INTRODUCTION
1. INTRODUCTION

1.1. Society----Origin, purpose and utility value for human beings.
Society is an aggregate of individuals who have joined hands in a combined effort to combat physical calamities, harshness of reality and, lived together according to a commonly accepted code of conduct to satisfy their own needs as well as those of others in socially accepted way. Thus, it is a configuration of a number of persons associated for any temporary or permanent objective. Society needs to be understood as a combination of functional, cognitive and cultural systems. Functional systems include political, institutional and familial processes. Cognitive systems organize values to guide choice among alternatives.

Culture is the way of life of the people in society. Simply speaking society is made up of human beings and it reflects the process of human relationships (Alstom, 1982) amongst which two most important are:

   a. to experience first in ourselves the good we wish for humanity and
   b. to accept and alleviate human suffering, creating constructive avenues of love and knowledge.

Thus, in the very idea about the nature of society is inherent the fact that each and every living being of this universe has two types of values, utility value and existential value. In the same way human beings value their own lives, they should also value life of other creatures. It is on this firm foundation that the Principle of Social Equality shines brightly as the perennial inspiration for social justice.

1.2. The concept of Manpower resources.
The essential implication that surfaces from the above thoughts is that main purpose in life, of people in society, to nurture self and others enabling every, living unit of society to contribute his best for his own self’s and surrounding other’s health, happiness and prosperity. Thus every society has its own man power development strategy. Man power resources of any society means the available fleet of human beings available at any given moment which it attempts to develop to the fullest
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possible extent so that the society has the right kind of people in right number, at the right time, at the right place, doing the right things in a right way. But this is an ideal condition and reality always deviates from the ideality.

1.3. Disease, injury and disability as detrimental to maximum possible utilization of human beings.

The maximum possible utilization of human resources in society cannot be achieved always due to a number of reasons such as, poverty, disease, inadequate educational facilities and resulting ignorance, inadequate medical facilities and so on. The idea imbibed in the above paragraph is meant for physically and psychologically intact human beings. The problem becomes manifold more when the individual human being’s normal course of life is interfered with events such as loss of a limb due to accident or disease, loss of vision, loss of speech etc thereby lowering his normal capacity. As because injury or disease leave its permanent scar upon the individuals body and mind, it is very much detrimental to maximum possible utilization of him as a human resource of society. Such a person is labeled as a disabled.

1.4. Concepts of disability, handicap and orthopaedical handicap.

Disability was traditionally viewed as a medical terminology. World Health Organization [WHO] initially distinguished disability from impairment and handicap. Impairment compared to disability is any loss or abnormality of psychological, physiological, or anatomical structure or function, while disability is any restriction or lack (resulting from an impairment) of ability to perform an (WHO, 1980)activity in the manner or within the range considered normal for a human being. Handicap therefore is a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfillment of a role that is normal depending on age, sex, social and cultural factors, for that individual. These definitions were then adopted by United Nation when it formulated the World Programme of Action concerning disabled persons as major outcome of the United Nation International Year of Disabled Persons in 1982.
Disability always indicates presence of impairment and the severity of such impairment had caused some restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being but it may not necessarily be permanent. On the other hand, handicap is a interplay between the person with disability or impairment and the person’s environment. To illustrate this, a person born with cataract is a person with impairment. But if there is no medical intervention, that impairment can cause disability because the person may get blind. If this blind person is not be allowed to join school activities due to his blindness, it is called handicap. People with disabilities, however, are like any one from society. They have the same needs, motives, desires and ambitions like anybody else. Disability is merely a description of a condition of a certain person and it should not be a description of a person. Resulting from such discourse, most literature now prefers using people with disability over disabled person. A lot of people with disabilities have lived their lives portraying their abilities despite their disabilities. Ample examples are available of courageous men and women who, despite their disabilities, have made their mark in society not by resigning to their fate, but by accepting the challenge to develop their potentialities to the greatest possible extent. Notable among them is Dr. Helen Keller, who in spite of her multiple handicaps was able to overcome all the barriers and showed a beam of light for all the handicapped’s of the world [Sen., 1988] At present in some foreign countries (the developed ones) more and more ordinary people with disabilities are living fulfilled lives because society gave them equal opportunity. The existence of disabled members are not uncommon in any society. The disability in any person, of any kind, can occur irrespective of its congenital or acquired nature and could also turn into a most difficult handicap in the social context, unless positive efforts to ensure otherwise are made by members of the concerned family and society. It must be realized that the disabled are as much as integral part of the society as anybody else. Only proper care, affection, love and understanding can help them blossom into independent adult individuals capable of contributing towards families, their societies and the nation at large.
1.5. Meaning of Disability

Disability is usually viewed or interpreted from three angles, the medical view, the psychosocial view and the legal view point. Accordingly disability is anything that limits activity. To define what a disability is, the Americans with Disability Act [ADA] incorporated the Rehabilitation Act’s 1974 definition: “Any individual who (i) has a physical and mental impairment which substantially limits one or more of such person’s major life activities, (ii) has a record of such an impairment or (iii) is regarded as having such an impairment.” Medically the term disability is often used to refer to an individual functioning who includes being impaired physically /, sensory /, cognitive /, intellectual /, or / mental and also different types of chronic disease. It is also how an individual interacts with his environment. Here the disabled individual is seen as problem while in the social model the problem is same not as the individual but one which requires social action which means equal access for individual with or without a disability. More significantly, according to the Centre Of Bioethical Research and Analysis (COBRA) there is no single commonly accepted straightforward definition of disability.

Table 1.1.: The Different Models of Disability.

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<td>&gt; Impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.</td>
<td>&gt; Impairment is the functional limitation within the individual caused by physical, mental or sensory impairment.</td>
<td>&gt; Impairment: physical, mental or sensory functional limitation.</td>
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<td>&gt; Disability is any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner</td>
<td>&gt; An individual is disabled if he suffers from the loss or limitation of opportunities to take part in the life of the community on an equal level with others due to</td>
<td>&gt; Impairment induced disability: the loss or limitation of ability or opportunities to take part in the life of the community on an equal level with others due to</td>
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#### The Medical Model

*Traditional Approach*

- or within the range considered normal for a human being.
- Handicap is a disadvantage for a given individual, resulting from an impairment or disability, which limits or prevents the fulfillment of a role (depending on age, sex and social and cultural factor), for that individual.

#### The Social Model

*From disabled people International*

- part in the normal life of the community at an equal level with others due to physical or social barriers. If ‘physical’ refers only to environmental inaccessibility, the social model could be said to neglect some physical problem that can be bound up with functional limitation.
- Socially induced disability: the loss or limitation of ability or opportunities for people with impairments to take part in the life of community on an equal level with others due to economic, political, social, legal, environmental and interpersonal constraints.

#### The Biopsychosocial Model

*An alternative Approach*

- impairment.

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[Models Provided by the Centre of the Bioethical Research and Analysis (COBRA)]

Three points emerged from the above expositions.

1) People with impairments can be socially, economically and professionally isolated to a large extent. Yet, past and present social policies with regard to education, employment, health and social support services, housing, transport...
and the built environment can be cited as reducing a great deal to disabled people's experience of isolation.

2) Many disabilities are both social and remediable that is to say, the fact that disabled people cannot do many things in society due to absence of easy access (such as lifts and ramps)

3) Acknowledging that there is a social component to such a disability makes it an issue of social justice and encourages that personal, social and medical attitude toward people, with impairments.

1.6. Orthopaedical Handicap as a kind of disability and who is orthopaedically handicapped.

Disability among human beings has been an issue in focus through the mankind’s history. "Orthopaedically handicapped youths are the under privileged section of the population who are continually subjected to the odds due to their neuro-muscular disabilities or impairments which restrict their mobility and consequently reduce normal functioning substantially". Thus, the orthopaedically handicapped are those who have physical defects or deformity which causes interference with the normal functioning of the bones, muscles and joints.

1.7. An elaboration of the nature of orthopaedical handicap and the domain of the present study.

Some orthopaedical handicaps are present since birth, some are acquired later in life, due to some accidents or disease. As a result amputations have to be conducted in order to save the life of the victim. Irrespective of the fact whether it is inborn or acquired, the state of handicap is immensely stressful for the victims. Traumatic impact of loss of a limb suddenly in an intact individual is much more devastating psychologically and physically than a congenital one.

The predominant etiological factors within the acquired amputations of adolescents and young adults are trauma. Common casual agents include vehicular and rail road accidents, chemical and firework injuries as well as household and recreational accidents. Acquired amputations are commonly described as joint disarticulations
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(e.g. shoulder disarticulation) or loss of a limb or more as being above or below a joint (e.g. above the knee/below the elbow).

1.8. Orthopaedical handicap and the adolescents and young adults.

Preliminary unstructured interviews with recent amputees (at least 2 months have passed after the amputation and initial pain has subsided) revealed the following points. Since adolescents are generally accepted to be in a highly volatile stage of transition, it requires special attention. The self perceptions of the adolescents or youth, who have lost a limb as a consequence of trauma, get distorted. Therefore they view prosthesis as means of regaining all pre-trauma related capacities and a completed self-image as they were prior to the trauma. The age and the level of amputation, however, are quite important. They would have more overt and forceful expression of their normal conflicts.

Handicapped teenagers and young adults (16-22 years constitute the sample of the present study) are initially concerned with body image, peer acceptance, independence from parents, self acceptance and achievement. They are much more prone to anger, depression, hostility and mourning and have the right to these feelings. They will be angry with parents for not being able to prevent their trauma and loss of limb, angry with siblings for their sometimes limited and indifferent involvement, angry with peers because of avoidance, angry with the hospital staff who have not communicated with them as to what has been done, what is being done and what lies ahead in the future, and angry at themselves for what they are. One overriding problem pertains to the area of social acceptability. Bansavage (1968) reported that the degree of social acceptability enjoyed by the disabled adolescents and young adults is markedly influenced by physical deviance, overall appearance and physical inability. Two traits however are capable for significantly modifying this situation, their intelligence and personality. The disabled may experience a lower social status due not only to their severe physical damage but also their lack of necessary social skills.
Moved by the above plight of adolescents and young adults due to trauma who have lost limbs, the present investigator ventured out to assay the psycho social impact of limb removal in adolescence and young adults who have undergone amputational surgery of one leg at least two months prior to the interview.

1.9. The present study.
The present study deals with the orthopaedically handicapped youths without any sort of mental retardation. Their subjective well-being, self esteem, coping style, adjustment and rehabilitation problems are important issues to be understood and managed by all concerned about their welfare. The problems of orthopaedically handicapped youths increase manifold due to its negative impact upon the victim’s near and dear ones. In contemporary times, “a more realistic” reaction on the part of family members of a physically handicapped young boy requires several stages of adjustments to the “death” of their “idealized child” (Kubler – Ross, 1969) and to accept their “less than idealized or imperfect” offspring. Youth is a special phase of life when individual starts learning the basics of living healthily, so that they may contribute to the society and the self in the long run. What is terrible is that this growth receives a blow not only by the trauma itself and the youth’s own psychological make up but also the reactions of his surrounding others----- who are significant in his reality. Efforts to put them back in the mainstream of life may be termed as reahabilitational attempt.

1.10. The essence of rehabilitation.
The term rehabilitation, derived from the Latin word meaning restoration, has been used to describe renovation of land and property and the reform of criminals. In medical terms it implies “the restoration of patients to their fullest physical, mental and social capability” (Mair, 1972) so that they can join comfortably the main stream of society. The spirit of restoration of the sick and the needy is present in living beings much below the Homosepians (men) on the evolutionary scale (when the entire herd of elephants stand by and wait for the female elephant giving birth to its baby, and do not leave her alone in the jungle). In human beings this tendency is more refined, more pervasive and more intense. Stephen Mattingly, (1977) mentioned that the moment of rehabilitation ensues in the ambulance carrying the trauma victims.
to the hospital. He stressed very much the necessity of starting rehabilitation soon after admission to the hospital. It is essential to prevent complications of bed rests such as bed sores, urinary infections, Venus thrombosis, muscle wasting and contractures by good nursing, physiotherapy and early mobilization. No less important is the presence of a trained clinical psychologist to help cope with the fear and agony starting from the very moment of reception of a trauma victim by the hospital. Rehabilitation, therefore, includes the prevention of avoidable disability, the restoration of physical and mental health, the provision of aids and appliances and resettlement in the community. So evidently it is not the services of only the medical community.

1.11. Definition of Rehabilitation and its Implications.
The investigator thought that at this juncture it will be better to consider the definition of rehabilitation as provided by WHO. Rehabilitation, it says, is "all measures aimed at reducing the impact of disabling and handicapping conditions and enabling the disabled and handicapped to achieve social integration". The encyclopedia of special education mentions that enabling a disabled individual to function at a more independent and personally satisfying level———physically, mentally, emotionally, socially, educationally and vocationally. (Singh and Dash, 2005) that is why the concept of ‘holistic rehabilitation’ came into being.

The above definition of rehabilitation implies essentially the need for psycho social rehabilitation along with other aspects of life and probably it is the next most important thing in the life of the trauma victim. Psycho social rehabilitation is based upon the following assumptions. The following points have been identified as constituting the pedestal of psycho social rehabilitation as enumerated by Cnaan Blankertz and Saunders (1992). They are given below:

- Starting counseling services after the initial pain related to trauma and amputation have been waned.
- Services are provided in as normalized an environment as possible.
- Emphasis is on the ‘here and now’ rather than on problems from the past.
- Work is central to the rehabilitation process.
- Emphasis is on a social rather than medical model.
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• All people have underused capacities that they can develop; all people can be equipped with skills.
• Emphasis is on client’s strengths rather than on pathologies.
• People have the right and responsibility for self determination. Care is provided in an intimate environment without professional, authoritative shields and barriers.

1.12. Psychosocial Rehabilitation. A few more words.

The present investigator, would like very much to add humbly here, something about the issue of psycho social aspect of rehabilitation, from the findings of a few researches carried at Kolkata in Eastern India. She found the situation alarming as marked by lack of psycho social rehabilitation especially in the cases of orthopaedically handicapped teenagers and youths (Mukherjee and Biswas Saha, 2001; Mukherjee 2005, 2006, 2008) Also a UGC major Research Project had been conducted by Professor Indrani Mukherjee- the author’s, supervisor for the present work in the department of Applied Psychology University of Calcutta (June 2001-May 2004). The findings have revealed that orthopedically disabled youths of Kolkata, because of the constraints to achieve the objectives of total rehabilitation here are too many- display little urge to become a resourceful man power, a skilled hand in the areas where it can be made possible and socially competent. Also their personality disposition, mental health status, self-esteem and felt burdensomeness have kept them alienated from their family, friend circle and community in general. Moreover the present investigator while initiating her present study, interviewed with a semi structured informational schedule one hundred victims of leg amputation due to sudden trauma who have just come out of their physical pain and anguish and the same individuals after being attached with prosthetic devices. She analyzed the responses and found that the victims carried on with their lives without the contact with any efficient rehabilitation officer, psychological counselors being a more far cry to alleviate their psychological suffering and misery. The studies mentioned in the preceding paragraphs have all pointed out in the same direction ---- the damaging presence of what the author labeled as attitudinal/psychosocial barriers preventing holistic rehabilitation. As a consequence, there is utter dearth of appointment of
rehabilitation officers and psychological helping professionals in hospitals here so that the mass can be benefited.

1.13. The objectives of the present study.
In line with the above trend of thoughts the present researcher undertook to investigate the special psychological problems faced by young male leg amputees (16-22 years) who in the prime of their life, while undergoing the traumatizing experiences, feel the acute need to receive psychological help but are denied.

It occurred to the present investigator that an Applied Psychologist, as a friend and member of human society, has a lot to contribute towards wellbeing of the orthopaedically handicapped young lives to be happy and effective and contribute to themselves and society. As such, she undertook an attempt to identify the special psychosocial problems faced by the young male trauma victims (16-22 years age) having been amputated of one leg (trans femoral or transtibial) in their post operative life. Undergoing such a traumatizing experience they need empathy, warmth and psychological support via counseling, which they do badly need in this part of Eastern India. Of course, those occupying higher positions socio-economically can afford costly private treatments available in this country. Those who are not so strong economically and constitute the real mass of the society portray a different picture of mute sufferings. The investigator, inspired by her supervisor's researches along these above lines volunteered to tread on the path of these hapless trauma victims lying within the larger bulk of society.

The researcher further decided to empirically validate some relevant hypotheses about the mental suffering of the subjects of the study and comparing statistically the findings from victim’s studies with that of their normal counterparts in society.

Moreover, she would try to find out, by a way of suitable statistical analysis the relative contributions of the psycho social barriers in producing special distress laden psychic experiences of the subjects of the study.