CHAPTER - V

DISCUSSION AND CONCLUSION

The following results are discussed with suitable previous findings and probable conclusions are drawn in this chapter.

LOCUS OF CONTROL

Normal male students from government school show more internal locus of control than their counterparts from aided and private school.

The environment in government and private school is quite opposite, that is, in government school students are not questioned or pressurized as in private school. In government schools, students have to work on their own as their success or failure depends on their motivation to study. Even if their performance fails, the teachers or the management are not going to be blamed, whereas the situation in a private school is totally the reverse, where the teachers and management take responsibility for the student’s performance. Hence it is only natural that the results of the locus of control in normal male students is just the opposite in government schools.
With regard to the orthopaedically handicapped male students, the internal locus of control is greater in students from private school sector.

The orthopaedically handicapped students in private schools want to make use of this opportunity. They are well motivated in private schools. In the case of female students, be it normal or orthopaedically handicapped students, the internal locus of control is found to be equal. But in general, the normals are found to be greater in their level of internal locus of control.

The normal students have to prove themselves better than orthopaedically handicapped students whereas the orthopaedically handicapped students can attribute the failure to their disability or other external factors. This could be one of the reasons for greater internal locus of control in the normal students.

The study by Gon et al (1983) indicates that orthopaedically handicapped subjects showed greater trend towards internal locus of control than the normals. Contradicting uncertainty, inferiority complex, and other personality variables have an influence in the internal locus of control of
orthopaedically handicapped students. In the Indian context, a handicap is attributed to external factors like fate. Grave's study (1916) shows that Indians are most external than the Spanish Americans and Whites.

The study contradicts the findings of MC. Donald (1971) that is the orthopaedically handicapped showed more Internal Locus of Control and also less pessimistic attitudes compared with other.

This study also in line with the study of Mohan Mathew (1972) and Malley (1975) regarding Locus of Control of disabled pupil.

This study partially contradicts the study of Saikar S.K. and Ganguli S. (1982) that is orthopaedically handicapped showed higher level of insecurity feeling and neurotism.

According to these results the male students studying in government schools and orthopaedically handicapped students studying private schools show more Internal Locus of Control (ILC). These findings are indirectly supporting the Bernaralli et. Al (1983). He emphazises that the career maturity and the occupation information are the important determinants of Internal Locus of Control among the students.
Whereas these findings indirectly contradict the findings of Maureen (1983). According to his findings, the greater academic achievements are highly correlated with the Internal Locus of Control.

The Locus of Control of the disabled is the concern of the study of Ramteke B.S. & Mirnal N.R. (1984). According to their view the orthopaedically handicapped are more often turning against themselves.

To some extent the findings regarding level of Internal Locus of Control of the orthopaedically handicapped are different from the Locus of Control of the Visually Handicapped as carried out by Singh and Tej B. (1984).

The present findings regarding Locus of Control of the orthopaedically handicapped are supported by the findings of Gregory James et al (1987) and his associates.
Failure Tolerance

In general, the normals have greater failure tolerance than the orthopaedically handicapped students. The handicapped students already have to cope up with their incapacities and are bound to have more frustration than the other normal students. This perhaps could be one of the reasons why orthopaedically handicapped students have lower failure tolerance than the normal students.

With regard to normal male students they are found to have greater failure tolerance in the private school sectors than in the government or aided schools. In the private schools students work under greater pressure than in government or aided schools. This difference in the school environment probably conditions the private school students to withstand failure. This is true for both normal male and female students studying in various setups of schools.

In the male orthopaedically handicapped students there is found to be no difference in their level of failure tolerance. In other words, the difference in the school environment does not seem to affect the male orthopaedically handicapped students whereas, the female orthopaedically handicapped students studying in government schools are found to have greater level of failure tolerance than the students in private or aided school sectors.
It is expected that high level of achievement motivation tendency will develop with the high level of fear of failure within the individual. This study indicates that all the groups of students have similar level of failure tolerance. More or less it might have been due to their high level of achievement motivation. This result is line with the conceptual idea of Gould (1939) that is, the individual with strong need to achieve may also have an intense fear of failure.

**TEST ANXIETY**

The normal male students studying in different types of schools are found to have equal level of test anxiety. Similarly, the male orthopaedically handicapped students from various school setups have equal level of test anxiety. This indicates that the different kinds of institutional setups do not influence the test anxiety level of male students whether they are normal or orthopaedically handicapped. But in general, the normal male students have greater test anxiety than the male orthopaedically handicapped students. In general, the normal students are required to perform better than the orthopaedically handicapped students. So the normal students have greater test anxiety than the handicapped students.

In addition, the personality development of the students, their self-concept, fear of failure, attention and concentration, social development, commitment to their studies are some of the other factors which are bound to influence the test anxiety level of students. The above mentioned factors
probably play a greater role in determining the level of test anxiety than the institutions in which they study.

Even with regard to the female students, the normals have greater test anxiety than the females who are orthopaedically handicapped.

Female normal students in government schools show a tendency for greater test anxiety than aided and private schools. This difference is not seen in the orthopaedically handicapped students. This result supports the finding of Chatterjee (1976) that female have more test anxiety than the male.

The female students in government schools normally come from poor socio-economic background. They lack appropriate guidance and hence they have low self confidence. But they are more worried about their future and concerned about job opportunities. Hence they are found to be more anxious during testing situation.

Regarding the overall test anxiety level of male and female orthopaedically handicapped students, the females are found to have greater test anxiety. This might be due to the stigma attached to educating female orthopaedically handicapped students and also their personality development.
CHAPTER - VI

SUGGESTIONS AND EDUCATIONAL IMPLICATIONS

Based on the interpretations of results and discussion suitable suggestions and implications are given in this chapter.

The above findings reveal that both the normal and orthopaedically handicapped students studying in government schools have more internal locus of control when compared to their counterparts studying in various schools. Secondly, all groups of students have equal level of failure tolerance. Thirdly, the female normal students and orthopaedically handicapped have high level test anxiety when compared to their counterparts. This study suggests that the private school students may be trained independently to inculcate the habit of own decision making and attribution for internal forces by way of different psychology - based therapeutic methods like counselling and behavior modification etc. The failure tolerance results indicate that whether they are handicapped or not, they are able to tolerate in the school situation and try to overcome the obstacles to reach the academic pursuits.

The findings of test anxiety from both the categories of the female reveal that it is at a higher level, which may retard their academic performance. So, in order to overcome this problem, it is suggested that counselling and behavior modification technics should be adopted in the classroom situations.
The handicapped are a normal part of today's society and do not exist as a group apart, with separate lives. Their needs and rights are same as those of any other persons; their problems are the problems of all people and should be considered as a part of the whole society. The handicapped person should be regarded as a whole person, physically, mentally, socially and emotionally, rather than within the narrow confines of his handicap. Plans should be made with and for the handicapped person on the basis of abilities, not disabilities, and of capabilities, not limitations, to most fully develop his assets.

When an individual suffers from disability or impairment, whether mental or physical, he or she is labelled in terms of that quality and the label carries with it an assumption of dependence and limited worth. This seems to be the contention of society, perception. In fact, this is not the case of orthopaedically handicapped. A comparison between the orthopaedically handicapped and normals in the present investigation yielded significant results in terms of their personality.

The present study implies that the society should change their negative attitude towards the handicapped. In addition to this, they need more recognition in terms of capability and responsibility to enable them to utilise their potentialities productively. The Government and voluntary agencies should also provide more opportunities in various hierarchical position, which may prove their self worth, thereby they can gain a better status in the society.
This kind of suggestion had already been followed by one of the New York agency which has given job placements in positions such as management, estimators, personal assistants, specialists, technicians, architects, college instructors etc., during the year 1965 and 1970 and found it very successful. The same strategy can be adopted in the Indian Context.

Suggestions for further study

1. The handicapped individuals from varying backgrounds, for eg. Rural and Urban could be compared to throw great light on the effect of geographical location on personality and vocational factors.

2. A comparison between the acquired handicap and congenital handicap could be made and see whether any differences exist between the two groups.

3. Parent’s educational qualification, socio-economic status and social support could also be included, to study the influence of locus of control, failure tolerance and test anxiety.