CHAPTER-III

IDENTIFICATION OF THE PROBLEMS OF THE DISABLED

From time immemorial, man has been struggling against the ravages wrought by disease, accident or feud. The problem of the physically handicapped is, therefore, as old as human life itself. But it was only after the World Wars that the special attention of the all belligerent nations of the world was drawn towards it. At no point of time in the history of the human race has there been so much national or international interest in finding a solution to this problem as there is today.

Problems of the physically handicapped vary in time and space. Their problems are multi-dimensional physical, psychological, social, cultural, educational and vocational. Each category of the disability poses a different set of problems. The problems troubling the blind most are unknown to the disabled of other categories. Hence disabled themselves are blind to the problems of the blind. Problems of the persons with congenital deformity are different from those of the disabled by accident or disease caused later in life. Their problems vary with their place of residence - rural or urban. The problems experienced by disabled housewives are different from those of married disabled men. Age and sex of the disabled also have problems of their own type. A young unmarried disabled girl may experience problems totally unknown to an aged disabled male. Education, too, determines the nature of the problems faced by the disabled. For example, illiterates may face different problems than educated ones. Employment, again, is a decisive factoring determining the problems of the disabled. For example, a well placed disabled may have least of social and psychological problems than his counter-parts seeking employment.

The problems relating to the handicapped people are in a cyclic order in relation to physical, educational, economic, social and psychological aspects. The existence of one problem becomes the root cause for the other which I further give rise to another and hence the cyclic order. For example, the social problems are relative to their economic status which further has dependence on education and the psyche of the
disabled. As a child, a handicapped faces hardships at home and in society at large that breeds a complex psychological phenomenon. As one grows, educational process demands special characteristics and once into adulthood, economic problems cast their shadows largely resulting into psycho-social problems. Though problem of one nature cannot be separated completely from the other, however, an attempt has been made to discuss them separately in this chapter.

3.1. Problem of Physical Mobility

There are hundreds of activities which a person performs from the moment he wakes up in the morning till he goes to sleep at night. The activities comprise everything entailed in human life and relationships. Many of such activities require physical mobility of some degree or the other. A person with a normal body performs these activities without noticing the importance of mobility involved in the process. However, the physically handicapped person faces a great deal of uncertainty because of his restricted movements or limitation or the loss of locomotors abilities.

Ability to move around independently acquires special significance when it is discussed in relation to physically handicapped persons. In the first rehabilitation conference on Confident-Mobility held in Australia, Dr. Hoover, while stressing the importance of mobility quoted the opinion, of Father Carol who gave highest priority to mobility amongst all the losses of blindness. He said, "Loss of mobility is the greatest of all the real losses of blindness. It intensifies the other greatest loss, social inadequacy, both in its reality and emotional aspects". In the writer's opinion, the same is true about persons having orthopedically handicap for which one of the obstacles to social integration is of an 'architectural nature'. A person, with locomotors disability has to assure himself whether he would be able to board a bus or a train, cross a busy road without an escort, move freely on an uneven surface or a hill, or climb a tree which every other child is climbing freely. The very idea that he cannot go up physically brings him deep down psychologically.

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He develops the feeling of being cut off from the rest of the world. Because of these barriers, it is often difficult or impossible for disabled persons to have close and intimate relationships with others. Such barriers are the result of ignorance and lack of concern; they exist despite the fact that most of them could be avoided at no great cost by careful planning.

Needless to mention that independence in indoor as well as outdoor mobility is the first step towards comprehensive rehabilitation of the disabled. The success of the educational and vocational training as well as community-based rehabilitation also depends largely upon the free and confident mobility on the part of the disabled. This refers to early detection of disability, timely medical aid and checking further loss and supply of other practical aids for daily living so that the disabled may find new ways of performing the tasks independently.

The problems of physical adjustment, in so far as education or employment of the handicapped are concerned, are administrative as well as those of the placement of the handicapped according to his disability, needs and capacities. Their educational needs are in accordance with the impairments or the handicaps, of milder or of severe nature, as well as of the special type of the handicap. These children in boarding schools or hospitals would need different types of physical facilities, for example, there should be wide door-ways, non-slippery or non-skidding floors, hand rails, rounded corners, better toilet facilities and drinking taps so planned that children with crutches or in wheel-chairs could also be able to use them. The furniture of schools having handicapped students should also be of special type. For instance, there should be adjustable seats for a child with braces to turn to the side and sit easily. There could be foot rests, adjustable chairs, book-stands etc.²

3.2. Educational Problems

Education moulds and builds a new and better society, a society that can face the challenges of life with courage and conscience. In spite of the UN proclamation of declaring 1992 as 'International Year of Literacy, illiteracy is particularly prevalent

among disabled people and constitutes for them a double disadvantage. In addition to being disabled, they are isolated by illiteracy.³

Education is a link between medical and vocational rehabilitation which plays a vital role in the social rehabilitation of the disabled. It is more important than that of the muscular strength or swiftness in the movements of the joints in a body. It is that valuable tool with which the handicapped can conquer their disability. In it lies the greatest hope of overcoming physical handicaps. The education of the crippled child must follow the law of compensation i.e., the development of intellectual abilities to compensate for physical inadequacy.⁴ But a child who is born blind or crippled in the early life and who has to spend his prime years of schooling in getting strenuous training for activities of daily living either at home or in some specialized institution, will have lesser opportunity to develop mental abilities, unless special effort is made to provide appropriate education for him. The child who learns walking with support at the age of seven, the child who utters the first word at the age of eight or the child who starts spelling at the age of nine cannot be expected to be normal in receiving education as his counterpart who starts walking, talking and writing at a much lower age. "Better late than never" applies fully when it comes to the education of the disabled.

'Right to Education' is enshrined in Article 41 as a Directive Principle in the Constitution of India. The provisions of the same article stipulate the right to public assistance in the case of disablement. Education and welfare of the disabled has been granted Constitutional status in India.⁵ Even Articles 14 and 15 of the constitution can be exploited by an imaginative and informed judiciary for providing quality of educational opportunity to the handicapped with regard to mentally retarded individuals.⁶

⁵ Article 41 reads as under: "The state shall within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want."
In India, was not education disabled of the accepted as a legitimate component of general education and it continued to be treated as a mere welfare activity for a long time. Wait had decades after for four it to independence to be recognized as general a component of education and to be needing included, in the disadvantaged groups special educational attention under equal opportunities.⁷

That National Policy on Education⁸ for the first time considered education for all as one of the cherished goals of national development. Universalization of primary education is a step towards realization of this goal. The policy recognizes that non-enrolment and drop-out of special groups of children is one of the major difficulties in the realization of this goal. One of the special groups which have received inadequate attention so far is that of the disabled children.

The National Policy on Education states that for ensuring Equal Educational Opportunities for the Handicapped, the objective should be "to integrate 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."⁹ It envisages that "wherever it is feasible, the education of children with motor handicaps and other mild handicaps will be common with that of others".¹⁰

The comprehensive legislation for the handicapped¹¹ goes a step ahead when it talks about the education of the disabled without any financial burden on the parents. It states" the Central and State Governments shall within a period of 15 years progressively ensure that every child with a disability has access to free education in the most appropriate environment till he attains the age of 18 years."¹² It also lays emphasis on 'integrated education unless severity of the disability is such that education in regular schools with the use of supplementary aids and services cannot be achieved satisfactorily. Before education could be used as an instrument to redress the situation

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⁹ Id. at p. 84.
¹⁰ Ibid., at p. 301
¹¹ *The Persons with Disabilities* (Equal Opportunities, Protection of Rights and Full Participation) *Act*, 1995
¹² Id., Section 26
of the handicapped, it is imperative to identify the factors responsible for the low coverage of the handicapped children in education. These factors are as follows:

(i) **Lack of Mobility**

Except at the University level where education through correspondence is available, or hospital schools where primary education is imparted to those requiring long periods of hospitalization, in order to receive education, the pupil is supposed to visit the centre of education in person. But the restricted mobility of the person with disability does not allow him for the same. For example, blind and mentally handicapped, normally, need an escort when moving in busy places or during busy hours. A person with orthopedic disability, too, quite often finds it difficult to cover long distances independently, particularly, when such distances are to be covered by public transport with heavy school bags on the shoulders and crutches under the arms. The wheel-chair disabled person's main obstacle is of an architectural nature. Often he discovers that either there is no lift to carry him or the lift is not of the right measurement to accommodate him with his wheel chair or school/college buildings are not designed to cater to his special needs. All this makes him to seek help from an escort. Disabled, mostly, do not get the services of an escort.

(ii) **Problem of Reading and Communication**

Blind students find it difficult to pursue their studies because they cannot read the literature meant for sighted students. Thanks to the development of various educational aids, which help blind students, see the unseen world of words. But there are difficulties encountered in this respect. Because of the lack of adequate Braille presses, printing books covering all disciplines and technical know-how and other necessary equipment, the blind child finds it difficult to study. Apart from this, the

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13 UNESCO (1988): “Review of the Present situation of special Education”, less than 1 percent of their total population enrolled in special education provisions with 0.03 percent at the lower end of the range. Paris, at p. 133


15 Braille Duplicators and Writers, Writing Aids; Braille Paper; Talking Books and Tape Recorders; Reading Machines; Mathematical Aids in Geography Aids; Science Aids.

teachers who are teaching the blind are not adequately qualified for the profession which requires specialized knowledge and training in the technique of teaching the blind. The study conducted on the teachers for the blind in India showed that majority of the teachers were just matriculate and were also untrained for the job.

The problem of the communication on the part of deaf and dumb is a big hindrance in the education of this category of disabled persons. Though, this problem can be solved to a significant extent with the help of hearing aids which help them in hearing the unheard world of knowledge. The most prevalent classroom equipment and hearing aids are not manufactured in India and the imported equipment is very expensive and not easily available. Non-availability of sufficient number of trained personnel and teachers of the deaf also adds to the problem.

The problems encountered in teaching deaf children are significantly different from those faced with hard-of hearing children. Since hard-of hearing children have the ability to acquire speech and language through hearing, the problem in teaching them is mainly one of making it possible for them to learn through the methods and techniques used with hearing children.

The deaf child faces quite a different problem. Because he never hears speech, he does not normally acquire language or the subtleties of meaning which are more readily acquired through the sense of hearing. The important factor to remember in educating deaf children is that their major deficiency is not so much lack of hearing as inability to develop speech and language through the sense of hearing. Their education, therefore, is probably the most technical area in the whole field of special education. It requires more specialized training on the part of the teacher than in any other form of education.

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19 Earlier Bharat Electronics Limited was manufacturing the popular hearing aids but it stopped manufacturing so since 1970. Indian Telephone Industries, another manufacturer of these aids, has not been able to meet the needs both quantitatively and qualitatively.
21 Ibid.
(iii)  **Parental Attitude**

Indifferent parental attitude towards the educational needs of their disabled children is also a big barrier in the education of the disabled. Normally, the parents of the disabled feel it a wasteful investment in a disabled child's education. Instead, they resort to pass on their children to residential institutions due to many reasons. Some look upon the residential special institutions as a panacea to all the maladies surrounding the handicapped. They wish and hope that the institution will use some magic formula to offset the organ inferiority of the child and translate it into a normal human being. But their wish and hope does not come out to be true. Instead, institutionalization instills in them many psychological problems.\(^{22}\)

(iv) Most of the special centres for the education of the handicapped are located in metropolitan cities and urban areas. The non-Governmental organizations barring a few exceptions have not significantly come to operate at district or sub-district levels. Reportedly, 215 districts in the country do not have special schools for any disability though there are over 1000 documented special schools.\(^{23}\)

(v) Education of the handicapped is viewed as a social welfare activity. Special schools have been treated in isolation from other educational institutions from the point of view of providing the educational supervisory infrastructure, leaving it to the Ministries of Welfare and Human Resources Development to co-operatively develop the same.

(vi) The Centrally sponsored Scheme of Integrated Education for Disabled Children\(^{24}\) conceptualized by the Department of Social Welfare in 1974 was transferred to the Department of Education since 1982. Under this scheme handicapped children are sought to be integrated in the normal school system. The scheme was implemented for several years in terms of running 'Mini Special Schools' within general schools. The

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\(^{24}\) For details of the scheme, pp.200-203 at p. 201
reason was that there was no provision for sensitization and involvement of all the teachers.\(^{25}\)

(vii) Significant advances in teaching techniques and important innovative developments have taken place in the field of special education. The advances concern early detection, assessment and intervention, special education programmes in a variety of settings, with many disabled children able to participate in a regular school setting, while others require very intensive programmes. But, because of over population, limitation of financial resources, lack of awareness on the part of the disabled and lack of seriousness of the concern on the part of the State, India, with 80 million disabled persons, has not been able to make use of such advances. Result the crippled are seen begging on the roads or waiting for their turn for receiving alms in a charitable home especially made for them.

(viii) Majority of the handicapped belong to families living below poverty line. Poor parents can't afford their children's education. Though there is a provision of scholarship\(^{26}\) for education of the disabled but the amount of scholarship is very less and education very expensive particularly at the centre's for higher education located in towns/cities where disabled students from rural background have to pay more for hostel accommodation etc. Such parents prefer feeding their disabled children than sending them to schools. And moreover, the education of the disabled up to any, class, is not compulsory as well, hence’, depends more upon the convenience and the choice of the parents. There is another reason also for this attitude of the poor parents. Unemployment amongst the educated able bodied persons is very much prevalent in India. Hence, no motivation for the "poor parents" of these "poor children".

(ix) Meeting special needs pertaining to the education of disabled is beset with many barriers, some of which are Common to almost all the countries of Asia, some of which are specific to particular countries of the region. Obstacles include: economic constraints; endemic poverty; poor health standards; malnutrition; lack of support services; ignorance of the rights of the handicapped; little rural out-reach and little retention of teachers in these areas; ecological barriers; lack of mass awareness and


\(^{26}\) For details of the Scheme of Scholarship for the Physically Handicapped, at p. 204-209
knowledge about special education; low salaries of grass roots-level workers; shortage of schools; lack of trained manpower or on-the-job short-term training; especially through the use of published literature and tests which are often western and inappropriate to the culture; lack of preventive measures; no proper curriculum for different categories of handicaps; lack of co-ordination of public and private efforts; lack of mobilization of public opinion; lack of knowledge about local services; unemployment among persons with handicaps; disabilities.  

Less open discussion about child's Another common problem is that once certain programmes and projects are set-up with the help of 'seed money' from national or international organizations, there is a lack of 'feed money' to continue and stabilize those programmes or innovations.

To conclude it may be said that the state should make efforts regarding the education of the disabled in such a way that they can participate as fully as possible in normal education and can receive suitable vocational training leading to paid work. When the nature of the handicap makes this impossible, of course, special education must be organized. In every case, instruction and training must be provided and supervised by specialized teachers, and it must be given at an appropriate pace, following appropriate syllabi and methods, using suitable equipment and with adequate medical assistance. Education, with this background in mind, can help not only to solve the present problems of the handicapped but also, in the longer term, to instill in the society as a whole, attitudes and behavior that will gradually lead it to eliminate the causes of the main avoidable handicaps.

In order to fulfills the above tasks, the National Education Policy made the following recommendations:

(a) The educational system for the handicapped should be flexible. It should offer a range of education provisions special schools for those who cannot be educated in general schools, special classes in general schools, and integrated education for the disabled of the type already in existence. Education should be through

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27 Tehal Kohli at p.122
28 Ibid., at p. 55
different options formal, non-formal, open schools, home day schools, vocational centre’s etc.

(b) Educational packages should be offered for hearing impaired children in a differentiated way -

(i) Pure orally oriented programmes for profoundly deaf children.

(ii) Combined oral-manual programmes for some of the profoundly deaf children for the education of whom pure oral programmes will not be adequate.

(iii) Segregated programmes for those children for whom such programmes are essential.

(iv) Integrated programmes for those whom this modality promises better emotive, cognitive, social and linguistic development.

(c) For making the boys and girls of impaired hearing economically independent, vocational training has to be specially organized. Vocational training which is job oriented and matched to the abilities and aptitudes of the hearing impaired, should be organized in a significantly diversified way making a departure from the earlier practice of confining to a limited number of vocational training programmes like in drawing, painting, tailoring, knitting, embroidery, book-binding etc. These diversified courses also relate to industrial operations such as sheet metal works, printing, turning, fitting, welding, electrician's trade, carpentry etc.

(d) Bharati Braille has been developed, thanks, inter-alia, to the special effort made by the National Institute for the Visually Handicapped. Based on this, teacher training and book production programmes have also been launched. These production programmes should be "intensified by their scales of operation being enlarged and diversified to cover wide range of subjects and in-school and out of school needs.
(e) While work has been initiated for development of Braille notations for mathematics and science, not much progress has been made. On account of the growing emphasis on science and mathematics teaching, a comprehensive and effective code for use in the area of mathematics science should be developed. And

(f) For the moderately mentally retarded, special curricula should be developed and standardized - not merely for the purpose of basic education but for training in self-care skills like motor integration, perceptual and motor skills, language, communication and conceptual skills. It should be clearly understood that for the mentally handicapped, academic achievements are relatively "unimportant in comparison to social adaptation and vocational training.

(g) Vocational schools for the mentally retarded adults are not too many. For their benefit, jobs in sheltered workshops, farms and industries should be provided as they are not capable of receiving open employment. The idea is that after receiving training they can work on subcontract basis. In pre-service teacher training programmes, education of the handicapped should be made part and parcel of the pedagogy and methodology.

(h) A programme of sensitization should be implemented for in-service teachers as well. This should include various components, namely, Non-Formal Education, Vocationalization of education and distance education. Teachers' Training Colleges should have- special courses for teaching the handicapped children, a special component on the education of the handicapped should be in the B.Ed courses as well.

(i) At least one resource faculty should be provided in each DIET to provide teacher training inputs in the context of education for the handicapped.

(j) The role of the special schools should be clearly redefined as spelt out below:
(1) Early identification of children with handicaps and formulation of stimulation programmes for them and the community in their catchments areas;

(2) Education of the handicapped children who cannot be educated in general schools up to the point when they can be integrated thus breaking the insulation between the general and special schools;

(3) Service as resource agencies for implementing the integrated education programmes in general schools so that they feel as a part and parcel of the education system;

(4) Bringing about mutual reinforcement of the pedagogies of special and general education.

(k) A lot of development is taking place in the application of technology for the benefit of the handicapped. Several technological aids are already available. For example, Brailleix produced by Federal Republic of Germany which facilitates recording of whole encyclopedia on cassettes, printing conversion devices like 'tactacon' which facilitates presentation of printed material in vibro-tactile form so as to enable the blind persons to read, devices facilitating mobility of the blind persons etc. The technologies and techno-aids available for meeting the special needs of the handicapped children should be reviewed and measures for dissemination of information should be formulated.

(l) Sustained researches should be undertaken to determine the needs of physically handicapped and produce technological aids capable of helping in overcoming handicaps. The Indian Institute of Technology and Other technological institutions in the area of higher education should be given specific responsibilities for undertaking these researches.

In addition to the above, the State while making provision for the education of the disabled, should keep in mind the following: 30

(i) State should allow for increased flexibility in the application to disabled persons of any regulation concerning admission age, promotion from class to class, and, when appropriate in examination procedures.

(ii) Educational services for the disabled should be:

   Individualized, i.e., based on the assessed needs mutually argued upon by any authorities, administrators, parents and disabled students and leading to clearly stated curriculum goals and short-term objectives which are regularly reviewed and where necessary, revised;

   Locally accessible, i.e., within reasonable travelling distance of pupil's home or residence except in special circumstances;

   (1) Comprehensive, i.e., serving all persons with special needs irrespective of age and degree of disability, and such that no child of 'school age is excluded from educational provisions on grounds of severity of disability or receives educational services significantly inferior to those enjoyed by other students;

   (2) Offering range of Choices commensurate with the range of special needs in any given community.

(iii) The involvement of parents at all levels of the educational process is vital. Parents should be given the necessary support to provide as normal a family environment for the disabled child as is possible. Personnel should be trained to work with the parents of disabled children.

(iv) State should provide for the participation of disabled persons in adult education programmes, with special attention to rural areas.

(v) About 80 % of the population lives in villages and all the facilities whether educational, vocational or rehabilitation is available only in urban areas.

Hence, it is necessary to establish more Special Schools for the disabled children in rural areas.

(vi) As far as possible, State should make provision for the free supply books, educational of accessories and aids at the appropriate time to students with disability.

(vii) An expert Committee must be attached to Department of Education for advice regarding educational programmes for children with disability. This Committee, from departmental officials, apart should also include an educationist and a clinical psychologist.

(viii) Curriculum of education should concurrently offer scope for vocational training and rehabilitation, especially with regard to the hearing handicapped and mentally handicapped persons. They should also be provided opportunities to avail I. T. I. and other such programmes.

3.3. Employment/Vocational Problems

The ancient physician, Galen, said as long back as 172 A.D. that “employment is nature's best physician and essential to human happiness work is more than an activity,”31 Work is often the measure of social as well as economic status. Occupation of a person is an important factor deciding the type of social life he/she can have. The social status of the individual depends upon the nature and type of job he is doing. By depriving the disabled individual of a job, society also deprives him of a 'congenial social life. The economic loss is, of course, always there.

Work also has a psychological value. 'Time is a great healer', they say. But work is the greatest healer and quickest, of course. Work is a bridge spanning the gap between uselessness and usefulness, between hopelessness and hopefulness. A job to the disabled ensures him security and independence to counteract the feelings of insecurity and dependence that are commonly caused by his physical handicap.

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Productive employment is one of the essential but the toughest aspect of rehabilitation effort in India, though it is perfectly true that there are, in our population, several million chronically disabled persons who, by reason and extent of disability, represent no real potential for remunerative employment. For the disabled child growing into adulthood, rehabilitation, short of employment opportunity, is like the proverbial cart without the horse or in modern parlance, the engine without the spark-plug to make it move.\(^3\)\(^2\)

With the growing industrial economy and recognition of work opportunity as an important component of rehabilitation policy for the handicapped, and realization of technical know-how for the placement of proper handicapped persons is a rank newcomer on the Indian social and economic virus of ancient prejudices the scene concerning the superiority of the able-bodied and the relegation of the crippled to beggary had deeply infected our socio-economic system. The two World Wars and subsequent independence of India\(^3\)\(^3\) brought some consciousness of the problems of making proper use of handicapped persons in the mainstream. This consciousness got the acceleration with the United Nations Declaration of 1981 as the International Year of Disabled Persons.\(^3\)\(^4\)

There are two basic conditions of good employment opportunities for the physically handicapped in any country. The prevalence of a state is full employment and the adequate training or skill in hands. In India, the problem of placement of the physically handicapped has become all the more acute because of general

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\(^3\)\(^3\) *Deafness or deaf-muteness* should not by itself be regarded as a disqualification and that the possibility affording avenues of employment to persons so handicapped should be examined at the time of recruitment to posts in Class III or IV*, was the message to all the employers by the Government of India vide Circular No. 60/137/50-Estt. Dated 28th July, 1950 issued by Ministry of Home Affairs. See also two other circulars by Government of India, Ministry of Home Affairs, A.M. Nos. F.20/29/57-RPS dated 15th January, 1958 and 5/1/60-Estt. dated 28th June, 1960.

\(^3\)\(^4\) The decision to declare 1981 as International Year for Disabled Persons was taken by the General Assembly in 1976 vide its resolution No. 31/123 dated 16th December 1976. Inspired by this, Government of India, reserved one percent of the vacancies each for the blind, the deaf and the orthopedically handicapped persons with an overall ceiling of .3 per cent in Group ‘c’ and ‘D’ posts in Central services and in comparable posts in Government of India public sector undertakings. Vide circular No. 39016/6/77, dated 4th Nov., 1977 issued by the Department of Personnel and Administrative Reforms in the Ministry of Home Affairs.
unemployment\textsuperscript{35} and lack of adequate training. Employers have an abundance of able bodied educated and trained people from whom to recruit. According to one recent survey,\textsuperscript{36} there are 16.15 million persons in India who have physical or sensory disabilities which include visual, speech and hearing, and locomotors disabilities. This constitutes 1.9\% of the total population of the country. The magnitude of the problem thus seems to be quite alarming. There are several factors/barriers which hold back any workable solution to this vast problem affecting one fiftieth of the population of India. On the top of the list is the most commonly encountered difficulty in getting a former employer, or some other prospective employer, to consider definite jobs for a worker disabled by a major work injury or disease. It takes one or the other form of the following objections by the employer:

(a) When we are getting finished goods in the market. Why take damaged ones indicates that this reaction is a reflection of the lack of knowledge on the productive capacity of the disabled. To quote a few who reached the top: Milton, the great poet was blind; Us tad Isa, the Persian architect of one of the greatest monuments in the World, the Taj Mahal, was also blind; Timor the warrior, was a lame; Helen Keller, a prose writer was blind; Louis Braille, who developed the Braille alphabet, was a French blind teacher; Lord Byron, with his congenital club foot became a great poet of his day; Franklin D. Roosevelt, a victim of poliomyelitis, ruled over the destinies of millions of his countrymen during the most crucial period of World War II. Thus given proper opportunities, a physically handicapped person can shape his own destiny as well as that of his nation. Solution of the problem of trauma requires co-operation and interested groups. We must, and expand all activities, public and private, that aid in rehabilitation of the disabled worker.

\textsuperscript{35} Norman E. Cooper (1980): "In most developing countries, with their high levels of unemployment, to contemplate placing the disabled in the open labour market is often just a pipe dream the jobs simply do not exist," "ILO Program me in the field of vocational Rehabilitation of the Disabled" in ILO European Symposium on Work for the Disabled, Stockholms.

(b) When able-bodied, normal persons are not getting anything, how can a disabled man expect to get an employment? Also speaks of the less informed attitude of the employer. There need of no comparison between the statistics of normal and handicapped persons having employment, because the handicapped are seeking reward for the productive abilities charity and not disability is the fact of the matter that the abilities potentials this and chunk of population have explored and been fully not tackled. It is a great loss of human resource which, if discovered, nurtured and appropriately utilized, could have added a new force to the progression of the world society in different dimensions. If this ill-informed attitude on the part of the employer is not changed, many a Milton and Hellen Keller may go unidentified and unrecognized to the humble graves.

(c) Our business concerns are operated for profit; they are neither charitable institutions nor service obsession organizations", is the normal with the employers. But this fear of the employer is not based on reality. If properly equipped with education/training and given a chance to work, of course, suiting disability, the disabled his worker is not less than his counterpart, normal person, as far as productivity is concerned.

(d) All the jobs in our line of work require physical perfection - we have no jobs for cripples. This is the normal answer conveyed in one form or other by the employer to the disabled job seekers. It is usually based on complete unwillingness to consider the needs of the handicapped worker or the lack of understanding of the actual job requirements. True, a person with physical disability cannot be posted at the Front to fight with the enemy but can perform so many other duties of equal importance in the Army.

(e) We have no light work. Similar to the previous idea, this point of view is based on the lack of information or actual job needs or is due to insufficient information from doctors and others involved in the rehabilitation process on what the disabled individual can really do.
Since he has been given monetary compensation in accordance with the law, why should we consider him for re-employment?" also indicates the lack of knowledge about the concept of rehabilitation in its real and complete sense. We can never compensate in monetary sense, for the self-respect and self-reliance the disabled have lost if their injury deprives them of the opportunity to be productive workers meeting their responsibilities to their families and their community.

He can't do his old job - why should we rehire him?" indicates disregard of employee's welfare, certain moral obligations, and little knowledge of retraining and placement practices. A worker made unfit for a particular job can perform some other job with the same employer very successfully. A mechanic who lost his one or both hands while at work can easily supervise and guide the other mechanics in the same workshop. This requires' nothing but committed and missionary spirit on the part of the employer.

We may consider him for night watchman's job or let him run an elevator or appoint him as booking clerk or a store-keeper. This charitable concept of the past may give way to the present-day thinking and practice in the vocational guidance and placement field. Today, the crippled are crying for recognition of their abilities and not pity for their disabilities. This philanthropic attitude on the part of the employers was tolerable when science and technology was not advanced enough to rehabilitate the disabled medically and physically. Realizing fully their efficiency, the Government of India has reserved 3% vacancies in Group 'C' and Group 'D' posts.²⁷ A report, identifying jobs suitable to various categories of disabilities in Group 'A' and Group 'B'²⁸ is already waiting for the approval of the able-bodied bureaucracy, hence making the disabled, partners of equal share in the policy-making.

²⁷ Ibid., at 98
Since he is already a physically handicapped person, we are afraid he might have another accident and we'll have to compensate for his permanent disability." This is an excuse based on complete unwillingness to consider the needs of the handicapped workers and lack of understanding of safe job-placement techniques and modern vocational aids and our faulty workmen compensation laws. Employer is under a legal liability to compensate for the disability arising out of and during the course of employment. But if the Government agrees to be partner in compensating such disabled worker, the employer shall not hesitate in employing an already handicapped person.

He won't be able to keep up the production pace – he’ll fall behind his fellow workers and require all sorts of special privileges, indicate no real knowledge of how to fit the worker to the job or the constructive performance of the handicapped generally. The reality is other way round. The handicapped workers as groups are often more conscientious, have less absenteeism have equally good performance records and have better safety records. This kind of result, however, depends upon proper placement in a safe and constructive job.

Once we employ him on regular basis, we might find it embarrassing and even impossible to shunt him out in case he does not come up to the job requirements. Like many other fears, this too, is unfounded one. The handicapped applicant is not looking for special favors, he wants an opportunity to try out on the job and the right to be treated the same as any other employee. Emotionalism either for or against the handicapped worker should play no part in the effective use of his skills and abilities.

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39 **Goniometer**: is an instrument to measure body angles and it is useful to physiotherapists; **Dictation Machine**: is an electronic machine consisting of a recorder and a scriber with foot control and two speed controls; **Attachment to Lathe**: enables the visually handicapped to operate the Capstan as well as a Central lathe. It is an attachment which can be mounted on the movement bar and can be fixed to enable the person to operate the machine to a desired length; **Soldering Device**: enables the visually handicapped to carry out the soldering of joints using the voltage - high ampere current with no risk of electric shock to the operator. **Continuity Tester**: is a low voltage electric circuit for testing continuity of winder wires in case of motor winding or other such operations. An American Foundation working for the disabled is supplying the following other vocational Aids: (i) Rotomatic Rule (ii) Folding Boxwood Rule (iii) Stanley Saw Guide (iv) Stanley Drill Guide (v) Light Probe (vi) Metal and Voltage Detector (vii) Stanley Combination Square (viii) Stanley Caliper Rule (ix) Starrett Micrometer (x) Ohaus Port-o-Gram Talking Scale (xi) Audible Carpenters Level. However, these tools are not available in our country.

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(l) The union won’t let us hire a disabled man for that kind of job. Union rules do sometimes present a barrier, but may often be used as an excuse or because the co-operation and even negotiation of union leaders have not been sought.

(m) Our insurance rates will go up if we hire the handicapped person. This old "wheeze" is still heard and is based either on complete misunderstanding of real facts or on the wish to use the insurance company as the "whipping boy" for the employer. This is an out-dated and untrue surmise. Insurance carriers work with the policy holders to reduce loss. Insurance carriers are well aware that any person, whether impaired or not, if improperly placed on a job in which the abilities do not correspond to the requirements of the job may well be a hazard to himself and to the people working in the vicinity. Conversely, if all workers are placed in accordance with their skills and physical abilities, the maximum safety and productivity is obtained.

(n) We are ready to help him financially or purchase a wheel-chair for him but sorry, can’t give him employment. But, today, the good woman trying to slip a coin into the hand of that boy in a wheelchair may find her alms thrown back at her. Disabled people demand jobs, not charity. They are opposing the role society traditionally imposes on them. They fight for their rights as ordinary citizens, as workers and as normal and respected members of their community. We don't want to beg. We want to be pitied, we would like that our deficiencies are covered by developing our strong points/skills so that we can also become the effective and useful citizens so that we arrange our living with honor and that we raise our children with pride.40

(o) Our Government and Non-governmental organizations have opened so many institutions/special homes for them where they get free food, clothing and shelter then there is no need for them to look for employment, the holders of such approach towards the handicapped forget the very fact that the chief longing of the physically handicapped persons is to achieve independence.

within a normal community, instead of spending the rest of his life in a segregated institution or within an environment of disability.

Why an under-developed country like India in which the able-bodied are unable to get work, should ever think of providing vocational rehabilitation to the physically handicapped. Is it not a bad economy? A critical examination of this argument reveals the basic error behind it. Vocational rehabilitation is not a luxury confined to the rich nations of the world it is an economic necessity for all the countries particularly under-developed and developing ones where economic resources are relatively less. The cost of supporting the physically handicapped individual throughout his life-time is damaging to the nation's treasury as well as its conscience. The physically handicapped citizens do not ask for any special privileges, but expect the recognition of their fundamental right of equal opportunity to work and lead a life of productivity and independence.

Much of the answer to these various queries or arguments lies in the area of education of the employer, the patient, and the rehabilitation worker in terms of exploration of vocational opportunities, testing, training for specific’s trades or jobs, and actual job finding.\(^{41}\)

Vocational placement is a complex and changing field; there are many aspects which we still know relatively little. To be effective, it must remain practical. The best laboratory and training ground is the business world and the industrial plant. Successful placements made not are in classrooms or from textbook maxims. They are forged from the experience, knowledge, imagination, the ingenuity and of counselor, or others who realize keenly that what kinds of jobs there are and what sort of people work at them. The best job for any handicapped person is always the one for which he is suited, best for which has been most he thoroughly trained, and in which he is most interested.\(^{42}\)

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\(^{42}\) Ibid., at p. 111
3.3.1. Employment of the disabled is a more potent problem in India due to:

(i) **Prevalence of general unemployment and rampant under-employment** in times of unemployment and economic distress, disabled persons are usually the last to be hired and first to be discharged\(^{43}\) and the actual number of disabled workers employed in either regular or special establishment is far below the number of employable disabled workers.

(ii) **Lack of job-oriented training facilities**: The present system of technical training gives them limited experience in handling the jobs. Though the curriculum is structured in a more pragmatic than scientific way, yet is gives the trainees some amount of manual dexterity and a sense of workshop discipline. But when a trainee is actually placed in a factory, it is generally found that the nature of the job has no relation with his training.

(iii) **Inadequate environmental facilities**: The problem of rehabilitation does not end with the placement; in some cases, it begins. Most of the disabled live in rural areas and employment opportunities are scattered in the urban areas. The disabled, either has to start living in the city or commute daily from his home by public transport, distance is not too much. As both the housing and if the transport problems are very acute in India, the disabled worker finds it difficult to continue the job for a long time. The environmental conditions in the working place -are also not suitable for them. Sanitation, stair-case, ramps, canteens and recreation rooms are not made to suit the special needs of the disabled workers.

(iv) **Limited education and training facilities**: Majority of the disabled are illiterate, confined to their homes, totally dependent upon .their families or special homes, once again dependent upon the often- delayed grants-in-aid to be released by our government or philanthropic, gestures of the few, otherwise they must resort to

begging. Most disabled persons are capable of being trained to work of one kind or another. They are potentially a national asset but without training they remain a liability to family and state. It is in the country's best interests to see that such training is made available for them.

(v) **Absence of identification services:** Lack of special medical boards for the purpose of issuing certificates as regards the disability and as regards their capacity to perform particular duties; inadequate number of Vocational Rehabilitation Centers and Special Employment Exchanges; irrelevant training; lack of training of employment officers; lack of an implementing machinery; ignorance and apathy of employers; apathy of Government officials; and near non existence of 'social security benefits are also components, of the vicious cycle becoming an a obstacle to the employment policy and process.

For a rehabilitation programme for the handicapped to be successful, it is imperative to know what would make them pursue education/training, what kind of information is needed and what should be the source of that information. What is the suitable duration of the training for the disabled to rehabilitate themselves? Once the disabled have been trained, how can their transition from training to employment be facilitated? What should be the methods of recruitment? How should the training be organized to increase contacts with the employers in order to remove the latter's inhibitions concerning the capacity of the disabled workers? What is the role of stop-gap jobs (post-training, pre-employment sub-contract work in a sheltered workshop)? What role does training play in getting a job and what other efforts should complement the training for finding employment? Who gets a regular job (open employment), who gets self-employment and who remains unemployed, and why? What type of employment (nature of job and skill category) does the disabled worker get and to what extent is his training used? What is the attitude of co-workers on the job? To what extent is a disabled worker satisfied with the job; what is relationship between earnings and training; and what role do characteristics such as age, sex, age of disability, marital status, home region, parents education and income, influence the training and employment characteristics of the disabled worker? All these are questions of considerable importance in planning education/training/ vocation/ employment for the disabled and most of them are unanswered so far.
3.4. **Vocational Rehabilitation Centers**

Vocational rehabilitation as understood today is the creation of the International Labor Organization whose recommendation\(^{44}\) laid out the organizational framework. The global definition of vocational rehabilitation emanating from that source is that part of the continuous and coordinated process of rehabilitation which involves the provision of those vocational services, e.g., vocational guidance, vocational training, and selective placement designed to enable a disabled person to secure and retain employment.\(^{45}\)

In India, in order to assess the vocational and psychological needs of physically handicapped persons and also to render assistance in the rehabilitation of such persons, two vocational rehabilitation centers, one each at Bombay and Hyderabad, were set up as pilot projects by the Directorate-General of Employment and Training in June 1968 with the help of Department of Health, Education and Welfare of the Government of U.S.A. 14 more centers, have since been set up by the Government of India without any external help with the following objectives:\(^ {46}\)

(i) To undertake vocational evaluation and adjustment;
(ii) To assess the medical, vocational and psychological rehabilitation needs and to give advice regarding facilities available;
(iii) To assist disabled persons to develop rehabilitation plans depending upon their specific needs and to refer them to appropriate agencies for rehabilitation services;
(iv) To communicate to the community at large that handicapped persons with vocational training are capable of competing for open employment;
(v) To demonstrate how the close co-operation between the rehabilitation centers, special employment exchanges, employment exchanges, and other welfare agencies can promote vocational training, job adjustment and placement;
(vi) To stimulate and promote the planning of rehabilitation services and to develop community representative to the rehabilitation programmes.

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\(^{45}\) Ibid., at p. 1

3.4.1. The following are service offered by these centers

(i) The handicapped persons, on approaching the centre, are admitted there.\textsuperscript{47} Thereafter, the evaluation division of the centre determines and capacities the vocational potentials of each physically handicapped person with the assistance of workshop staff and a psychologist.

A team of medical specialists examines each of them about their residual work capacities and suggests remedial or curative measures.

The expert officials of the centre interview the physically handicapped persons for knowing their personal, social, family, and vocational educational background which often cause adjustment problems.

The handicapped persons are put through various psychological there for assessment of tests intelligence, aptitude, and manual skill.

They are also put to tests in the workshop attached to the centre in units such as metal, radio, carpentry, commercial in various drawing, painting etc. Expert’s trades keep a close observation on their capacities, vocational assets and skills potentialities.

If need be the parents of handicapped are the contacted for supply of necessary information. The assessment and rehabilitation plan chalked out by the referral division attached to the centre, are also discussed with the parents.

Based on the rehabilitation plan, the handicapped are given necessary counseling and workshop training. This training, which lasts for about 2-4 weeks, is intended to motivate them for making decisions in right perspective in both personal and vocational areas, and make them mentally alert and socially acceptable.

During the period of rehabilitation, free lodging is provided to all the handicapped persons in these centers. A stipend of Rs.70/- per head per month is also to meet their boarding expenses.

\textsuperscript{47} Ibid., at p. 78
The cases of the handicapped are discussed in detail in a conference where decisions regarding rehabilitation plan are made. Besides the members of the staff of the centers, such conferences are attended by medical specialists, employment officers for physically handicapped and by employers.

With the help of special employment exchanges for the handicapped, the centre makes efforts to place them in suitable jobs. In case further training is required, arrangements are made to impart the required short-term training in industrial training institutes/industries. Due to paucity of paid jobs in the open competitive market, the centers make the maximum use of the in-plant training and the apprenticeship training schemes to rehabilitate the physically handicapped persons vocationally.

Once a handicapped person is employed in an establishment, he is given job-adjustment training, which lasts for about 8 to 10 days. During this training, he is assisted to adjust himself to his disability. Efforts are made to stimulate the real conditions, which the individual is likely to experience in job or training. The rehabilitation officer and workshop foreman provide the necessary guidance and assistance in order to facilitate his adjustment. The importance of such factors as appropriate dress, proper Grooming pleasing physical appearance is stressed. This training is useful in inculcating good work habits and attitudes.

In cases where further medical assistance such as physical restoration is required, the agency concerned is contacted and the handicapped are assisted in obtaining the necessary services. Case records are developed for such persons admitted to the centers, which are made available for perusal by employers or representatives of the referral agencies.

The types of skills undertaken for the training and development include electronics, general mechanics, air-conditioning and refrigeration, book-binding, canning, cutting and tailoring, carpentry, commercial drawing and painting etc.
3.4.2. **Rural Rehabilitation Extension Centers**

In order to facilitate speedy rehabilitation of "the rural physically handicapped persons, as also to extend existing training facilities provided by the Vocational Rehabilitation Centers, the Government set up during 1981-82, the following rural rehabilitation extension centers:

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Name of Vocational Rehabilitation Centre</th>
<th>No. of Extension Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Madras</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Ludhiana(Punjab)</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Bombay</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Calcutta</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>Kanpur</td>
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These extension centers were set up with the following objectives:

(i) To locate the physically handicapped persons in need of rehabilitation services.
(ii) To provide orthotic and prosthetic appliances.
(iii) To render services pertaining to training and employment.
(iv) To extend facilities for self-employment ventures. To offer any other service which they may require to make them independent and self-supporting in the community.

3.4.3. **Special Employment Exchanges**

The Special Employment Exchanges provide placement facilities to the physically handicapped persons for their gainful employment. At present 22 special employment exchanges are functioning. One assistant employment officer each in

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48 Government of India, Ministry of Welfare, Rehabilitation Wing, Scheme of Rural Rehabilitation Extension Centers, Mimeographed Pamphlet.
49 Information is based on an undated Mimeographed Pamphlet, Working of Special Employment Exchanges, collected personally from Information Officer, Ministry of Labour, and Government of India.
Madurai, Chandigarh (Union Territory), after normal employment exchanges at Pune, Nagpur, Lucknow, Varanasi, Allahabad, Indore, Agra, Pondicherry, and Goa looks the interest’s persons. The handicapped of the employment assistance special employment through the exchanges is at present restricted to the blind, the deaf & dumb, and the orthopedically handicapped. However, the special employment exchanges at Bombay and Delhi also render employment assistance to the following categories of the physically handicapped:

(i) Mild neurological cases.
(ii) Respiratory cases (non-infectious)
(iii) Para paresis and hemi paresis.

These exchanges follow the selective placement approach through:

(a) Job referral systems on the basis of ability.
(b) Individualized approach through their family background.
(c) Positive attitude towards disabled persons.
(d) Correction of disability prior to placement.
(e) Placement at the highest level of skill.

Functions assigned to the Special Employment Officer include escorting the candidates to the employers for interview and helping both the employers and the handicapped employees in making personal and job adjustments and thereby achieve full rehabilitation. In addition, medical examination of the handicapped persons at the time of their appointment is arranged through the Medical Boards attached to the Special Employment Exchanges.\(^50\)

Our government must take into consideration the following suggestions while revising/updating its policy pertaining to the economic rehabilitation of the disabled in India:

1. The existing 3% reservation for disabled is not in proportion to the number of disabled in India. Authoritative estimates indicate that in the 48 years since

\(^50\) Ibid., at p. 49
Independence, only about 50,000 disabled people have been employed in the government sector and a further 20,000 in NGO and private sector.\textsuperscript{51} These numbers are minuscule compared to the estimated more than 17 millions disabled people present in India.\textsuperscript{52} The above-said reservation pertains to three categories of disabled, namely, blind, deaf and dumb and orthopedically handicapped persons. The mentally handicapped have no share in the reservation. It is generally believed that the mentally retarded are not in a position to withstand the fast pace of industrialization and technological development. But it is not true if we look at the countries with developed technology, still they have absorbed the maximum number of the mentally retarded in various industries.\textsuperscript{53}

The reason for this is that in these days of specialization and technological development, though the final component that emerges from the factory may be quite complicated, if we watch carefully we find that some aspects of the operation are undertaken by automatic machines and others are of simple assembly line kind. For example, in the electronic industry, though the mechanism of radio, T.V. and telephones seem to be complicated, in many countries abroad, the maximum number among the mentally retarded are employed in different sections of the electronics industry; for the individuals employed in these industries have to perform any simple repetitive work.\textsuperscript{54} In India also a workshop for the mentally handicapped at Bangalore undertakes the sub-contracting of assembly work of the Indian Telephones, Bangalore.

Our Government should, accordingly, make arrangement for the vocational training of, the mentally handicapped and extend reservation thereafter. In case of severely mentally retarded person who simply cannot be trained for any production, the reservation be extended to one member of the family in which such person is born. This will help in the economic rehabilitation of the disabled, may be indirectly.

\textsuperscript{51} George Abraham (1995): "Give the Disabled a change to Perform", Indian Express, July at p. 9.
\textsuperscript{52} According to one recent survey (1991): there are 16.15 million people in India who have physical or sensory disabilities which include visual, speech and hearing; and loco motor disabilities, National Sample Survey Organization, 47th round, July-December, Government of India, Ministry of Welfare, Annual Report 1994-95 at 66.
\textsuperscript{54} Ibid.
2. The existing reservation pertains to Group 'C' and Group 'D' posts only. There has been a growing demand from the handicapped population to extend the reservation to Group 'A' and 'B' posts in the Central and State Governments. In order to consider this demand, the Ministry of Labor, Director General of Employment and Training conducted a survey in 1980 of Group A and B posts, which can be handled by handicapped individuals. Accordingly a report was prepared identifying the jobs in Group A & B posts for physically handicapped persons. But so far the recommendations contained therein have not been accepted. It is suggested here that these recommendations be accepted and accordingly the reservation be extended to Group A & B posts also.

3. At present there are only 22 Special Employment Exchanges; 16 Vocational Rehabilitation Centers and Rural Rehabilitation Extension Centers to cater millions of the disabled in India. The government must allocate more funds in the budget for starting more such exchanges and centers.

4. Government can support the integration of disabled persons into open employment through a variety of measures, such as incentive-oriented quota schemes, reserved or designated employment, loans or grants for small business and co-operatives, exclusive contracts or priority production rights, tax concessions, contracts compliance or other technical or financial assistance to enterprises employing disabled workers. State should support the development of technical aids and facilitate access for disabled persons to aids and 'assistance, which they need to do their work.

5. Government should adopt a policy and supporting structure of services to ensure that disabled persons in both urban and rural areas have equal opportunities for productive and gainful employment in the open labor market. Rural employment and the development of appropriate tools and equipment should be given particular attention.

6. The policy and supporting structures, however, should not limit the opportunities for employment and should not hinder the vitality of the private sector of the economy.

7. There should be mutual co-operation at the central and local level between government and employers and workers' organizations in order to develop a joint strategy and joint action with a view to ensuring more and better employment opportunities for disabled persons. Such co-operation could concern recruitment policies, measures to improve the work environment in order to prevent handicapping injuries and impairments, measures for rehabilitation of employees impaired in the job, e.g., by adjusting work places and work contents of their requirements.

8. These services should include vocational assessment and guidance, vocational training (including that in training workshops) placements and follow-up. Sheltered employment should be made available for those who, because of their special needs or particularly severe disabilities, may not be able to cope with the demands of competitive employment. Such provisions could be in the form of production workshops, home working, and self-employment schemes, and small groups of severely disabled people employed in sheltered conditions within competitive industry.

9. When acting as employers, central and state governments should promote employment of disabled persons in the public sector. Laws and regulations should not raise obstacles to the employment of disabled persons.

3.5. Psycho-Social Problems

Educational and vocational problems of the physically handicapped, as discussed above, are relatively concrete and tangible problems which allow for objective assessment and analysis and, finally, look to be amenable to borne pragmatic resolution. However, of greater significance from the view-point of the social rehabilitation of the physically handicapped are the diffuse and relatively intangible problems - the psycho-social problems - which have bearing on the inner affective
world, the personal functioning and the overall adjustment of the physically handicapped to his, physical disability, as well as, interpersonal world which surrounds him.

There are two main challenges before the physically handicapped individual: (a) how to come to terms with the specifically physical disability or impairment which creates many functional and psychological difficulties for him and (b) how to cope with the uncongenial attitudes of the society which tend to produce different types of complexes, conflicts and problems in his mind. He may perceive himself as 'damaged' or 'incomplete' person and develop feelings of inferiority, guilt and frustration. He may have fear of social ridicule as people find him different and unattractive. His limited sphere of social participation and inability to compete with his normal peers in social arena further undermines his self rendering overall life adjustment difficult.

The physically handicapped individuals have the same kind of psycho-social needs as the normal people have. The only difference is that his disability imposes limitations or extra-burden to achieve the satisfaction of these needs. He wants to be accepted, loved and approved by the social group to which he belongs and wish to have a sense of competence despite his physical handicap. How his disability hinders his progress in life and affects him psychologically and how adverse social attitudes further interfere with his social adjustments are the problem areas, which need to be taken care of before any kind of stable rehabilitation of the physically handicapped is achieved.

3.5.1. Psychological Problems

In every physically handicapped person there are two conflicting personalities (i) The basic personality and (ii) the personality developed after the consciousness of disablement. An integration of these personalities is very essential for the normal development of the individual. In most cases, however, this integration is not easy and the physically handicapped person remains faced with conflicts and problems in various areas. The areas of conflict are mainly as follows:

(1) **Body Image:** The term 'body image' signifies the picture every person has of himself and of his own body. The body image forms part of every individual's psycho-
somatic constitution. In the development of personality the body image plays a very important role because it determines to a large extent, an individual's idea of his own "self" and the ideas of others about his own self. Any kind of deformity or defect in the body creates serious conflict in the mind of the individual and he may resort to various defense mechanisms like denial of disability or escape into fantasy to cope with it. This has a negative effect on the healthy, rational and realistic development of personality which proves a hurdle in the rehabilitation of the physically handicapped.

(2) **Self Evaluation** The physically handicapped individual suffers from inferiority and self-devaluation because he is unable to satisfy many of his emotional needs. A normal healthy individual enjoys independence and security, as well as satisfactory 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 experiences in day-to-day social interaction provides a set back to his self image and he is undermined repeatedly.

(3) **Security**: Apart from his self-devaluation, a physically handicapped person suffers from various types of insecurities. The disablement brings about a sort of uncertainty and indefiniteness into many areas of his life. The three areas in which he encounters insecurity are (a) physical (b) emotional (c) social.

(a) **Physical insecurity**: Because of the restrictions imposed by his disability handicapped on his bodily movements the physically individual faces lot of uncertainty and "kin security in many life situations. He has to make sure, for instance, whether he can climb up the steps or whether the house to which he is invited has a lift, or whether he can make use of bus, train or any other mode of transport to find his destination. This inability to move freely like a normal person produces lot of frustration, anxiety and insecurity in the physically handicapped individual. This also interferes with his sense of independence and desire to lead an independent existence because many a times he has to accept assistance from others in day-to-day activities.
(b) **Emotional insecurity**: The crippled individual suffers 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 crippled individual. The emotional security and satisfaction depends upon the successful attainment of goals and values one cherished. The disability of impairment which the physically handicapped individual has again and again comes in the way to the realization of the goals. Failure to achieve an optimal satisfaction of emotional and social needs causes lot of frustration and anxiety to the individual and pushes him into a whirlpool of insecurity. Feeling of isolation, deprivation and loss of love and acceptance are quit conspicuous in the physically handicapped.

(c) **Social insecurity**: In addition to increased uncertainties in physical and emotional spheres, the crippled individual is doomed to a similar fate in his social life. The attitudes of society towards the physically handicapped are always conflicting. The consequence of this ambiguity is that the handicapped person feels insecure about his reception by others. Normal inter-personal ties are quite important for the mental health of the individual. The physically handicapped person is continuously subject to lot of stress because of lack of any kinds of satisfying social relations.

(d) **Level of Achievement**: Achieving success through constructive efforts is very essential for the mental health of any individual. It induces confidence, enhances self-esteem and brings social appreciation. The degree of success depends upon the way an individual adjusts his goals or aspirations in relation to his ability. If the goals are too low or too high it will not prove to be conducive to the experience of Success. Similarly if no effort on the part of the individual is involved in the achievement of the goals, no feeling of success will be there. Adjustment of level of aspiration in relation to level of ability is very important. The physically handicapped individual is deeply vulnerable to the dangers that upset the smooth adjustment of level of aspiration and ability. On the one hand, the desire to accept as their own, the goals of their non-disabled peers that are beyond their ability to achieve, is too strong. The desire for social approval operates as an obsession with the physically' handicapped individual. He experiences repeated failures as a result of over estimation of his abilities. On the other hand, in many cases, physically handicapped individual is over-protected by the family and friends and is
deprived of achieving desired goals through his own efforts. This may ultimately lead to loss of initiative and effort and consequent self-devaluation on the part of the individual.

3.5.2. Social Problems

(i) Unfavorable Social Attitudes

Physical disability per se and the consequent psychological disturbances create many difficulties and problems for the physically handicapped individual. His problems and troubles, however, become all the more serious as he tries to interact with the social world and feels a desire to fulfill some of his aspirations as a social being.

Society by and large has had a very negative and unfavourable attitude to the disabled. They are at times treated as a strange species altogether. They are regarded as inferior not only with regard to the specific disability but also as total beings. Victims of disease, deformity or accident they are further victimized by the peculiar and irrational attitudes of the society.

History of social attitudes towards the disabled, the maimed and the crippled has been full of harsh and inhuman treatment. A study of religious scriptures, literature and folklore reveals the prevalence of fairly negative and crippling attitudes towards the disabled. Spread of education, scientific awareness and emphasis on positive religious ideals has not completely eradicated the unfavorable bias and prejudice towards the disabled. In the mind of very many common people even now 'a crooked body is generally associated with a crooked mind.'

Scientific study of attitudes towards the physically handicapped reveals such attitudes. As (i) curiosity; (ii) pity; (iii) over solicitous; (iv) mild dislike or embarrassment; (v) repugnance; (vi) indifference; (vii) fear; and (viii) sympathy, which are largely negative and far away from the balanced and rational type of attitude towards the physically handicapped required for the promotion of their rehabilitation.

The adverse effects of society's conflicting, contradictory, negative and hostile attitudes towards the physically handicapped are varied. The most harmful out-come of
this attitude is the exclusion of the disabled from the social interaction. Social research has shown that the usual benefits of having a large circle of friends and the happiness of a married life are denied to a seriously handicapped person. His chances of employment are jeopardized because of his physical disablement, although it may not be a vocational handicap for many suitable jobs.

Restricted social participation and inability to play effectively the different social roles ultimately lead to frustration and conflicts in the mind of the individual and his journey towards the goal of self realization as a social being is blocked.

(ii) Attitudes of the family:

Attitudes of the family towards the, physically handicapped are more crucial than the attitudes of the society at large in determining his self-concept and his attitude towards the world. If the individual as a child feels accepted by the parents and the family then he develops a positive self concept and a favorable attitude towards the world. If he experiences rejection then this leads to psychic conflicts and emotional maladjustment. As Wallin, a psychologist observes:

Frequently the attitudes and maladjustments that result are due not so much to any effect of disability as to the attitude assumed towards the under-privileged one by the parents, teachers, siblings or playmates. This is true whether the treatment takes the form of coddling and over-protection or of disparagement ridicule or application of jocular or sarcastic epithets.

Parents generally display the following three reactions to the disability of the child. These reactions, determine the type of adjustment which the child will have:

Some parents refuse to face reality and as such deny the existence of the crippling defect in their child. They make the same demands on the crippled child as on the non-disabled children. This may lead to maladjustment on the part of the child if he does not have the ability to come up to his parents’ expectations. In a few cases parents

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try to find out exceptional talents in some direction or the other, although they may not be inherent in the unfortunate child at all.

Some parents acknowledge disability on its surface, but cannot reconcile themselves with its far reaching effects. In such cases the child is physically cared for, even cherished, but not truly loved by the parents. Sometimes parents show overprotective attitude towards the child and lavish all their love and care on him. He is made the center of the family. This sometimes can lead to the development of jealousies and antagonisms among in some cases parents start blaming each other for the birth of the disabled child. As a result the poor child and even faces segregation and isolation for no of his own.

In some exceptional cases, fortunately, parents show the capability of accepting the crippled child as he is without having any sense of shame or guilt. In such instances the child is saved from many conflicts and complexes about his disability and his social adjustment is facilitated. In most of the cases, however, parents are too sensitive to the adverse and negative attitudes of society towards the disabled and find it hard to reconcile to the reality of child's disability. Child's attitude towards his self and the world are largely determined by the way parents view his disability. Rehabilitation of the physically handicapped calls for strongly and ultimately a radical change in the attitude of the society towards them.

3.6. To sum up

Social, educational and vocational rehabilitation of the physically handicapped is a Herculean task indeed. This is obvious from the complexity and the range of problems which we encounter in different aspects of the life of the physically handicapped. Problems of the physically handicapped vary from place to place, culture to culture, individual to individual and from one disability to another. And these problems are too many. Attempt has been made in this chapter to enumerate and classify these problems and wherever possible highlight the causes and suggestions for eradicating them so that an adequate comprehensive and stable rehabilitation of the physically handicapped may be achieved. While educational and vocational problems of the physically handicapped look relatively concrete and practical and seem amenable
to some pragmatic solution, social and psychological Problems are more deeply concerned with the psychological disturbances or intra-psychic conflicts caused by the disability (e.g., centering around body-image, self-devaluation, insecurity etc.), with deep rooted prejudices and biases towards the physically handicapped and are much more difficult to handle. Overall, it must be pointed out that the problems of the physically handicapped are inter-related and cannot be understood in isolation. A multi-disciplinary approach comprised of historical, sociological, psychological and legal insights is very essential to have a true perspective on the, whole area.

An adequate definition and classification of the varied problems, an insight into their causes and the methods of their eradication are pre-requisites for any effective educational, vocational and social rehabilitation of the physically handicapped. An integration of efforts at the level of society and the State is very essential for this.