CHAPTER - I

INTRODUCTION

School organizational structure provides a framework for students to perform their tasks and co-operate with others. The different types organizational setups of schools are more prevalent in the Indian context. In general, the managements of private schools are more keen on obtaining successful results. Moreover the parents of students also expect better results from private schools than government and other aided schools. So, the management also fixes greater responsibility to the students of private schools. Therefore, it is generally expected that the students of private schools should work harder and bring out best results. This pressure probably would have an influence on their personality and emotional characteristics.

In this situation students have to contribute more for academic achievement and they are involved in cognitive activities to a greater extent. Hence student’s intellectual achievements are of great importance and their goals at work are related to intellectual achievements. To accomplish their goals, they are required to put in much more effort as they are related to cognitive and intellectual abilities.
Many research studies have concluded that cognitive abilities were more characteristics of individuals with internal rather than external control orientation (Leffcourt, 1996). This suggests that the attribution variables play a vital role in the determination of success in academic achievement activities. In other words, the kind of attribution in students will reinforce their ability to strive for success.

While students strive for their success in achieving their intellectual pursuits, they may face many obstacles and failures. Such failures produce certain amount of tension or stress in them and how much they bother about these failures will indicate the degree of failure tolerance in them. Thus the degree of failure tolerance in students will influence their educational success.

When the students strive to attain their goals, they should possess a fair degree of failure tolerance as it will help them endure different obstacles they would face while attaining these goals. If the person lacks failure tolerance, he is bound to suffer from depression or other kinds of psychological problems which would deter his mental health.

Further, the level of anxiety in students will either mar their educational success or help in attaining their intellectual pursuits. Students are faced with a variety of anxiety provoking situations. Anxiety faced by the students could be due to the teachers and with their classmates. Anxiety from students as well, they are constantly evaluated by the teachers in the classroom situation. They are also questioned and examined by the teachers.
The ability of the students will be determined by the teachers' questions on attentiveness and receptiveness.

In the present Indian context, the handicapped students should also be given equal opportunity in education. They are also studying in different schools which are run by government and non-government organizations. The orthopaedically handicapped in general need not go to special schools. They can very well integrate with the normal in the normal school situation. When they are attending the normal school, they also tend to fix locus of control for their successes and failure, and to face failure tolerance and test anxiety situation with class room. Hence it is more appropriate to study the different levels of locus of control, failure tolerance and test anxiety among the orthopaedically handicapped and normal students.

STATEMENT OF THE PROBLEM

The present study is "A study of Locus of Control, Failure Tolerance and Test Anxiety among Normal and Orthopaedically handicapped students".

DEFINITION OF TERMS

Definitions of physically handicapped

The term 'Physically handicapped' has been defined differently in terms of medical, educational, vocational and psycho-social approaches. A few definitions are given below:
Medical Definition

Physical disability will lead to a limitation of physical function whether locomotor, sensory or effecting vital organ. According to the Amelia Harri’s survey (1971) the physically handicapped may be defined as "disadvantage or restriction of activity caused by disability or short-term and temporary disability, long-term and chronic condition".

Educational Definition

If a person’s physical condition prevents him from participating in social activities like recreational, educational and vocational nature, he may be considered a physically handicapped. The Rehabilitation Act of 1973, as implemented by the regulations of the Department of Health, Education and welfare, defines a handicapped person as "one who has physical or mental disability which limits his functional capacities (mobility, communication, selfcare, self-direction, work-therapy or skills) in terms of employability.

VOCATIONAL DEFINITION

The Vocational Rehabilitation Act of 1954 (U.S.A.) defines a Handicapped as "one who is under a physical or mental disability constituting a substantial handicap to employment, but which is of such a nature that vocational rehabilitation services may reasonably expect to render him fit to engage him in a remunerative occupation".
SOCIOLOGICAL DEFINITION

In the Dictionary of Sociology a handicapped person is defined as ‘possessing a physical defect which reduces one’s efficiency in performing one’s personal and social obligation according to a socially determined standard.

PSYCHOLOGICAL DEFINITION

According to Arthur (1943) defined a physically handicapped literally means a person on whom nature or his environment imposed special disadvantages or impediments upon in order to effect disadvantages and make a better contest in life.

Dentsch and Fishmen (1965) referred the term ‘Physically handicapped to a long term impairment of bodily function or other physical defect that places the individual at a disadvantage in one or more important spheres of normal life activities such as getting education, earning a living and to fulfill their social relationships. The physically handicapped are those who have some physical defects or disabilities to restrict such movements that place them at a disadvantageous position in our society.

Classification of Physically Handicapped

The physically Handicapped fall into two major categories namely:

1. The Sensorial handicapped and
2. The Orthopedically handicapped
Sensorial Handicapped

The blind and the deaf, fall under the category of sensorial handicapped. The definition of a blind would be a person in whom there is total absence of light, visual acuity not exceeding 6/66 or 20/200 (Snellen) in the better eye with correcting lenses and the limitation of the field of vision subtending an angle of 20 degree or worse. The definition of a deaf would be a person in whom the sense of hearing is non-functional for the ordinary purposes of life. The deaf mute are those who are deaf or who being deaf are also most (Handbook on working of VCR's for physically Handicapped 1984).

ORTHOPEDICALLY HANDICAPPED

An orthopedically handicapped is one who has physical defect or deformity, a partial or total of any limb of the body which causes an interference with the normal functioning of bones, muscles and joints (Hajornavis, 1970)

A similar definition states that the category of the orthopedically handicapped includes all those who have a condition that prevents them having complete control over their muscles and nerves which in turn control their ability to move about and use their limbs in a normal way. In this category, people included are those with polio effects, cerebral palsy, amputations resulting from accidents or disease, birth anomalies, hemiplegia, muscular dystrophy and spino-bifida (Nimbkar, 1996)
Defect in bones, joints, muscles, tendons, ligaments of spine and the limbs fall in the category of orthopedically handicapped. If the physical deformity causes interference in the normal functioning of the individual, he is categorised for the purpose of rehabilitation as an orthopedically handicapped person (Handbook 1984).

**Causes for Orthopedically Handicapped**

The following are found to be the causative factors for orthopaedically handicapped.

1. Heredity
2. Congenital
3. Acquired

**HEREDITY**

A heredity defect is one that passes down from generation to generation due to some sort of disturbance in the functioning of inherent genes mechanism. It may not necessarily manifest itself at birth, may appear even after many years.

**CONGENITAL**

Wakamy (1960) stated that the term congenital handicap should be applied to the gross structural animalities present at birth. The absence of one or more limbs and sometimes congenital dislocation of joints, cleft lip, cleft
palate, club feet and club hands or web fingers, bow legs are part of this group. Mainly the causes of congenital defects are maternal malnourishment, maternal infections like rubella and German measles, disease, glandular disorders etc.

**ACQUIRED**

Attaining physical limitations due to infection of contagious disease are called acquired defects. Infantile paralysis or ‘poliomyelitis’ is one of the most common causes of the crippled condition and probably the best known. Another important cause for orthopaedic handicapped is ‘spastic paralysis’. (cerebral palsy). This disease is disturbance of motor functions due to damage to the brain before, during or after birth. The person who is affected by this, moves the affected muscles with greater difficulty. ‘Meningitis’ is reported to be a frequent cause producing the spastic condition. ‘Osteomyelitis’ is also one of the important cause for the physical disability. It is an acute inflammation of the bone.

Syphilis and rheumatoid arthritis are additional infections which results in physical disability. In addition accidents are gradually coming to be more important cause of crippled condition.

Some of the common physical impairments are poliomyelitis (polio), paralysis, monoplegia, diplegia, paraplegia hemiplegia, triplegia, quadriplegia, cerebral palsy, kyphosis, lordosis, scoliosis, fracture, malunited fracture, amputation, disarticulation and rheumatoid arthritis.
ASSESSMENT OF SEVERITY

The Medical Board consisting of specialists in orthopaedic, Eye, ENT, Neurology, Psychiatry, Dermatology, Rehabilitation and General Physicians are used to explain the functional work capacities of the client, suggest remedial and curative measures wherever necessary and prescribe the required aids and appliances, depending upon the degree and severity of the handicapped. The severity of the handicapped is classified into four namely, mild which mean 40% disability, moderate as 50%, severe as 60% and profound as 70% and above.

SCHOOL FAILURE TOLERANCE

Here, failure tolerance relates to the endurance of failure in the school performances.

School failure represents non-performance of what is normally expected or required in the school context. The non-performance causes a tension in individuals. Some individuals may face boldly the failure or the non-performance of the required behaviour. Some may be depressed about the non-performance of what is required. It can be said that the behaviour of bothering much about the failure constitutes fear of failure. The act of not bothering about the failure can be termed as failure tolerance.
Fear of failure and failure tolerance are the two ends of the spectrum of failure. As the ‘fear of failure’ increases the ‘failure of tolerance’ decreases and vice versa.

Research by McClelland and his associates (1969) provide evidence suggesting that there are two recognizable aspects of achievement motivation - hope of success and fear of failure. One is an approach motive involving anticipation of reward and the other an avoidance motive involving anticipation of punishment. Fear of failure was evidenced in need of achievement situations where some subjects reacted to the aroused treatments with a sense of fear. This observation was used in the development of the concept of fear of failure by several researchers who conceptualized the construct in their own way.

Atkinson (1969) conceived fear of failure as a disposition to inhibit one's achievements striving on penalty of pain, the avoidance motive inhibiting achievement motivation in order to avoid possible failures is multiplicative function of the motive to avoid failure, the possibility of failure and the disincertive value of failure.

For Heckhausen (1963) fear of failure surrounds the fear one will not be able to compete with the standard of excellence, appropriate to the task in question.
Buney and others (1969) combined well both Atkinson's and Heckhausens' concept of fear of failure compensating for the limitations in these concepts. Buney and others view fear of failure as situations oriented whereas Atkinson's conceives it task oriented. What Buney and others understand by fear of failure is that people differ in the degree to which they fear the three possible consequences of an achievement outcome, viz devaluation of the self-estimate, non-ego punishment and social devaluation.

Therefore, for some people the fear may be directed at the lowering of their worth in the eyes of others and still for others to the loss of reward that is associated with non-attainment of the goal. This concept of fear of failure has been more useful in assessing failure tolerance of pupils in this study.

Locus of Control

"Children get into trouble because their parents punish them too much". "People's misfortunes result from the mistakes they make". "Without the right breaks one cannot be an effective leader". The statements from Rotter (1966) are the kind we would be asked to agree or disagree with if we were to take a test to determine our perceived locus of control. "If we look carefully at them he has to do with, how much a person himself, as opposed to out-side forces or influences, determines what happens to him". This is the essence of the locus of control concept that each of one locates the controlling elements in our lives either inside or outside ourselves. The person who believes that he can decide for himself what he will do or be, that he is the "captain of his soul", locates his control internally and the person who believes that what happens to him
is largely a matter of luck or who depends on the decisions of others is locating his control externally.

**Internal Locus of Control**

If one person perceives that an event or achievement is contingent on his own behavior or his own relatively permanent characteristics, he is termed to have internal control (Rotter, 1966).

Here he assumes that "he is the master of his fate and the captain of his soul" doing mainly what he wants to do and achieving results by his own efforts and hence he is said to have internal locus of control. **De Charms (1972)** designates internally controlled individuals as origins.

a) Internals are more likely to seek information.

b) Internals are more sensitive and alert.

c) Internals pay more attention to relevant cues as to whether there are uncertainties in the situation.

d) Internals show more incidental learning.

e) Internals are more responsible to informational requirement.

f) Internals pursue goals by paying careful attention to demands of the taste.

These are the findings of various anatomic researchers over internal locus of control.
External Locus of Control

A person may describe himself as an external because he is in a highly competitive social situation where the actions of teacher may have great relevance for the success of his own efforts. If a person believes the luck or fate, and if he further believes that these external forces are on his sides he may accurately describe himself as an external. Further a person may develop feelings of persecution, or with or without reasons.

Characteristics of Externals

a) Externals are more susceptible to social influences and social demands.

b) Externals pursue goals by relying more on behavior oriented towards the social agent in the situation.

Positive and Negative Internal Locus of Control

A number of researches have questioned as to whether locus of control is too broad a term; they have suggested that it might be better (and more accruable) to break down the concepts internal and external into two component parts.

At the end of the continuum, researchers have developed a test that distinguishes between the internal who takes responsibility primarily for this success (I) and the internal blames himself for his failure (I-Crandall, Katkovsky and Cradle, 1965). These two types have been shown to follow
different developmental courses and to have differently in the classroom (Buck and Austin, 1971).

**Test Anxiety**

Throughout the history or education, one can find that classroom tests have been the chief vehicle for evaluating the school performance of students. Yet the specific and/or general effects of tests and test like situations on students had not been extensively explored till recently. One of the earliest pioneer studies in this area was conducted by C.H.Brown in 1938. The results of this investigation demonstrated that tension is often present in the classroom, especially during test situations and further this tension can be measured by the questionnaire method. An additional step in the direction of measuring anxiety occurred in the early fifties with the publication of the Taylor Scale of Manifest Anxiety for Adults.

In general in an achievement situation, the attention of the high test anxiety group is diverted towards task irrelevant response and the performance of the group in likely to be lower than the low test anxiety group. This is become the low test anxiety group generally used analyse there failure and thinking about standard set by himself or by others.

Lucas (1952) and Montage (1953) found out that the performance of low anxiety subjects increased relatively to high anxiety subjects as the degree of complexity and the competing responses increased.
Spellberger and Smith (1966) found out that the effects of anxiety were dependent on the serial position effect. In the middle of the test where there are many competing response, high anxiety produces lower performance than low anxiety.

Sarason (1972) reports a study where there were 12 subjects in each cell defined by two levels of test anxiety i.e., high and low and five conditions like experimental condition, reassurance conditions, motivating task-oriented condition, achievement condition and task-oriented condition. He reports that while the two anxiety groups did not differ under the neutral conditions, the low was significantly superior to the test anxiety group under achievement orienting condition. The results for reassurance has shown that subjects of high anxiety are superior to low test anxiety subjects under an anxiety alloying condition. Motivating task oriented condition, compared to other conditions favoured both high and low subjects in a neutral condition was analysed by Sarason (1961) in an experiment. The subjects were college students and the task required the serial learning of distillable words low in meaningfulness. The subject who did the experiment under neutral condition was simply given the instructions. In addition to the instructions the subjects who worked under the achievement-oriented condition were told that the task was an intelligence test and measured their ability. While in the neutral condition the subjects did not differ in such under achievement oriented condition the low test anxiety subjects were far better than high test anxiety subjects.
Need of the study

Since India constitutes different types of religions language culture and socio-economic status, it is very difficult to have a common educational system for its peoples. So, that it is necessary to follow different educational systems for different categories of people. These system will have an influence of the personality characteristics of the students.

In school situations, the attribution for success and failure will be consider as one of the important personality characteristics among the student. Similarly the stress level of the student is also to be taken into the account for his academic performance; further students strive for their success in achieving their intellectual pursuits and they may face many obstacles and failures. Such failures produce a certain amount of tension of stress in them and how much they bother about these failures will indicate the degree of failure tolerance which will influence their educational success.

Students are well adjusted personalities through frustration tolerance and constructive adjustment with parents. But school has also a major responsibility in this regard. The school has a duty to develop wholesome attitudes, values and habits in pupils and "Consolidate these into effective life patterns which form the basis of wholesome adjustments."
The school can not afford to ignore the pupils adjustment difficulties as these will interfere with the attainment of academic goals. The school has to provide opportunities to every pupil to learn satisfying ways of working playing and the necessary knowledge and skills for a mentally healthy life for the present and future.

The effects of such frustration is sometimes constructive. A little amount of frustration is unavoidable in life and frustrations of a mild nature conditions us to tolerance. Frustration beyond a particular level may result in aggression or in some cases escape or withdrawal reaction. The aggression as a possible reaction to frustration, apathy, fantasy, stress type and tension are also seen in student and youth.

The different reactions to frustration, psychologists use the concept of anxiety. The school life plays an important role in the emotional developments of the pupils. The healthy conductive atmosphere of the school always result in the balanced emotional development of the pupils.

All such things like the physical facilities provide in the school, the methods of teaching the organisation of Co-curricular activities and social life of the school, the relationship among the staff members and the head of the institution, the attitude of the teachers towards students and the self-example of the teacher emotional behavior, influences the emotional development of the pupils.
From this conceptual idea, the attribution anxiety and failure tolerance are very important for the students. So, keeping this idea in mind the present study has been selected to study the psychological variables like locus of control, failure tolerance and test anxiety of the normal students and compare with orthopedically handicapped.

The handicapped pupil may estimate their ability and attitude the external factors for their success and failure. Similarly the handicapped pupil may have some emotional problems due to their disabilities; they would have encounter with different types in their life situations.

Generally, the handicapped pupil may have low self-confidence, inferiority complex, less social behaviour and so on. These factors may have an influence upon them, while they are in the classroom. These factors may affect their competency in the examination.

In the present study the researcher wanted to find out that how locus of control, failure tolerance and test anxiety variables affect the handicapped pupil and to compare it with their counterparts.

Similarly the organizational set up and these difference also were taken into account in assessing the levels of the variables.