handicap. Industrialization and urbanization are related to the growing problem of delinquency. The first person to start working on the Indian delinquent was Dr. Clifford Manshardt in the year 1921. In the following year, in collaboration with the Tata Institute of Social Sciences, Bombay, he published his book, "The Delinquent child in India," which treats in detail the varied aspects of the problem of delinquency in India. The first time in India that an enquiry into the problem of juvenile delinquency was held, was in 1956, because of the special interest taken by Durgabai Deshmukh, Chairman of the Central Social Welfare Board.

Delinquency is a symptom of a social malaise. It indicates that something has gone wrong with the society and its organization. The well-knit family is always the foundation of an adequate social organization. It is the emotional support, more than economic and social support, which is a great conduct-stabilizer for all members of the family. The family as a social institution, cannot be considered as something apart from the community of which it ought to be a vital part concerned with the latter's growth and prosperity. The social well-being of the community has a symbiotic relationship with the family relationship. When the family begins to disintegrate, the all pervading effect is seen in the entire society and delinquency may be one such effect.
The developmental needs of children are three-fold: physical, emotional and social. The effects of physical deprivation like lack of adequate nutrition, poor sanitation and lack of health services is well known. Hence, the large number of programmes in India like special nutrition programme (SNP), applied nutrition programme (ANP) and the more recent integrated Child Development Scheme (ICDS). However, at present there is limited awareness about the mental health needs of children. A recent WHO expert committee report (1977) has pointed out that socially handicapped mental disorders affect at least, one child in twenty. In this light, the neglect of their mental health seems a serious lacuna.

Most children sent to an institution are found to be emotionally disturbed to a serious extent. During the year 1969, 25,433 boys and 2,706 girls appeared before juvenile courts in India, of whom 23 percent were sent to institutions. Such institutions in that year included 98 remand homes, 119 children's homes and 108 certified approved schools. Within a period of 3 months, from these institutions, the report on 56 percent of the children was 'mentally unstable.'

Both, urban slums and rural 'bastis' are conglomerates of overcrowding, disease and lack of the basic necessities of good living. Facilities for education and recreation are usually absent. Twenty five per cent of the 255 million children in India (Census, 1981) live in slums and are thus, deprived of the developmental experiences necessary for the growth of a healthy personality. In addition to the deprivation, the pressures often put upon them to grow-up fast and fend for themselves leads to premature coping and
defensive ability (Malone, 1966). This leads to a large number of ill effects and delinquency may be its result.

Such a child from the low socio-economic class learns that his role in society is different from that of other children. He learns that he and the people of his group are to live in the least desirable, dense and dirtiest sections of the locality. Unemployment and underemployment of the adults around him do little to stimulate his interests in preparing for his career. As a result, he develops feelings of inferiority, insecurity and lack of belongingness. At home, love and affection are inadequately available because of his parents being occupied in various other problems of earning and working. Delinquency may be one of the resultant behaviours.

Delinquency statistics suffer from a number of limitations e.g. differences in legal definitions, lack of reporting, no uniformity in reporting, number of cases limited by number of juvenile courts and other facilities, etc. Much still remains to be done when compared to juvenile legislation in other countries.

In 1971, 10.7 million children in India were working, constituting six per cent of the country's labour force. Yet, paradoxically, not even a single case of employment of under-age children was detected by authorities in an investigation of 2,671 establishments conducted in 1974. In Bombay, 14.7 per cent children below 15 years of age are employed, 63 per cent of these children never having attended a school. Out of these, 52 per cent families earn Rs. 25 - 100 per month, 23 per cent of the family income being
contributed by the children below 15 years of age. Those children who are unable to work outside are left in the house by the working mother to look after the younger ones, though they are not in a position to even look after themselves. In 1978, in India, 83 per cent of the delinquents came from parents whose monthly income was about Rs. 150.

Exploitation of child employees is considered to be a special offence. Employment of children's Act, 1936, prohibits the employment of children under 16 years. This Act is further strengthened by articles 24 and 39 of the Indian Constitution and the Children's Act, 1960. Much of these are not effective in reality. Working children are found to be more exposed to crimes, sexually transmitted diseases and drug abuse. Scolding and beating from the employer makes the child defiant. Overwork without incentive tarnishes his concept of effort. It gradually leads him to commit what we term delinquent acts.

The discussion thus far has shown that delinquency is a way of responding to the human situations, it involves the whole being - physical make-up, intelligence, habits of emotional response, life history, interaction with other human beings and with nature. Delinquency is no longer explained with reference to any one part of the child's being or environment. When a juvenile's behaviour fails to conform to our social norms or when his act connotes a deviation from the established cultural usages, it is delinquency.

It is thus seen the behaviour content of the term delinquency has varied from time to time, country to country, and according to the attitudes,
cultural and social background, orientation and calling, and conception (or misconception) and approach to life of the person employing the term. It has been observed however, there is a remarkable unanimity of opinion on one point, and that is: delinquency must be used only to denote a certain behaviour pattern, or a series of behaviour patterns of a juvenile below a certain age, and the behaviour pattern must be such as is generally viewed as non-conformist by a given community at a given time and place within or without the framework of law. Basically legal in its conception, the term 'delinquent' has now a socio-legal connotation. The study of delinquency legitimately belongs to criminology, its treatment to orthopsychiatry and social psychiatry, and its control and prevention to sociology and social work. The term is used to denote deviant behaviour ranging from waywardness and incorrigibility to serious behaviour disorders, from minor infractions to serious violations of the law.

Delinquency is always an individual problem in the delinquent child and for every one who comes in contact with him. As a general phenomenon, delinquency is evidently consequent upon frustrations. Delinquency must have some basis, though often unverbalized specific meaning. To put the question in another way: what subjective value, conscious or unconscious, has the delinquent behaviour, for the delinquent himself? Healy and Bronner (1962) describe the types of reactions represented by delinquents as (a) attempt to avoid even as a temporary measure, the unpleasant situation by escape or flight from it; (b) attempt to achieve substitute compensatory satisfactions through delinquent activities; (c) attempt to bolster up or
strengthen the ego, wounded by feelings of inadequacy or inferiority. The aim then is to obtain recognition and status with the delinquent crowd; (d) attempt to get certain ego-satisfactions through expression of revenge attitudes; (e) attempt to gain a maximum of self-satisfaction; (f) response to instinctual urges felt to be thwarted, and (g) the wish for punishment (rare).

In India, the number of juvenile delinquents under the age of 16, increased by six per cent from 1949 to 1959, by nine percent from 1959 to 1969, and by 12 per cent from 1969 to 1979, while the number of children between the ages of eight and 16 actually declined. This number refers only to delinquents arrested and put into remand homes or correctional schools. The number that escapes the vigilance of the law is not known.

Delinquency has been defined by Gray (1929) as "legally prohibited behaviour committed by minors." He further goes on to say that similar behaviour on the part of adults is labelled as crime. According to Anastasi (1931), "A young person is designated delinquent, when his behaviour violates the rules and standards of society."

According to the Bombay Children Act No.XIII of 1924, "A delinquent is any child who has been found to have committed an offence punishable with transportation or imprisonment - stealing, breach of probation order, gambling, travelling without a ticket, selling contraband goods - sodomy, rape, indecent assault, rioting and looting, causing grievous hurt, trespass, counterfeiting."
Cohen (1945) suggests that the delinquent feels he has an inferior status to the wider community and meets others in a similar situation... the group restores his standing while at the same time denying the values of the wider community. Delinquency is usually at its peak at 13 to 15 years of age, at a time when the child is particularly concerned with relations with his contemporaries."

Thus, any kind of variant conduct committed by a minor can be termed as delinquent behaviour. But to mention variant conduct, at once raises the question: what is meant by normal activity? The adjective 'normal' is derived from the substantive 'norm' and a norm has to do with some standard accepted as correct and proper. What is normal, depends on three factors: (1) the cultural standards of acceptable thought and conduct as usually defined and maintained by the dominant elements in a given community or society; (2) the nature of the social interaction which furnishes the genesis and constant support of the personality. Here of course, the culturally determined definitions of conduct come into play but many variations are possible in concrete interactions, so that the applied norm tends, with few exceptions, to be at best, an approximation to the ideal norm; and (3) the manner in which the individual reorganises his own experience: how his values or frames of reference are set up, that is how he accepts, rejects, or modifies this or that cultural definition.

Delinquency and crime are then activities which run counter to the conduct norms of a given society. In the words of Yarrow (1961), a conduct norm is fundamentally, "a rule which prohibits, and conversely enjoins, a
specific type of person, as defined by his status in (or with reference to) the normative group, from acting in a certain specified way in certain circumstances. It is a rule which governs a specific type of life situation and is authoritative to the extent of the group's resistance to violation of this norm. The resistance of the norm-setters towards the violation of the code, Yarrow calls "resistance potential," and this varies obviously, with the definition of the seriousness of the infraction.

Behaviour that is variant to one group may not be so to another, and we must recognize that abnormality is not purely a matter of how a given individual reorganizes his experiences. There may be culturally accepted patterns of conduct in a sub-group existing within a wider community. For instance, some forms of behaviour which the general public consider delinquent or criminal may be fully accepted by some particular group living in a community. Organized racketeers do not consider their conduct reprehensible. In fact, if forced to justify it, they can often produce amazingly plausible rationalizations for their practices in terms of our economic and political order.

These are explanations of delinquent behaviour, which differ in their inclusiveness in various places and that which is regarded as delinquency in one area is considered as delinquency or neglect in another, according to the prevailing act or legal provisions.

If one asks why we study the personality of the delinquent, the reply must be that only by discovering the meaning and impulses of these individuals
may we hope to discover the factors which induce this type of socio-cultural adaptation. Until we understand these factors in conduct, we cannot hope to predict and hence control such behaviour in the best interests of the larger community. In other words, the prevention of such habits and attitudes or, at second best, the restoration of the delinquent to the normally accepted forms of activity cannot be expected until those who deal with these individuals know what principles to apply.

Juvenile delinquents are subjected to a serious amount of frustration in connection with their motives and needs. It is apparent they are maladjusted in a variety of situations. And one can presume their level of anxiety must be different as compared with the normals, orphans and the physically handicapped.

Physically Handicapped (Orthopaedically Disabled)

In the physically handicapped group, the present study confines itself to those who have orthopaedic disabilities. Physical handicap is but a fragment—often too small a fragment, of the total handicap against which a disabled person has to struggle. In a majority of cases, superimposed upon the physical handicap are the psychological, social, educational and vocational handicaps, which to a certain extent, have their roots in the traditional attitudes of society.

The number of orthopaedically handicapped in India is estimated to be around 40 lakhs ("1981—International Year of the Disabled", Social Defense Board Booklet, Ahmedabad). The problem of these individuals in our country
cannot be studied without taking into consideration the socio-economic background of the Indian society as a whole. Factors like poverty, illiteracy, malnutrition, rural economy, unemployment and fatalism must be evaluated in relation to their impact on the problem of the physically handicapped (Usha Dhatt, 1967).

In the primitive society where the survival of the fittest was the law, man's inhumanity to man was very much in evidence in the treatment that was meted out to those who were physically disabled. Killing, exposure, or banishment of the afflicted beings was the rule rather than the exception. A deformed or weak child, a person crippled by an accident or illness was condemned to physical extinction. In still later times, a physically handicapped person instilled fear, suspicion, and superstitious awe in the non-disabled members of his community, who regarded him as an 'incarnation of the devil.' In the middle ages, myths and legends grew around these fears and fancies of the primitive man. For many centuries, the belief persisted that the decrepit and the maimed were in some way connected with sin and evil; that they were supernatural beings - monstrous creatures of an unknown infernal region - and that they were to be dreaded and avoided by normal human beings. Later in history, there was a slight change in the attitude but still the disabled were regarded as a sub-species of the human race - were objects of pity and charity - and were abandoned to begging and ridicule. Strangely enough, the softening of social attitude towards the disabled, as well as, the rise of public interest in rehabilitation of the handicapped are a legacy of the world wars.
At one time it was believed that disability was only confined to a certain part of the body. It is now recognized that the physically handicapped person is not merely a person with a lost limb, or paralysis, or a stiff joint, but a person gifted with a throbbing heart, a thinking mind, stirring soul and surrounded by his family members and friends. It is therefore necessary to understand the pretraumatic personality and psychopathology of the individual.

Every human action is guided by powerful emotional forces, which are termed by psychologists as 'instincts', 'drives' or 'motives'. If a man is crippled physically, it necessarily follows that his mind cannot remain unconcerned. A defect of structure or function may influence personality in two ways; firstly, by handicapping the individual in the ordinary tasks of life; and secondly, by prejudicing the opinion of others against him. Thus, although psychological and social factors play an important role in all human motivation, in the case of a crippled person, they assume a greater significance. The transition of the body from health to sickness takes only a few moments, but the persuasion of the mind to accept disability may take months, years, or even decades.

As with other categories of handicap, there is considerable variation in the estimate of the number of orthopaedically handicapped, who are defined as those with defects causing deformity or an interference with normal functions of the bones, muscles, or joints. The surveys in Bombay and Delhi in 1956 and 1957 (Bombay Random Sample Survey of the Handicapped,
1957; Ministry of Education, Delhi Survey, 1961 respectively, produced an estimate that orthopaedically handicapped persons constitute approximately 56 per cent of the total population of physically handicapped in India and between 30 and 40 per cent of all handicapped persons.

The average Indian family is usually ignorant of the true nature of a handicapping condition and what can be done about it and therefore neglects the condition and assumes a fatalistic attitude towards it, thus fostering a sense of inadequacy in the handicapped person. On the other hand, the family that showers kindness and affection on the handicapped person, may develop a sense of dependency in him or even a selfish, demanding attitude which produces irritation, angry reactions, and remorse in other family members. In turn the handicapped person may react with violent hostility.

The physically handicapped person suffers from self-devaluation because he is unable to satisfy many of his emotional needs. An able-bodied adolescent enjoys independence and security, as well as, a good social life. He has adequate outlets for aggression and physical tensions. In a normal personality, there is a balance between security and independence. A physically handicapped person cannot satisfy many of the basic emotional needs under normal circumstances. He therefore feels frustrated and inferior. The devaluation that he encounters in his social contacts reflects upon his idea of 'himself'. Constitutional defects of any sort give rise to a sense of being different from others. In the case of a crippled individual, this sense comes rather easily and quickly. Howard Rusk and Eugene Taylor (1970)
state: "Physical defect has a unique, personal, and often deep, unconscious significance for the disabled persons, for physique is one of the principle raw ingredients of personality. It also has social significance, for physique is one of the grounds upon which class and caste distinctions are made."

Roger Barker (1953) and others believe that, "the orthopaedically handicapped person being a member of a minority group and subject to the same economic and social pressures as other minority groups, is likely to develop the same emotional outlook as those who are discriminated against because of age, sex, religion or race." The influence of social attitudes on the personality of the handicapped individual is well expressed by Kisker (1954): "Yet when I found that the only social success, I could possibly hope for among the girls and boys of my own age consisted in my being thought cute and funny and childish, in my thirst and hunger to mingle with them and to be accepted, I began to cultivate in myself, the character of the appealing little clown who is loved by all."

Apart from his self-devaluation, a physically handicapped person has to fight yet another battle on the psychological front against insecurity. Disablement brings about a sort of uncertainty and indefiniteness into many areas of his life.

The three areas in which the physically handicapped individual experiences insecurity are: physical, emotional and social. Physical insecurity, one understands, is directly related to his disability, as his movements or plans get restricted. The disabled suffers from emotional insecurity
in addition to his physical insecurity. Normally, everyone feels insecure at times, but the frequency of such a feeling is increased considerably in the case of a disabled individual. All human behaviour is directed towards a certain goal, the attainment of which satisfies a certain basic emotional need. Physical handicaps tend to reduce the range of activities in which the individual can engage and to lower the level of performance in some of the activities. Thus, unless his goals are appropriate to abilities which he possesses or can readily develop, he experiences frustrations with more than average frequency and intensity. When he discovers that his right to live and love is threatened, his emotional life comes to an ebb and creates mental agony of a serious nature. Like time, love is a sure healer of wounds that cripple the body, mind or heart. Unhappily, this emotional urge remains unfulfilled in the case of many a handicapped person, thus plunging him/her into a whirlpool of insecurity.

In addition to increased uncertainties in physical and emotional spheres, the disabled individual is deemed to a similar fate in his social life. The attitudes of society towards the physically handicapped have always been conflicting. The consequence of this ambiguity is that the handicapped person feels insecure about his reception by others.

For the normals (non-disabled), it is relatively easy to maintain optimum level of aspiration for psychological success. The physically handicapped, however, are particularly vulnerable to dangers that obstruct the smooth functioning of the level of aspiration. On the other hand, the
temptsions to accept as their own, the goals of their physically normal associates that are beyond their ability to achieve are great. The desire for social approval is powerful with everyone, but with the handicapped it becomes an obsession.

The disabled may elicit responses from others which are stereotyped, inhibited and over-controlled. As a consequence, he may have difficulty in sensitivity and human relationship, increased social distance and a negative self-evaluation. He may be hyper-sensitive, and in some cases he may be under-sensitive. He may be lonely and alienated and exhibit defensive reactions.

The physically handicapped are motivated by the same drives and respond to drives with the same mechanisms as are used by the able-bodied. They do not have a monopoly of socially undesirable mechanisms of adjustment. The fact however, remains, that because adjustment in general tends to be more difficult for them than for the able-bodied, they are more likely to use mechanisms that are less desirable. The essential difference is not in kind, but in the frequency and in the degree of intensity of undesirable mechanisms. There is no special psychology of the handicapped. For most part, they represent an exaggeration of certain responses to the physical, social and cultural world around them. Some of the mechanisms commonly used by them are, compensation, projection, identification, rationalization, fixation, sublimation, conversion, repression and phobias.

The circumstances in which a disability is acquired influences the
adjustment of the disabled individual. The reactions of a child who is born crippled, those of a soldier who has been wounded while fighting for his nation; those of an industrial worker who meets with an accident whilst on duty; and those of a man who sustains a disability while trying to save the life of a fellow being, will be extremely different.

The age of onset of disability is found to be a factor in determining the personal adjustment of the individual. The disabled child will react in a different manner to his disability than a disabled adult. It is relatively easier for a child, whose modes of behaviour are not well settled, to adjust himself to disability. The further we progress up the age scale, the more difficult, adjustment becomes. Habits and modes of living are well established in an adult, and it is therefore difficult for him to change over to a new way of life.

In an adolescence the handicap produces more emotional disturbance than in anybody else. Adolescence is a period of storms and stresses. The emotional problems of a crippled adolescent are bound to be intensified because of his inability to express his energy in normal outlets, like sports.

Most of the psychologists have found that the attitudes of parents and other close relatives constitute yet another determinant of personality maladjustment. Parents generally tend to be overprotective, especially when they can afford to be so, but cases of negligence are not infrequent.

Psychologists have found some correlation between the level of intelligence and psychological adjustment. It is difficult to say how much
anyone suffers, but the psychologists have established that the pain-threshold varies in all of us, and that there is probably less resistance to pain in more intelligent people.

The way in which the disabled person tries to adjust himself is determined by the fact that his values are those of the non-disabled individual and therefore, imply devaluation of himself. Disability changes his physique, but it does not change his value system. His idol is the normal individual. So long as this continues he will continue to devalue himself as one who falls below the ideal, namely, the non-disabled. By refusing to face reality, he exposes himself to more dangers. By trying to conceal his disability in order to be accepted as a normal person, he does not cease to be a handicapped person in the eyes of normal people. In his anxiety to identify himself with the normal group, he avoids mixing with disabled people who belong to his own group, for fear that they may find out his guise. Thus he neither belongs to the normal group, nor does he belong to the 'disabled group.' He remains on the border-line and suffers from all the disadvantages of an ambiguous position. He is unable to reconcile reality with his expectations. It is very difficult to produce changes in the value system that is established once and for all. But unless these changes are effected, so that the disabled person may regard himself as different to the non-disabled in certain respects, no adjustment can take place. He must see the lost values in the large perspective. He must feel that there are other values too, for which he can live.
The study of the psychology of the physically handicapped helps us to understand normal psychology. For here, in exaggerated and visible form is laid bare the network of human character in the making. The physical handicap represents some of the exaggerated modes of behaviour of the non-disabled. Although a physical disability affects the development of an individual's personality, in a majority of cases, it is only one facet of the total personality pattern. Human personality is not just a series of loose unconnected traits, but an integrated whole. It is wrong therefore, to think of the disabled as a distinct personality type, introverted, crooked, depraved, paranoid or villainous.

It is unfortunate that while there are anaesthetics and sedatives to relieve the physical pain caused by the disability, the mental pain - fear, insecurity, maladjustment, depression - that usually accompanies a crippling disability remains for the most part unrecognised. The handicap continuously restricts his experience and therefore, shapes his mental, emotional and social growth abnormally. Such children are furthermore, prone to frustration and are therefore, likely to develop an escapist tendency.

One school of thought recognizes that disability, individual personality and social environment are closely inter-linked and as such, no single factor can account for the personality problem of the physically handicapped. In this respect, Dr. Kessler (1954) says, "An organic disability becomes an actual disability only when the individual senses a defect or feels a consciousness of that defect reflected by his environment."
Mary Switzer (1960) says, "There is no simple prescription for dealing with the emotional factors of disability. One fact does stand out, ....there is no one personality characteristic which distinguishes one disability group from another. Rather, people with so-called handicaps differ from those without them and from each other, in about the same way and in the same proportion as each person differs from any other regardless of his characteristics. One's early training in the home, his life experiences, his values and ideals, all of these influence his reaction to his disability."

A disability may help the individual sufferer to realize his latent potentialities by affording him an opportunity to discover them. It unfolds what is already there. It does not bring with it anything new. The premortid personality of the disabled individual must, therefore, be considered in his psychological adjustment. An individual with a dependent, self-pitying attitude towards himself and life will be floored by relatively minor handicaps. On the other hand, one who is self-confident will compensate for a much more severe handicap and, in some cases, will do better with his handicap than he ever did before. It is not the handicap that determines what an individual can do after his disablement, but it is the combination of the handicap, the person and the society that determines an individual's adjustment to his disability. That is why even when two persons have the same type of disability and circumstances, one may become a Don Juan like Byron or a dare-devil like Bader and lick his disability, while the other may become a helpless invalid, brooding over his past and uncertain about his future, thus allowing his disability to lick him instead.
The immediate reactions to disability are always colossal. The sense of loss pervades all the fields - even those fields where it will have no significance. The physically handicapped person cannot look beyond the periphery of his own concerns. He cannot forget the past. His thoughts linger on the lost or the affected limb and its functions. He is like a person stranded at cross-roads. "At this crucial point, the person has crossed the nonman's land of bewilderment, anxiety, doubt, indecision, fear, sometimes panic. Behind him is his old self with its intact body and body image, his familiar plans and hopes for the future; ahead of him a disabled self which although yet to be explored, has lost much of its desolate and lonely outlook" (T. Dembo, 1956).

Denial of disability, that is, forgetting that the disability exists, may afford a temporary relief from emotional strain. But forgetting the fact, that so obviously stares a disabled person at every step of his life, is not impossible but also injurious.

Taylor and Taylor (1970) have listed the organizations and services for the orthopaedically handicapped in India. The first institute for the orthopaedically handicapped in India was the T.K. Polio Clinic and physiotherapy Institute which was started in Ahmedabad in 1943. The next to follow was in 1947 in Bombay. By 1970, the Ahmedabad clinic had treated more than 4,600 persons and provided consultative services for over 9,000 individuals. Several personnel at the clinic voiced the opinion that, "Many persons with physical handicap have emotional handicaps and need psychological services in addition to medical and vocational services" (R.D. Chandola, 1970).
It is thus seen that the physically disabled person has emotional factors related to his disability. It would be worthwhile to explore and locate differences in frustration tolerance, adjustment, need patterns and anxiety between the physically disabled (orthopaedically handicapped) and orphans, delinquents and normals.

Thus, the background and circumstances surrounding normals, orphans, delinquents and the orthopaedically handicapped have been dealt with. Personality has also been understood in terms of frustration tolerance, needs, emotional and social adjustment, and anxiety. In the next chapter, after reviewing past studies related with the present investigation, the problem and hypotheses will be developed and design and methodology described.