CHAPTER II

REVIEW OF RELATED LITERATURE

2.1 Studies showing the Relation between Orthopaedically Handicapped and Psychological Factors
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REVIEW OF RELATED LITERATURE

Review of related literature is an important pre-requisite to actual planning and execution of any research work. It enables the research worker to know the means of getting to the frontiers in the particular field of challenge. In the field of education, the research worker needs to acquire up-to-date information about what has been thought and done in the particular area from which he intends to take up a problem for research. Related literature is a valuable guide in defining the problem, recognizing its significance, suggesting and promoting the data gathering devices, selecting appropriate study design and in determining the sources of data. It tells the researcher what has been done and what needs to be done. It promotes greater understanding of the problem and its crucial aspects and ensures the avoidance of unnecessary duplication. It also suggests methods of research appropriate to the problem and locates comparative data useful in the interpretation of results.

In the words of Good (1973) “The key to the vast storehouse of published literature may open doors to sources of significant problems and explanatory hypotheses, and provide helpful orientation for definition of the problems, background for selection of procedures and comparative data for interpretation of results. In order to be truly creative and original, one must read extensively and critically as a stimulus to thinking. Since the problem under investigation is “Influence of certain socio-psychological factors on
the vocational skill attainment of orthopaedically handicapped adolescents,” the Investigator collected so many studies related to different aspects and variables connected to the problem and given below in chronological order under such sub-heads as

2.1 Studies showing the relation between orthopaedically handicapped and psychological factors
2.2 Studies showing the relation between orthopaedically handicapped and social factors
2.3 Studies showing comparison between orthopaedically handicapped and normals.
2.4 Studies related to vocational training and achievement of orthopaedically handicapped.
2.5 Studies related to other disabilities

2.1 Studies showing the Relation between Orthopaedically Handicapped and Psychological Factors

Jones and Bailey (1950) pointed out that any physical defect may interfere with a person’s psychological adjustment. These persons are generally less able to cope with stress situations than those who are physically sound and healthy.

Carter and Chess (1951) say that the image a person has of himself is largely a reflection of how others react to him or at least, of how he thinks they react. If others are repelled by or scornful of his physical handicap or deficiency, he is likely to react with feelings of
self-deprecation, hypersensitivity, self-consciousness and anxiety in facing new or competitive situations.

Barker et al. (1953) found that a person’s physical characteristics will influence the judgement of those perceiving him.

From his observations on handicapped children either physically or by cerebral palsy, blindness or deafness, Wall (1956) says that the psychological importance of any such handicap is that it continually restricts the child’s experience and so, abnormally shapes social and emotional growth.

Strang (1959) says that the manner in which a handicapped child responds to his handicap is often more important for his adjustment than of the handicap itself. An individual may react to a handicap in any of the three ways (i) he may accept the handicap and function as well as possible, though the handicap may limit the range and variety of his experiences, ii) he may resent the handicap and not even try to use the handicapped part, thereby increasing his insecurity and affecting his social relations, and (iii) he may try to compensate for the handicap and make extra effort to overcome it.

A study by Cockburn (1961) is concerned with children’s awareness of their own handicap. She found that wishes related to the handicap were expressed only by older children. These findings lend some confirmation to the fact that the awareness of their own handicap, at least as a permanent disability does not usually come until early adolescence. Investigators like Tizard (1962), Cohn (1962)
and Moss (1964) also have reached the same conclusions. But all the writers on the subject agree that physical disability often leads to emotional problems and difficulties in personal adjustment.

Siller (1963) studied 24 child amputees and found feelings of inferiority and shame to be important components in the psychological functioning of more than one-third of the children and most particularly among amputees of traumatic origin.

The purpose of the study conducted by Richardson et al. (1964) was to examine the effects of physical disability on a disabled child’s conception of himself. Results of the study emphasized the physical functional restrictions imposed by the handicap, its psychological impact, the deprivation of social experience, and the limitations on involvement in the social world. The handicapped children were very realistic in their self-description that they were aware that they could not live up to the expectations that stem from the high value placed on physical activities. Boys expressed more concern about aggression than did the girls and they both reflected more physical restriction and less social experience within and without the family.

Wallen et al. (1964) and Beals (1972) in their study, found that orthopaedic disability often leads to emotional problems and difficulties in personal adjustment.

Angelini (1967) and Sampson and Hancock (1967) have reported that first and only borns have higher achievement motivation scores than later borns, whereas Rosenfeld (1966) and Smouse and
Letchworth (1968) have failed to find any birth order effect. The need to seek help usually arises when a person fails to attain a desired goal or to achieve a standard of excellence.

Anderson (1973) says that mildly handicapped children are as likely to be disturbed as those who are severely handicapped.

One of the pre-requisites for a child to be able to cope adequately with stress is a healthy self-concept. From the general attitude towards blindness and blind people, it seems that it is not always easy for a blind child to gain a healthy self-concept. Undue significance is often given by the sighted to his handicap and he is pitied instead of being treated by them first and foremost as a child. This will negatively affect the blind child in developing a healthy self-concept (William 1973).

Deo and Bhullar (1974) studied the relationship of physical efficiency with self-concept. They found that no relationship existed between self-concept and physical efficiency.

Lindowski and Dunn (1974) examined the relationship between acceptance of disability and two aspects of self-concept – self-esteem and social relationship. It is concluded that acceptance of disability is a part of self-concept in general. The need to view values associated with disability as part of the broad perception of self is emphasized.

Cruickshank and Johnson (1977) found that, crippled children when matured as adults, showed the tendency of dissatisfaction, unhappiness and to be introverted and ego-centric.
Weinberg and Williams (1978) examined the attitudes toward disabilities. Questionnaires were distributed to 178 physically disabled persons attending the 1976 Illinois White House Conference on the Handicapped to assess their view of their disabilities. Analysis of responses indicated general agreement that disability was not a terrible thing, but attitudes were decided toward disability.

Zargar’s (1980) study indicates that the high need achievers had a better scholastic achievement than the low need achievers.

Chauhan (1982) found that male students had better global self-concept than the female students.

Cielesz’s (1982) study revealed that mainstreamed learning disabled students possess a significantly lower self-concept than regular class students.

Jogawan’s (1982) study showed that at the beginning and end of adolescent period the level of self – concept stood high but declined to a lower level in between, for both the sexes.

Okun (1983) conducted a study on an analysis of self-concept, locus of control and career maturity of handicapped secondary students in two special education programmes. It was found that special school vocational students in basically self-contained settings display significantly higher levels of self-concept than comprehensive high school; mainstreamed peers. Positive correlations were found between self-concept and career maturity and self-concept and internal locus of control.
Thurer and Rogers (1985) conducted a survey to assess disabled person’s perceptions of the types of problems they experience, and their need for psychological services. Results indicated that 75% of the sample reported a substantial need for mental health services for the physically disabled. Perceived problem areas were fairly and evenly distributed in the areas of personal/emotional, organic/biological, cognitive, perceptual, behavioural, social/interpersonal, marital/family sexual, self-esteem and vocational/career planning.

Wilson (1986), conducted a study on personality characteristics of the physically handicapped individuals. He found that in the case of each of the nine personality variables, significant differences occur among different types of handicapped persons.

Morris (1988) found that certain physical disabilities are innately frustrating to personality development.

Results of the study conducted by Stone (1989) indicated that counselling method did not result in overall improvement of self-concept.

Turner and Mc Lean (1989) examined the relationship between physical disability and risk of psychological distress and disorder among 731 physically disabled adults and matched with 850 abled adults. Results revealed that disabled subjects expressed substantially elevated anxiety, depressive symptoms and major depressive disorders.
Kraslawsky (1990) found that there was an association between self-concept and high anti-social behaviour.

Lavan (1990) obtained negligible but significant relationship between self-concept and achievement in Biology in a study of self-concept and locus of control as correlates of achievement in Biology of secondary school pupils of Kerala.

According to Martin (1990) college students with learning disabilities had a poorer academic self-concept.

Recht (1990) studied the effect of special class placement on the self-concept of learning disabled children and found that learning disabled children placed in resource room had a positive self-concept.

Abram’s (1991) study provides supporting documentation that adolescent self-concept fluctuates over situations and time.

Cheng (1991) investigated differences in motivational orientation in high school students. It was concluded that ego involving situations have potentials to motivate field dependent individuals and task involving situations have potentials to motivate field independent individuals.

In Raney’s study (1991) it was found out that type of instruction and type of setting hand no statistically significant effect on self-concept.

Revenson et al. (1991) stated that the psychological effects of the disability are partly determined by the ways the child and the family react to the disability and its physical consequences.
Sundarajan and Gnana Guru (1992) found no significant relationship between psychological factors and academic performance.

According to Finch (1993) self-concept and career development play an important role in the total growth and development of urban vocational and traditional high school students.

The study conducted by Gloria (1993) indicated a relationship between self-concept and reading achievement of elementary students with learning disabilities.

According to Stein (1993) a learning disabled student's global self-concept is based upon a complex developmental framework of psychological constructs.

Appleby (1994) conducted a study on the relationship between self-advocacy and self-concept among college students with disabilities. This study reports the findings of a hypothesized relationship between self-advocacy and self-concept. Sex, age and year in college as well as knowledge of impairment, role of disability in life, wish and assertion emerged as having a bearing on self-concept.

The association between physical function and psychological problems in children aged 7-16 were investigated by Baildam et al. (1996) in 29 children with physical disability. The results indicated that there is no correlation between the psychological scores and any of the other functional measurements.
Sharpe et al. (2001) studied fifty three patients with recently diagnosed rheumatoid arthritis by using the Disease Repercussion Profile (DRP). No associations were found between measures of disease and DRP sub scales. Activity was the area most often affected with social life, emotions and appearance all more strongly endorsed than finances and relationships. Whenever any of the areas was endorsed as affected, its impact was inevitably rated as very important.

Clancy and Anne (2003) studied the association with locus of control, depression and quality of life in children with Spina-bifida. The children in this study reported frequent and intense pain at multiple locations. The results indicated that children with spina bifida, especially young children are at risk for under recognized and under treated pain which may significantly impact their long term psychological adjustment and quality of life.

Le Bobidge et al. (2003) studied psycho-social adjustments among children and adolescents with chronic arthritis to determine whether they are at more risk for development of adjustment problems than controls. They used meta-analytic techniques to review 21 studies reporting overall adjustment problems, internalizing symptoms, externalizing symptoms or self concept among youths with arthritis. The results revealed that the youths with arthritis displayed increased risks for overall adjustments.
problems and internalizing symptoms, but not for externalizing symptoms or poor self-concept.

2.2 Studies showing the Relation between Orthopaedically Handicapped and Social Factors

Jones (1966) reported that many disabled children feel hurt by the help offered to him and by seeming neglect. Many of them resent undue curiosity about their defect. They also resent a conspicuous effort to ignore it. Thus they may have more difficulty in attaining a fair measure of genuine social acceptance.

Mehta (1969) found that boys whose father's educational level is either high or low show a higher achievement motivation level than those whose fathers have received only middle level education.

Rath (1972) felt the need for a stimulating environment which can compensate the other disadvantages of the children.

Richardson (1972) pointed out that the quality of household environment as well as parental level of aspirations and motivation are the pertinent factors influencing the child's development. He spoke of ecological variables such as mother's intellectual capacity, education and other characteristics have some impact on child's growth.

Mannoni (1973) states that the adjustment or maladjustment of handicapped children can be ascribed to their parent's attitudes. Those parents who were warm and positive had children who were
well adjusted, and disturbed children come from families where they were overprotected or rejected.

According to Poznanski (1973) the handicapped child receive more attention than his disability requires and much more than any siblings receive. This limits the child’s opportunities for learning, independence in habits and ways of thinking, restricts his social interactions and leaves him with little or no chance of coping with feelings of failure.

With regard to the social problems Anderson (1973) says that many disabled children are much less independent socially than their peers, and this will inevitably affect peer relationship. Lack of physical maturity springs directly from the physical limitations imposed by the child’s handicap. Another reason seems to be that many disabled children are treated by parents and others as younger than they really are and are given insufficient encouragement in developing social independence. This is supported by studies by Tew et al. (1974) and Fulthorpe (1979).

Kogan, Tyler and Turner (1974) found that mothers of cerebral palsy children quickly become pessimistic about their child as it become clear that, inspite of the effort put into their upbringing, the gap between their hopes for the child and child’s actual performance grow wider with age.

Puran chand (1974) in his study found the following results.
(i) Achievement motivation and socio-economic status variables are related significantly and positively with each other.

(ii) Subjects belonging to high socio economic status possess significantly higher achievement motivation than the subjects belonging to low socio economic status.

(iii) Middle class subjects possess a higher achievement motivation than the lower–class subjects, but the difference is not statistically significant.

(iv) Girls have as significantly higher achievement motivation as compared to boys.

Smoll (1974) discusses interrelationships of physical abilities and social development and adjustment. A failure cycle is described in which poor motor skills result in reluctance to participate in physical/social activities, which further decrease motor abilities. It is suggested that motor impairment can contribute to social maladjustment and delinquent behaviour.

Seidal et al. (1975) in a study on crippled children with and without brain damage, found that among the crippled children of normal intelligence psychiatric disorder is twice than its incidence in the physical condition, that involves disease or damage of the brain. Psychiatric disorder was more common in physically handicapped children from over-crowded or broken homes or families with marital discord or with a neurotic mother.
Shankar (1976) studied emotional problems of the handicapped children. It is noted that, frequently those problems begin in the home where parents and siblings pass on feelings of resentment toward the child for his / her inadequacies. Such feelings are reinforced by teachers and other adults, schoolmates and friends who do not understand his/ her special needs and limitations. It is suggested that the solution to the emotional problems of the handicapped may be in helping them to increase their tolerance for and acceptance of the disability in order to (a) reduce the frustration with they are bound to have and (b) reduce the external forces which impel them to strive for goals that are difficult for them to attain.

The need for an enriched environment which can be stimulating for the children was highlighted by Sinha (1977) and Shanmugam (1978).

Brodwin and Gardner (1978) conducted a study on Teacher attitudes toward the physically disabled. Two groups of elementary school teachers were given the ‘Attitude Toward Disabled Person Scale’, consisting of a 35-item questionnaire, to measure their attitudes toward the disabled. It was suggested that classroom teachers who have not been exposed to physically disabled children need help in changing their stereotypes and overcoming certain negative attitudes.
Garber (1979) noted that handicapped children in regular classes are either rejected by their non-handicapped peers or are less well accepted than non-handicapped children.

Gosse and Sheppard (1979) compared the attitudes toward physically disabled persons held by individuals at three educational levels who had personal contact vs. no such contact with the disabled. Data analysis revealed a significant effect for education. Higher their educational level, the more positive were the student’s attitudes.

Van and Alison (1979) investigated the relationship between school setting and self-concept in 20 handicapped school children and found no significant correlation. The socio-economic status of the child, however, did seem to have some importance to self-concept.

Jean and Leyser (1980) found that teachers offered more support to the handicapped.

Stephen, Thomas and Benjamin (1980) studied teachers’ attitude towards handicapped children. The willingness to integrate handicapped children into their classroom are reported by 61 percent of the subjects. Teachers who had taken special education courses were willing to accept handicapped children than those who had not.

The study conducted by Carole et al. (1981) showed that ambivalence toward physically handicapped persons extended beyond the social milieu and perhaps affects the vocational process.
Phatak (1983) studied disabled children in normal schools. The majority of the sample studied feel they do not face any serious problem, the type of problems faced are fear of the school, difficulty with classroom teaching, dissatisfaction with the teacher, ridicule by other children and participation in co-curricular activities.

White (1983) conducted a study on the adjustment process of the spinal cord injured. According to him, the process of adjustment of spinal cord injured should be viewed as an ever-changing and highly individualized process rather than a stable state. The problems faced by the newly paralysed person include coping with physical loss, changes in self-image, social status, position in the family, vocational potential, sexual capabilities and self-concept. The problems facing the spinal cord injured person are often overwhelming not only to the injured person, but to other family members as well. The findings of this study indicate that the family is the most important factor in successful adjustment to spinal cord injured, indicating a need for family and patient counselling immediately following injury and continuing throughout rehabilitation.

Helmstetter (1985) studied the effects of changes in the physical environment on those persons with severely handicapping conditions. Results showed no difference between the classroom and non-school environments on any measure of participant behaviour. The implication of the results is that the basis for the non-school
model instruction must rest on the learning characteristics of learners with severe handicaps, on the various ideological, moral and legal rationales for such as instructional arrangement, or upon a theory of person-environment interaction that encompasses the social setting.

Soto (1986) examined the difference in home environment between higher and lower achieving children. Statistical analysis revealed significant difference in home environment between higher achieving and lower achieving students. There was also significant difference in motivational orientation of two groups.

According to the study conducted by Sarala (1988) the socio-economic level of parents play an important role in the adjustment of orthopaedically handicapped children. The low socio-economic status group possess significantly higher percentage of adjustment related problems and high socio-economic status group possess lower percentage of adjustment problems.

Scott (1989) observed that parents of young children with handicaps had larger stress scores than parents having typical young children.

Borsay (1990) examined the attitude toward family, care of physically or mentally handicapped family members. The importance of perceptual, evaluative, affective and behavioural components of attitude are recognized. The attitudes of disabled people and their relatives are seen as products of the family’s socio-economic role.
Rao (1990) emphasizes the importance of socially integrating the handicapped into normal society and discusses problems like poverty, ignorance and so on that hamper their integration. According to him the larger society has to provide sustenance and special help to these people, if they are ever to come out of their poverty and be socially integrated. He also stressed the need and importance of publicity and education for the whole population about the handicapped.

Gil (1991) in his findings indicated that high school students have overwhelmingly positive attitude toward individuals with disabilities. The variables of gender, education level and previous contacts have significantly positive effect on respondents’ attitude development towards persons with special needs.

Holmes and Anitha (1991) studied two social cognitive developmental skills – perspective thinking and interpersonal problem-solving of handicapped children. No differences were found for scores that measure problem-solving.

Abernathy and Val (1992) analysed the empirical relationship between school environment variables and educational outcomes for students with mild disabilities. Results explain the complex relationship between school climate variables and academic, social and self-esteem outcomes for disabled students. A significant relationship was obtained between school effectiveness and student outcomes for non-handicapped students. The overall relationship was
not found between school effectiveness and outcomes for students with disabilities. However, the relationship between learning environment and student outcomes revealed that more effective schools provide a less tolerant non-inclusive environment for students with disabilities. Instances of negative relationships between school effectiveness and student outcome suggest that what is considered an effective school for the general population may not be an effective environment for students with disabilities.

Jain (1992) reported that disability seems to impose an extra burden upon the child, thus rendering him more vulnerable to adjustment problems leading to inappropriate social behaviour. It may be observed that the physically handicapped child, like all children, attempts to exercise not only his physical-organic self, but his potential self in all possible forms of social interaction.

Poonam and Verma(1992) in their study assessed the impact of the presence of handicapped child (Physically /mentally) on the family. The Study has compared the social burden felt by the mothers of physically and mentally handicapped children. It was found that disruption in family leisure and effect on mental health of the mother were reported more often by the mothers of female children as compared to those of male children. Greater disruption in the family leisure due to the handicapped female child is quite understandable.

Sandra(1992) studied the coping behaviours of physically disabled, to determine whether the background variables of age, self-
confidence and teaching experience would affect the perceptions of teachers of the handicapped. The findings suggest that the development of student/teacher relationship between handicapped children, and teachers of the handicapped is based on the teacher’s level of self-confidence and reasons for entering the profession.

Yeh and Changchun (1992) studied parent’s perception toward their children with disabilities. The results supported the following conclusions.

i. Parents generally held positive perception toward their children with disabilities.

ii. Parents held positive perceptions toward mainstreaming of their children with disabilities.

iii. Parents perceived that the existing special services were either inadequate or not available.

The study by Hancock (1993) showed that the quality of adolescent coping was not a significant predictor of adult adjustment, but severity of disability and adolescent social relationships were strong predictors. Adolescents were generated more strategies for coping with social rejection and who discussed those strategies with their parents, demonstrated more positive adjustment. Teenagers who employed maladaptive strategies such as avoidance, disparaging others and verbal aggression demonstrated more negative adjustment.
Sinha et al. (1996) studied sex differences among orthopaedically handicapped in relation to the perception of socio-emotional climate in school. It is observed that there is significant difference between orthopaedically handicapped boys and girls on social perception and emotional perception.

Turner (1996) assessed the variations in the levels and determinants of family support and family conflict in 3 age groups of non-institutionalized physically disabled individuals. Results indicated life-course related differences in the levels of both family support and family conflict, with the oldest group perceiving the greatest support and the least conflict from family members.

Noll et al. (2000) investigated the social, emotional and behavioural functioning of 74 children with juvenile rheumatoid arthritis. Peer relationships, emotional well-being and behaviour, based on peer-teacher, parent and self report scores on common measures were compared. The results indicated that relative to case-control classmates, children with juvenile rheumatic arthritis were similar on all measures of social functioning and behaviour.

Newman and Mulligan (2000) in their studies found that illness characteristics such as visibility, pain and uncertainty may influence the development of independence and social adjustment.

Doubt and Mc Coll (2003) conducted a phenomenological study of seven teenagers with physical disabilities attending a regular secondary school focused on social integration and the factors
influencing it. Results showed extrinsic and intrinsic factors that facilitate or limit integration. Occupational therapists can ensure that schools are inclusive and that clients are capable of participating fully.

Hommeyer and Schneider (2003) investigated the efficacy of two familial models in the prediction of adherence to treatment in 70 pre-adolescents with Spina bifida. Familial conflict, familial enmeshment and parental over protection were measured. Parents reported that 10 and 11 year old were less adherent with their treatment. Teachers reported that the youths became more adherent overtime, while change in health care professional report of adherence was not significant. Excessive levels of familial conflict, familial enmeshment, parental over protectiveness and non-adherence were not characteristics of the families.

2.3 Studies showing Comparison between Orthopaedically Handicapped and Normals

Cruickshank and Dolphin (1954) investigated the emotional and social characteristics of crippled and non-crippled children using their instrument of evaluation, “The Raths self Portrait N-Test”. They concluded that crippled children on the average differ little, if any, from non-crippled in so far as social and emotional interaction between the pressure of his environment and his own inner feelings

Findings of Wenar (1956) reveals that decreased integrative and defensive ability of the motor handicapped children with greater
handicap leading to greater impairment. However, there were no significant differences between normal and handicapped groups in overall adjustment, variety of interests, concern over interpersonal relations or number of destructive fantasies.

Investigation by Ausubel (1958) showed that the physically handicapped have the same kind of failures in the psychological adjustment as that of better physique, but their failure are apt to be more severe as well as more frequent.

Richardson et al. (1961) conducted a study on 640 boys and girls, 10 and 11 years of age. The subjects included physically handicapped and non-handicapped from diverse social and cultural backgrounds. They concluded that children of diverse backgrounds have the same consistent preference pattern in evaluating various physical disabilities.

In a study conducted by Gates (1964) on some problems of social and emotional adjustment of crippled and non-crippled girls and boys, it was observed that the difference between the crippled and non-crippled boys and girls was not significant statistically. Cultural background and personal social relationships particularly in the home may affect adjustment more than crippleness.

Billings (1972) found that attitudes of non-handicapped children toward physically handicapped children were found to be significantly more unfavourable than their attitude towards non-handicapped children.
Murray et al. (1972) examined the attitudes of non-disabled persons toward physically disabled, psychologically disabled and non-disabled person. The results indicated a strong rejection effect toward persons with psychological disabilities and a sympathy effect toward persons with a physical disability.

Kostin (1973) reported that the ratings of disabled people on overall adjustment and life satisfaction were not significantly different from that of the non-disabled people.

Lynch and Arnolt (1973) investigated reactions to frustration of 38 physically handicapped children and 38 control groups at various ages using the "Rosenzwerg Picture Frustration Study". Results do not support the hypothesis that physically handicapped children are different from the non-handicapped in the external expression of aggressive reactions.

Rosenbaum and Raz (1977) employed the "Denial and the Depression Scale" to find out the denial and depression of disabled groups. All men with locomoter disabilities scored significantly higher on the Depression Scale than the non-disabled group.

Rosher and Howell (1978) analysed a subset of data from a larger investigation on the achievement of youth in two phases to describe disabled and non-disabled tenth-grade students, on certain socio demographic variables, high school curriculum track assignment, self-concept dimensions, and educational and
occupational aspirations and was found significant differences exist between the two groups regarding the variables.

Deshmukh (1979) studied the personality characteristics of 200 orthopaedically handicapped. The findings depicted that there is no significant difference between the personality scores of the disabled and the normal.

Harper (1980) found personality differences between orthopaedically disabled adolescents and those with a cleft lip. The former being more isolated and aloof towards interpersonal relationships.

Michael et al. (1980) stated that the developmental problems of handicapped adolescents differ from those of their normal peers. Handicapped adolescents encountered particular conflicts. It is emphasized that interpersonal skills like modeling, role-playing, and self-instruction ought to be taught to the handicapped well before late adolescents.

Sethi and Sen (1981) examined level of intelligence, self-concept and frustration among orthopaedically handicapped children in comparison to normal children. Handicapped children were not found to differ significantly on frustration level except for two factors—need persistence and ego-defensive impunitiveness. An extra punitive approach was common to the groups. The handicapped were more intropunitive and normals were more impunitive.
Dankin (1982) conducted a study on comparison of the self-concept of handicapped and non-handicapped children and its relationship of parental attitudes toward child rearing practices, family life and handicapped individuals. In this study, parents of handicapped children tended to reflect a more domineering and dependent attitude toward their children. Parental attitudes appeared to exhibit a more diversified relationship with male child’s self-concept development than did maternal attitudes. The handicapped children expressed a lower global self-conceptualization in comparison to their non-handicapped peers. According to established norms, self-perception of both groups of children were relatively positive and favourable. Attitudes of parents of handicapped and non-handicapped appeared to differ in degree rather than kind.

Fichten and Bourdon (1983) conducted a study to examine the variables that facilitate or hamper interaction between disabled and able-bodied college students. In the study, 100 able bodied students completed two adjective checklists identifying socially desirable and undesirable characteristics; a second group of 44 able-bodied students were tested using another set of traits. Disabled students were characterised as aloof, introverted, lazy, submissive, ingenuous, and unassuming.

Hutton and Roberts (1983) studied the factor structure of problem behaviour for mildly handicapped and non-handicapped students. The mildly handicapped subjects were reported to have
significantly more problem behaviours than non-handicapped subjects.

Burkhead and Copa (1984) examined the relationship between career maturity, sex, physical disability, and grades in 40 disabled and 46 non-disabled college students. Results showed disabled students were more vocationally mature than non-disabled students and female students were more vocationally mature than males. Type of disability was not related to career maturity.

Corsini (1984) reported that physically handicapped children suffer more frustration than the normal children. The orthopaedically handicapped child is different by the reason of his disability. Several factors make it difficult for him to form a realistic perception of his own adequacies and limitations.

According to the study conducted by Mathur (1985), crippled children differ significantly from normal children in school adjustment, emotional adjustment and total adjustment.

Dharitri and Mruthy’s (1987) study on ‘Handicapped children: Their Abilities and Behaviour’ showed that handicapped children are similar to the normal population in terms of general intelligence but the various functions are differently and poorly integrated. Some types of problem behaviour occur more frequently among handicapped children than among normal children.

Gregory et al. (1987) compared the academic performance of orthopaedically handicapped and control group and found that
academically the orthopaedically handicapped teenagers performed competitively with classmates, though they experienced difficulties in self-esteem, locus of control, and school/work orientation.

Campbell’s (1990) study showed that specific learning disabled students perceive themselves more negatively than non-disabled students.

The study conducted by Jo Ann (1990) is directed to the need for improving the social interactions between children with and without disabilities. Positive peer relationships are important for a child’s cognitive, emotional and social development. A major problem for children with disabilities is that they are not well accepted by their peers without disabilities and the interaction among children with and without disabilities is limited. The results showed that social interaction among children with and without physical disabilities improved in terms of the duration of interaction and the quality of that interaction.

The study conducted by Jones (1990) showed that the phenomenal self-concept of handicapped students was significantly more negative than the self-concept of non-handicapped students.

Armstrong and Beth (1991) studied integration of a group of disabled and non-disabled students. The results suggested a number of implications for more successful integration of disabled and non-disabled students.
Cherry and Brown (1991) compared the relationship between the social support and self-esteem in physically disabled and normal adolescents. No significant differences were found between the groups in social support or self-esteem. They concluded that perceived social support from friends and shared activities with peers related to self-esteem and family influences on self-esteem were statistically significant.

Lata (1991) studied the impact of parental attitude on social, emotional and educational adjustment of normal and handicapped students and pointed out that normal children showed a significant difference from handicapped children in adjustment. Normal boys and handicapped girls showed better emotional adjustment than normal girls and handicapped boys. Normal students did not differ significantly from the handicapped in the field of social adjustment. Normal students differed significantly from the handicapped students in the educational adjustment. Parental attitude did not significantly affect the adjustment of normal students. The attitude of parents affected significantly the adjustment of handicapped girls but did not affect the adjustment of handicapped boys.

Philips (1991) collected personal experience narratives from individuals with various physical disabilities. One of the dominant themes found in these narratives is that the society perceives disabled person to be damaged defective and less socially marketable than the non-disabled, which will in turn affect the self-image of
disabled persons and contribute to the formation of a uniform disabled experience.

Jain and Kureshi (1992) in their picture frustration study of the normal and handicapped children and its implications for adjustment, suggested that the orthopaedically handicapped children manifest the emotion of anger and condemn towards outworld for their frustration.

Manickaraj et al. (1992) studied locus of control, assertiveness, vocational maturity and vocational preferences between orthopaedically handicapped and normals. Findings indicate no difference between orthopaedically handicapped and normal subjects in over all vocational maturity except in vocational aspiration level. No differences were observed in the case of other variables. However, the severity of disability influenced vocational maturity and vocational preference.

Sharma et al. (1992) studied the cognitive differentiation in physically handicapped and normal students. Normal subjects exhibited field independence whereas handicapped subjects showed field dependence cognitive styles. There were significant difference between boys and girls in handicapped and control groups.

A study of creativity among normal and handicapped children in relation to some familial background factors by Kumar et al. (1993) revealed a significant relationship between creativity among them.
Sindu and Jayakumari (1993) studied the socio-personal adjustment and achievement motivation of orthopaedically handicapped students and normals. The result of the study showed significant differences in social and personal adjustments of orthopaedically handicapped and non-handicapped students. But there was no significant difference in achievement motivation between the experimental and control groups.

In a comparative study of normal and physically handicapped in relation to their personality characteristics, Kumar et al. (1995) investigated that the normal and handicapped subjects differ significantly. The normal people were found to be more extroverts than the physically disabled subjects.

Vijayalaxmi’s (1996) study was on adjustmental ability of physically disabled and abled students. The results reveal that physically disabled students are significantly low in their adjustment with emotion, mood, criminality and leadership when compared with abled students.

Reddy (1997) studied personality correlates of coping behaviour in orthopaedically handicapped students. The orthopaedically handicapped were found to be much better than the other handicapped groups. There is no self-concept achievement difference among the groups as far as problems of adjustments were concerned.

Madu (2000) examined the parental attitudes toward their handicapped children in 126 parents. The results of the study
showed that parents of handicapped children had a more negative attitude towards their children than the parents of non-handicapped children.

Miller et al. (2001) studied the stress and coping strategies shown by the mothers of physically disabled children and mothers of non-disabled children. Results showed that the mothers of disabled children reported higher levels of depressive symptomatology. Emotion focused coping was related to increased psychological distress in mothers of disabled children whereas problem focused coping was associated with decreased distress.

Tessier et al. (2002) investigated attachment security and behaviour in 34 physically disabled infants and 26 non-disabled infants using convergent, categorical, and continuous measures of relationship, based on the same set of home observations. Proportions of attachment classifications were identical for each group, but insecure disabled infants scored consistently lower on the AQS security score than insecure non-disabled infants.

2.4 Studies Related to Vocational Training and Achievement of Orthopaedically Handicapped

Investigations by Dicarlo and Kaiser (1954), Aschcroft (1959) and Connor and Goldberg (1959) indicated that the physically handicapped child is often an under achiever in school.

According to Wright (1956) the largest obstacle in the way of a crippled individual in making a contribution to society is not his
handicap but society itself. Many employers are too prejudiced to hire the handicapped, even though the individual’s particular handicap may not stand in the way of his doing the particular type of work involved. The amount of vocational opportunity open to crippled depends, of course upon the nature and degree of his handicap, as well as the kind of work he is seeking.

Bernabeu (1958) states that a physical handicap affects a child’s social achievement indirectly by making him feel lonely and excluded, thus leading to dislike for and to lack of motivation to do well. This is especially so in the case of children with special handicap or with multiple handicaps that interfere with school work.

Report of the first National Seminar on the training and employment of the physically handicapped (1961) showed that the employment situation faced by orthopaedically handicapped differs from that faced by the physically fit normal persons. For the orthopaedically handicapped, job opportunities are much more limited. This limitation in employment opportunities is partly due to the functional loss arising from the physical defect and partly due to the prejudice of the employer.

Jordan (1962) reported that the crippled or orthopaedically handicapped children are those youngsters with fine minds who are limited by damaged limbs and awkward muscles. These children may not learn differently but usually cannot be taught under conventional arrangement.
On the basis of the study on 292 students (slightly retarded and upper medium defective) in a national remedial school Bugmot, Lalisse and Kevorkian (1963) concluded that the goal of vocational teaching must be two-fold.

(i) to provide a happy environment for the adolescents in which they will acquire confidence in themselves.

(ii) to teach them to work without confirming them to any particular trade.

Recent thought in Career Development Theory has suggested that vocational maturity may be considered to occur as a result of a series of behaviours stimulated by environmental demands which Supper (1963) has called Vocational Developmental Tasks. According to this view, people must adequately perform basic series of tasks relevant to vocational development in order to acquire the skills, attitudes and information with which to cope effectively with the next level of vocational development.

Vocational opportunities of the handicapped person studied by Simley (1967) concluded that vocational training aimed at helping children in their junior high school years is common to a number of programmes for educationally retarded youth. The investigator emphasises the importance of the actual work experience in achieving their objectives. The investigator prepared the objectives of the vocational training, as (1) vocational programmes for disadvantaged youth and adults typically include cognitive and
affective objectives (2) the traditional vocational aim of inculcate desired attitudes towards ‘learn to earn’ (3) acquisition of particular vocational skills. The researcher conducted his work stated by the vocational training they lead to progress through a graded series of skills as much as they are expected to improve their work habits within the same job assignment and ‘learn to earn’.

Working with orthopaedically handicapped young people, Rotter (1972) set up a task involving a simple motor skill. The important finding was that this handicapped group had a lower level of aspiration even though the task being performed was totally unrelated to their physical handicap.

Jones (1974) pointed out that the studies of orthopaedically disabled children’s achievement and interpersonal relationships are rare. However, he concluded that impaired mobility and physical deficiency didn’t influence significantly orthopaedically handicapped children’s school achievement or teachers rated inter-personal relations.

Proger (1975) summarized the results of testing (Stanford Achievement Test) during 1973-74 in four Montgomery county, Pennsylvania programmes for handicapped children: Physically handicapped, emotionally disturbed, minimally brain injured, and learning disabled and found that sixty percent of the handicapped persons between the ages of 16 and 64 have never completed high
school. In addition many handicapped citizens are not receiving vocational skill training to prepare them for jobs.

Meers and Conaway (1977) cited the following factors for the past exclusion of handicapped individuals from vocational education programmes. (a) many vocational educators have pre-conceived attitudes about their handicapped, mostly negative and not based on personal experience. This attitude is sometimes accompanied by a lack of skill in meeting the individual needs of special students in the vocational setting. (b) very few vocational educators have had any formal training to prepare them to work with special needs students. Inclusion of special education training in vocational teacher preparation programmes is the exception rather than the male. (c) educational Planning teams have not been used systematically to provide supportive help for vocational educators working with handicapped individual. In many cases, vocational educators have been expected to go at alone’. (d) special educators are not always familiar with the details of programmes aimed at vocational placement of handicapped individuals. In many cases, the non-vocational teacher involved in programmes for the handicapped may not be familiar with teaching methods to accomplish this goal.

Treiman and Terrell (1975) found that physical or mental handicaps disrupt and limit vocational attainment of men and women.
Reggio (1977) has developed individualised health incentive programme modules for students having severe physical disabilities. The project concludes that physically disabled students need and benefit from a more extensive health education curriculum, which includes both regular and specialized health concepts, information and activities.

The U.S. Commission for Education and Community of the Rehabilitation Services (1978) reported that administration of the Department of Health, Education and Welfare have issued three joint memoranda concerning the training and rehabilitation services for handicapped individuals. They were encouraged (a) to examine collaborative efforts between education and vocational rehabilitation agencies (b) to develop formal co-operative agreements among special education (c) to respond to the need to provide all handicapped persons with comprehensive vocational education.

Kirk (1979) stated that handicapped children will attain hand-skills closer to that of the normal and will find greater success in these areas. Their adaptation to the vocational field will be more in the unskilled and semi-skilled trades. They should learn to participate in work for the purpose of earning their own living, i.e., they should develop occupational competence through efficient vocational guidance and training as a part of their school experience.
Lilly’s (1979) study indicated that among the skills necessary for survival in an adult world, getting and holding a job must rank at or near the top.

McMahon (1979) presented the model of Vocational Redevelopment for Midcareer Physically Disabled Persons. The model uses four basic elements such as worker needs, worker competencies, job reinforcers, and job demands and their phenomenological counterparts to elucidate critical aspects of redevelopment, such as workers self-assessment and job understanding, impact of disability, and occupational reselection.

Ryan (1979) presented the theoretical and practical considerations for providing severely physically disabled youth access to experiences in vocational development and career planning. A comprehensive career development programme developed by the Vocational Services Department of the Institute of Rehabilitation Medicine (New York) is described.

According to Morgan and Leung (1980) individuals given assertion training showed increases in acceptance of disability scores, self-concept / esteem scores, and social interaction skills scores when compared with individuals who did not experience assertion training. Assertion training was effective for increasing acceptance of disability in physically disabled university students.

The concept of career education, Brolin (1981) shows that vocational guidance and training must anticipate not only the
immediate needs of clients in securing employment but also likely
trends in job availability in the mild and long term.

The study of International Labour Office (1981) showed that
one out of ten individuals among the world’s population suffers from
severe form of physical or mental disablement. These people need
training, re-training, specialized vocational guidance and
opportunities to participate in useful work on an equal footing with
the non-disabled.

Richard’s (1981) study points out that many rehabilitation
programmes for disabled adolescents fail because they concentrate
exclusively on the specific problems of vocational training and
seeking.

Erekson (1982) presented a model for dealing with
architectural barriers to the physically disabled. The model considers
the identification and removal of barriers in school buildings and
vocational education laboratories. The article also discusses how to
remove attitudinal barriers held by vocational education teachers.

Heinemann and Shoutz (1982) described a short – term group
counselling approach to use with physically disabled clients that
combined assertion – training with attitude clarification and
information approaches. The study discusses rationale for the
programme and describes the coping skills group model.

James Ward (1982) pointed out that ‘over the last few years the
disabled have insisted that they are persons first and handicapped
second. They share the basic needs for security, opportunity to give and receive love, taking responsibilities for others, advanced vocational training also.

Lambana (1982) designed a guide to provide school counsellors, occupational specialists, and other guidance personnel with basic information and listings of resources concerning the career guidance needs of handicapped students. This handbook addresses the special needs of students with physical disabilities. The six of the guide’s seven chapters cover the following topics: career education and physically handicapped students, developing positive attitudes toward handicapped students, counselling physically handicapped students, working with parents, working with teachers, and career planning and placement. The seventh chapter lists resources available for working with physically disabled students.

Lamgone and Hill (1982) found that the enrolment of handicapped persons in training centres are increasing day by day.

Ashmead et al. (1985) examined the attainment and curriculum appropriateness in reading for 24 physically disabled elementary pupils. In general, evidence supported the effectiveness of classroom teaching in reading although doubts were raised about number of works. Teachers positive outlooks regarding their pupils contrasted with their negative evaluation of external support services.

Brock (1989) describes a study of the effects of horseback riding on physically disabled adults. The study used 15 physically
disabled adults who were given tests before and after an 8 weeks therapeutic horseback riding programme. Another group of 24 physically disabled adults, half of whom took part in the riding programme, were given post test only. The most noted disabilities in this study were head trauma, visual impairment, arthritis, cerebral palsy and epilepsy. Participants were tested in self-concept, and in strength and coordination. Strength and coordination were measured using an electronic strength and Coordination Instrument (SCI model#1). Results showed improvement in coordination for subjects who participated in the riding programme. No significant differences were found in self-concept or strength scores.

Harrington (1989) conducted a study of the effect of art education on self-concept of disabled adult students in a community college setting. An experimental, pre-test- post test, control group design was utilized to carryout the study. The treatment provided was a college art class involving painting, clay sculpturing and drawing. It was found that art education improves self-concept in disabled adult students.

Pilkington and Klas (1989) investigated the effects that university courses on exceptionality had on teacher's attitudes toward physically disabled persons. Teacher attitudes were positively affected by course completion and by having a disabled friend/relative; they were not affected by video versus live-delivery instructional approaches or by biographical factors.
Babbit and Burbach (1990) surveyed 121 physically disabled college students to examine their perceptions of their occupational future. Results indicated that, although majority of students held high career aspirations, many sensed their career goals may be unattainable. Additional findings showed that most respondents preferred careers that involved working with people and wanted to work for businesses rather than education.

According to Krishnaswamy (1990) the vocational rehabilitation involves vocational training, vocational guidance and selective placement designed to enable a disabled person to secure and retain suitable employment. Economic independence is considered a major contributing factor for the physical, mental and social integration of the disabled into society.

Rao (1993) studied the causes of scholastic backwardness in the secondary school students. He found that the separation from family, frequent beating by fathers and mothers, emotional disturbance due to parents quarrel etc. are some of the reasons of educational backwardness.

Mullin et al. (1995) reported that nine mothers of children with physical disabilities in Ireland participated in a 10 week training programme that focused on social learning theory and identification and modification of undesirable children behaviours. Evaluation indicated reduced maternal stress and substantial reductions in identified problem behaviours.
Johnson (2001) investigated the process of adaptation using qualitative interviews in persons with poliomyelitis sequelae with reference to daily occupations. Personal instrumental ability in activities in daily living was assessed in 22 subjects. The persons had a high degree of independence in personal activities in daily living whereas the dependence in cleaning, shopping and transportation was extensive.

Carpenter and Readman (2006) explored the literacy difficulties experienced by people with physical disabilities and the factors that prevent them from improving their literacy skills. Semi-structured interviews were conducted with 25 individuals with physical disabilities who defined themselves as having literacy difficulties. Four common themes emerged from the data analysis: (a) a wide range of mostly negative emotional responses. (b) numerous difficulties experienced at school. (c) troubling attitudes and expectations of others, and (d) a continued motivation to improve literacy skills. Implications for practitioners include more training to address the needs of physically disabled learners. This may mean experimenting with technical devices that facilitate learning, and consulting with occupational therapists.

2.5 Studies Related to Other Disabilities

Force’s (1956) findings indicate that the physically handicapped children are not as well accepted as normal children. Hearing problems and cerebral palsy most seriously affect social
status; actual degree of disability is less important than the disability perceived by normal students.

Meighan’s (1971) study on the visually handicapped show that they possess negative self-concept.

Singh and Akhtar (1971) compared the self-concept of visually handicapped and non-handicapped children. They found that the handicapped children have lower self-esteem and social esteem than the non-handicapped children. The handicapped children appeared to be more objective and realistic in their judgement from a social frame of reference. The two groups differed significantly in their self-concept.

Goldberg (1974) studied the adjustment of children with invisible and visible handicaps. The result showed that the invisible disability group was higher in adjustment. Significant differences were obtained on vocational aspirations, origin of interest in vocational aspirations, self-image and work values. It is concluded that an invisible disability with severe physical limitations has fewer deleterious effects upon social adjustment than does a visible disability without physical limitations such as facial disfigurement.

Grinter’s (1974) investigations on self-concept and ideal selves of the visually handicapped adolescents show that they do not have a lower self-concept score than a control group, even though there was a greater discrepancy between the perceived and the ideal self. He
also found a correlation between the low self-concept scores and the ratings on social adjustment.

Richardson, Ronald and Kleck (1974) studied friendship and preference patterns of 193 boys with and without physical handicaps who were attending a summer camp. The intensity of the social relations and the appearance of the disability were considered in analyzing the boy's interview responses. Visibly handicapped boys were the most socially disadvantaged, non-visibly handicapped boys were in an intermediate position and non-handicapped boys had the highest social status. Non-visibly handicapped boys were more positively evaluated by boys outside the primary social group than by those within.

The results of the investigation conducted by Leclair and Rockwell (1980) suggested a strong relationship between body cathexis and attitudes toward counseling the disabled. Similar results were evident when looking at specific disability group, especially those involving visible disabilities.

The study conducted by Gopujkar (1981) showed that the majority of the handicapped persons do not possess any qualification apart from some formal education. The intensity of the handicapping conditions varies with the blind and deaf to the orthopaedically handicapped and there are hardly any employment opportunities in the employment market in general and the physically handicapped in
particular. The educational and training opportunities for the different types of the physically handicapped are inadequate.

Report of Public Relations Department (1981) showed that among the 78 crores of Indians are mentally retarded, 5 millions are orthopaedically handicapped, 90 lakhs are visually handicapped and 450 are visually handicapped partially and 1.5 million peoples are totally or partially deaf.

Rohidekar and Usha (1981) tried to identify the educational and vocational needs of the blind, the deaf and the orthopaedically handicapped children in Karanataka. They found that the vocational needs included the development of competencies in them, to be absorbed in handi-crafts and industries for further training and rehabilitation.

Wikler (1981) stated that a retarded child is considered as a chronic stress to the family.

Singh (1982) conducted a study of adjustment of mentally gifted and retarded children. It was found that adjustment problems of mentally retarded students were different. There was a difference in general adjustment ability of mentally gifted, average and retarded students. Different adjustment situations had different effect on the three groups of students and their reactions were also different.

Seshadri et al (1983) examined the impact of mentally handicapped child on the family and found that there was no significant marital disharmony and most mothers reported a
favourable attitude towards the child. It was also noticed that when the degree of retardation increased, the felt burden also increased. Child's degree of retardation was not seen to be correlated to the attitude or marital adjustment.

Chaturvedi and Malhotra (1984) in a follow up study of the parental attitudes and perception towards their retarded children observed that parents with higher education had a more scientific perception than less educated parents.

Weinberg (1984) analysed the attitude of disabled adults towards surgery. Interviews conducted with 30 disabled adults having varying degrees of orthopaedic and spinal cord disabilities, deafness and severe visual impairments revealed that 50 per cent of the congenitally disabled would choose surgery guaranteed to completely cure the disability, and 50 percent opted for no surgery, fearing change in their satisfying status.

Agarwal and Kaur (1988) hypothesized that the disabled boys differ from disabled girls in relation to their sources and incidence of stress. They also found that the orthopaedically disabled children differ from hearing impaired children in relation to their sources and incidence of stress.

Anirudhan (1989) studied the influence of family environment on the academic achievement of siblings of mentally retarded children. The study pointed out that 70% of families with a mentally retarded child belongs to the rural area.
Searls (1989) conducted a study of parental deafness as a factor in the development of self-concept in samples of deaf and hearing college students. It was observed that parental deafness while an inconvenience to some, is not deterrent to their children’s overall self-esteem.

Srivastava (1990) conducted a study on the frustration aggression patterns of mothers of retarded children and normal children and found that mothers differed significantly in two groups in their frustration reactions.

Thressiakutty and Narayan (1990) studied the parental perceptions of problems and expectations regarding their adolescent and adult mentally retarded children. The data revealed that inappropriate social behaviours rank highest with regard to complaints followed by poor communication abilities and dependence in self-care. Parental expectations with regard to their mentally retarded children showed that majority of them expected vocational training and personal independence than any other types of help. The study also revealed that only a very low number asked for residential facility and others wanted to keep the child with them.

The study conducted by Cloud (1993) showed that there were no significant difference in adjustment between subjects with and without a sibling with mental retardation. Children who have a sibling with mental retardation were no better and no worse off than children whose sibling is normal in the population studied.
The result of the study conducted by Coyner (1993) indicated that hard of hearing and deaf student’s self-concepts and their perceptions of their social acceptance were not significantly different from their hearing peer’s self-evaluations. Hard of hearing and deaf student’s self-concepts were found to be inversely related to the peer acceptance rating they received from their hard of hearing and deaf peers.

Damiani (1993) conducted a study on responsibility as a factor in adjustment for siblings of children with retardation. Siblings of children with retardation were found to show significantly more difficulty in psychological adjustment but not more in home responsibility. Girls had significantly more responsibility than boys. Siblings of children with disabilities also did not engage in more activities that could be considered altruistic.

The purpose of the study conducted by Keilly (1993) was to compare the self-concept of teenage learners who were visually impaired and enrolled in public day schools with those who attended a residential school. The comparison of mean raw scores on the self-concept scale showed no significant difference in the visually impaired youth included in this study.

Wilson (1993) conducted a study of the relationship between self-concept and vocational preference among emotionally handicapped adolescents. The results showed that significant correlations existed between self-concepts and vocational preference
for the population as a whole. The results also found that emotionally handicapped adolescents were much like their peers in both self-concept and vocational preference choices.

Ali et al. (1994) compared the personality characteristics and psychological problems of parents of mentally retarded children with that of normal children. Parents of mentally retarded children had significantly higher score on neuroticism scale, indicating that they were more emotionally unstable than the parents of normal children.

Ramagopal and Rao (1994) assessed the behaviour disorders in moderately mentally retarded and that to parental attitude in 60 parents of moderately mentally retarded children of both sexes in the age range of 8 to 12 years. Parents reported negative attitude towards their moderately retarded children. There was no significant negative correlation between behaviour disorder and parental attitude of the moderately retarded children.

Rangaswami (1995) made an attempt to find out the attitude of parents of mentally retarded children with and without behaviour problems. The results showed that the overall attitudes of parents of retarded children with and without behaviour problems differ significantly. The mothers of mentally retarded children with behaviour problems have high negative attitude with respect to acceptance, education and future home management and hostility. These findings suggest the need for parental education and guidance.
Annapurna (1997) conducted a study on 60 families of mentally retarded children in 3 different age groups using SES scale, family resources scale, family coping scale, family functioning scale, family integration scale, family burden scale, family satisfaction scale and problem behaviour check list. Fathers, mothers and significant others were included in the study. Results showed significant differences between three groups of family members on marital issues and extended family support. Mothers scored high on both. Fathers perceived more financial burden. Significant other persons scored high on coping skills than fathers and mothers. Positive correlation was reported between SES, family satisfaction, behavioural problems and stress for fathers. There was also positive correlation between SES, family satisfaction and mother's stress. Social resources and family resources had negative correlation for mothers.

Bharadwaj (1997) had pointed out that children suffering from cerebral palsy and those who were congenitally blind had greater need for achievement than their non-handicapped counterparts.

Benchot (1999) explored the nature of the care giving role in older parents who live with and care for their mentally retarded children. Parents reported more hassles with their mentally retarded adult children’s behaviour and cognitive status than with physical activities involved with caring. This type of stress was significantly related to depressive symptoms in parents. Parents reported higher stress if the child’s condition was rated to be severe.
Peshawaria et al. (2000) examined the facilitators and inhibitors of coping by parents who have children with mental retardation. The results indicated that parents reported physical support from within and outside the family as the most important facilitator, followed by professional support, financial support, faith in God, working out problems on one’s own, self determination and others. The parents reported external supports provided by others as a greater facilitator than their internal coping skills.

Wyche and Lobato (2000) assessed the stress experienced and coping styles used by parents of residentially placed mentally retarded children and the results of the study indicated that parents of mentally retarded children in residential placement experience considerable stress significantly higher than experienced by parents raising their mentally retarded children at home. The findings also showed that the lower the child’s adaptive functioning, the higher the mother’s stress in physical incapacitation. He also found that mothers of handicapped children do experience stress levels higher than normal.

Kausar and Farooq (2001) examined implication of providing care to a mentally retarded child in 40 mothers of children with moderate or severe level of mental retardation. Results revealed that mothers perceived their child’s disability as threat, as uncontrollable and of high personal significance for them.
Warfield (2001) studied the influence of employment in parenting stress among mothers of 5 year old children with developmental disabilities. The influence of parenting demands and family support on their work quality and absenteeism were also examined. No significant associations were found between employment status and parenting demands, family support or stress for the sample as a whole. Parenting demands increased absenteeism but had no effect on work quality.

Baker et al. (2002) in his study, found that parents of children with intellectual disabilities experience more parenting stress and mental health problems, such as depression, than do parents of children without disabilities.

Ricci and Hodapp (2003) examined the father’s and mother’s perceptions of stress relating to and involvement with children with Down Syndrome versus those with other type of intellectual disabilities. Both fathers and mothers rated their children with Down Syndrome as having more positive personality traits and less maladaptive behaviour. Fathers of children with Down Syndrome reported less child-related stress particularly in the areas of acceptability and demandingness.

Tomanik et al. (2004) investigated the relationship between behaviours exhibited by children with pervasive developmental disorders, particularly autism, and maternal stress levels. Two-thirds of the participants in the sample evidenced stress scores that were
significantly elevated. Regression analysis revealed that child maladaptive behaviour and child adaptive behaviour accounts for a significant proportion of the variance in maternal stress.

Stoneman and Payne (2006) examined the association between stressors/hassles, problem focused coping, and marital adjustment in 67 families of young children with disabilities. Results showed that most of the couples were experiencing average to above average marital adjustment. Women reported more marital adjustment when their husbands employed more problem focused coping strategies.

Conclusion

The area of research concerned with the investigation of Socio-Psychological Factors and Vocational Skill Attainment of Orthopaedically Handicapped Students were almost well covered by the Investigator. The review of related literature helped a lot in developing a wider perspective of the nature of interaction of the variables selected for the investigation. And also by analyzing the results of studies such as Jones and Bailey (1950), Carter and Chess (1951), Barker et al. (1953), Richardson et al. (1964), Wallen et al. and Beals (1972), Morris (1988), Ausubel (1958), Rath (1972), Richardson (1972), Sinha (1977), Shanmugam (1978), Soto (1986), Rotter (1972), Wilson (1993), Mehta (1969), Hussain (1983), Hollingsworth (1977) and Kirk (1979), it is found that most of the studies on Social and Psychological Factors are in agreement with the selected variables of the present study.
Among such studies some of them (Jones and Bailey, 1950; Carter and Chess, 1951; Barker et al., 1953; Richardson et al., 1964; Wallen et al. and Beals, 1972; Morris, 1988 and Ausubel, 1958) showed that physical defects may have some psychological impact on the performance of the handicapped persons. Studies conducted by Rotter (1977) and Wilson (1993) showed that the poor performance of the crippled might be due to lack of achievement motivation and poor self-concept. Some other studies such as Sundarajan and Gnanaguru (1992) showed no significant relationship between psychological factors and attainment in particular field. The need for an enriched environment for success was highlighted by Rath (1972), Richardson (1972), Sinha (1977), Shanmugham (1978) and Soto (1986). Investigation by Kirk (1979) pointed out that handicapped children will attain hand skills closer to that of normal and will find greater success in those areas.

Thus in reviewing the literature, it was seen that most of the studies were conducted on the personality characteristics of Orthopaedically Handicapped. This was the major inspiration and great help for the Investigator in determining and selecting the problem for research. So, the investigator had a zest for finding out the influence of Socio-Psychological Factors on the Vocational Skill Attainment of Orthopaedically Handicapped Adolescents.