Introduction
"They are not disabled but are differently able" (Rathna, 1993)

All human beings are endowed with varied potentialities. The disabled are no exception. The crippled walk with crutches or in wheel chair. The blind read and write in Braille. The deaf speak the language of signs. However, an identification of abilities as well as disabilities of all was necessary as a human rights issue to provide them equal educational opportunities, and for country's economic and human resource development.

Initial Efforts in Special Education

Several efforts had been initiated to achieve the set goals. Special education was introduced to provide equality of educational opportunities to the physically and the mentally challenged. Special education was initiated for the disabled children towards the end of the 18th century in Western countries, but it arrived in India about a hundred years late. The first school for the deaf was set up in 1885 in Bombay and for the blind in 1887 in Amritsar. The records on education during pre-independence era indicated that whereas there was no nation-wide plan to provide disability services, there were some voluntary organizations taking care of the needs of disabled people, and the Presidency Government gave financial aid and other assistance to these organizations from the 19th century onwards. The Sergent Plan of 1944 included provisions for the handicapped as an essential part of the national education system to be administered by the Education Department. In the following years prior to Independence, progress in the development of schools was halting and teaching standards were generally low.
Legal and Policy Provisions in Post-Independence India:

In the post-independence era Article 41 of the Constitution of India, which was one of the Directive Principles of State Policy, read, "Right to work, to education and to public assistance in certain cases – The State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disability, and in other cases of undeserved want." This led to a change in the attitudes and perceptions of the society regarding the disabled. The disabled who were earlier categorised along with unemployed and aged, and were seen as entitled to public assistance were now considered fit for job reservation in government and public sector, and in different education and rehabilitation programmes. There had been some growth over time in the provisions of educational services for the disabled, but it was only in 1956 that the responsibility was assigned to the Ministry of Social Welfare, separating this area for policy and planning purposes from the Ministry of Education. In 1974, the Department of Social Welfare started the centrally sponsored scheme for Integrated Education of the Disabled Children (IEDC). This scheme was transferred to the Department of Education in 1981, with a view to provide educational opportunities to the disabled children in common schools, to facilitate their social adjustment and self confidence. The period beginning 1981 marked a number of important decisions, and Acts and resolutions favouring the integrated education of the disabled at the national level (EFA, 2000).

The National Policy on Education (NPE, 1986) gave priority to the integrated education of disabled children at the primary level. It recognised education of the disabled as a human resource development activity and not merely a welfare activity. It recommended that every attempt should be made to develop integrated programmes enabling the
disabled to study in general education system with emphasis on special individual needs, which in turn should ensure social integration. The following measures were proposed in this regard.

i) Whenever feasible, the education of children with motor and mild handicaps would be common with that of others.

ii) Special schools with hostels would be provided as far as possible at district headquarters, for severely handicapped children.

iii) Adequate arrangements would be made to give vocational training to the disabled.

iv) Teachers training programmes would be reoriented, in particular for teachers of primary classes to deal with special difficulties of the handicapped children.

v) Voluntary effort for the education of the disabled would be encouraged in every possible manner.

Subsequently, two historic legislations enacted in the nineties (Rehabilitation Council of India Act, 1992, and; the Persons With Disabilities Act, 1995) in order to provide education to the children with special needs were a sound direction and solid footing. The Acts provided for preventive as well as promotional aspects of rehabilitation, like education, employment and vocational training, reservation, research and manpower development, etc.

 Definitions

Chapter V of the Persons With Disability Act (1995) dealt mainly with education where, definitions of various disabilities based on the degree/severity of impairment were stated along with the standard tests for purposes of certification and categorization, to implement various schemes/programmes, and to ensure the supply of aids and appliances to the disabled. The Act defined the visually impaired and the hearing-impaired person as follow:
A *visually impaired* person was one who suffered from one of the following conditions.

i. Total absence of light perception

ii. Visual acuity not exceeding 6/60 or 20/2000 (Snellen) in the better eye with correcting lenses.

iii. Limitation of the field of vision subtending an angle of 20 or worse.

A *hearing-impaired* person was one whose sense of hearing was non-functional for ordinary purposes in life. These persons had been divided into following three categories in audiological terms.

i. The partially hearing impaired, namely, those with mild, moderate and severe impairments (> 30 < 45 dB, > 45 < 60 dB, and > 60 < 90 dB, respectively in better ear). These people came under the assistance to disabled persons for purchase or fitting of aids/appliances category.

ii. Those having hearing loss of more than 70 dB in better ear or total loss of hearing in both ears categorised under the Government Scholarship Scheme.

iii. Those having a loss of more than 90 dB in the better ear or total loss of hearing in both ears, fulfilled the criteria for reservation of jobs in Government and Public Sector (Advani, 1996).

iv. In general, the hearing impaired persons were classified as (a) the deaf, and (b) the hard of hearing.

Prior to this, an Adhoc Committee on Definitions of Deaf and Hard-of-Hearing (1974) defined hearing impairment in purely functional terms, as a broad generic term regardless of severity, and devoid of implications regardless aetiology, age of onset, or educational programme.
**Magnitude of the Problem of Sensory Impaired:**
Out of the large number of physically challenged, the sensory impaired persons constituted the largest group as per the National Sample Survey Organisation (1991) of Government of India. Among the sensory impaired persons 37% were adolescents who were most vulnerable to the adverse effects of disability, because of stage specific physical, cognitive, affective and social role changes.

**Trend in education:**
It had been generally accepted in the last two decades or so that many of the visual and hearing impaired children, if given early pre-school education, proper visual and hearing aids and continued support could be educated along with the normal children (Webster & Ellwood, 1985).

While the trend towards integrated education steadily grew over the years, the hope that early training would solve the education difficulties of most children, especially the hearing impaired proved overly optimistic. Integrated education had been implemented now across all states at the primary level, its implementation at the secondary level was still a dream. The admission rate of visually and hearing adolescents in special schools at secondary level was extremely poor due to the non-availability of seats. Ironically, even after 50 years of independence, Delhi – the capital of India had only one boys'; one girls' special senior secondary; and one integrated co-educational senior secondary school for the visually impaired with a limited number of seats. There was one special school for hearing-impaired secondary students; and one private school providing integrated education to these children at secondary level. Often schools lacked resource facilities, had untrained teachers, poor school administration, no parent–teacher co-ordination, which adversely impacted the academic performance of students. The cognitive, affective and behavioural problems and the individual differences in the
perception of the same problem pervaded the education of the sensory disabled.

Researchers demonstrated deep seated anxiety, greater amount of stress, mental and physical exhaustion, low self-esteem, overt conduct disorders and other behavioural problems contributing to the high rate of academic failure of the disabled. Age, gender, educational level, and socio-economic status were found important correlates of academic performance. However, few realised the relevance of study of these variables in case of the sensory impaired, whose loss of vital sense organs could be significantly more threatening to their performance.

The effects of impairment of vision extended to both perceptual and non-perceptual domains of development, resulting in fragmentation of learning in general and academic performance in particular. It was estimated that a visually non-impaired person received 85% of total information by visual means. Vision organised sensory impressions and sequential perceptions into a meaningful whole (Collins-Moore and Osborn, 1984). Hence, significant loss of or failure to develop one's visual abilities should have profound and possibly devastating effects on a child's overall development (Turner and Erchul, 1987). Meighan (1970) and Warren (1983) rightly pointed out that delayed conceptual development, increased dependency on others, feelings of inferiority, loneliness, maladjustment, lowered self-esteem and emotional disturbances, limited social interaction; and behavioural problems like, suspiciousness, rigidity, secretive, withdrawal, and self-destructive activity were the common effects of vision loss. These often resulted in performance deficits.

Hearing impairment was the most complex and invisible, confusing and least understood by others in spite of the real disability in exchange of
ideas and information, due to poor language and communication skills. This resulted in blocking of the development of mental ability. Their limited capacity to express needs and thoughts, and difficulty in maintaining interpersonal relationships resulted in problems of adjustment, misunderstanding, embarrassment, frustration, loneliness and low self-concept. Additionally, that behavioural problems, like; suspiciousness, aggression, stealing, lying, inattentiveness etc. became their normal behavioural pattern, leading to performance deficits as the logical consequences.

It appeared that visual and hearing impairments spanned a continuum from the mild and correctible to the complex and permanent. Visual and hearing impairment of any type interacted in an unpredictable and often-uncharted way with other factors, and created diverse experiences and problems in interpersonal, social and intellectual encounters. A large number of children did not benefit from the school system due to its adopting a unidirectional approach, with focus on the school placement (whether integrated or special school). No educational programme for the disabled children would be complete without a proper emphasis on the psychosocial aspects of their education. The mere emphasis on the type of school placement just distracted the attention from the main aim. Thus, in spite of all constitutional provisions (Art. 41, Integrated education for the disabled children, NPE, Rehabilitation Council Act, Persons with Disability Act), the sensory disabled continued to lag behind in their educational, social, and professional achievements in comparison to the non-disabled students.

❖ Academic Performance of the Sensory Impaired

Academic performance was defined “as the knowledge attained or skills developed in the school subjects, usually determined by test scores or/and by marks assigned by teachers.” (Carter, 1959). In case of
adolescents having vision and hearing impairments, the restricted utilisation of available resources, and the inputs in learning limited their experiences and the out put. Such experiences often led to diverse reactions, manifested in the form of cognitive, emotional and behavioural problems.

The generalised deficiency hypothesis (Myklebust, 1964) prompted much of the early research on hearing impaired and non-impaired children's perception (Myklebust & Brutten, 1953), memory (Blair, 1957), intelligence, personality and social maturity (Myklebust and Burchard, 1948). It was believed that the inadequacy in one sensory system could result in reduced amount of total experience. Inferior performance of hearing impaired children in any or all of tasks were understood as evidence of their auditory impairment causing an organismic shift that led to deficits in other areas of functioning. An alternative hypothesis enjoying wider acceptance was that of linguistic deficiency which predicted deficits in the area of cognition as well. Studies showed that hearing impaired lagged behind the normal children by three to four years on intellectual tasks, while still remaining within the normal range of intelligence (Pinter, Eisenson, and Stanton, 1941; Graham and Shapiro, 1953; and Vernon, 1969). Other sources of poor performance among these children were additional handicapping conditions, such as stress arising out of the impairment, which would affect their psychological adjustment, physical well being and academic performance. However, effects of any sensory impairment on their adjustment or academic performance could vary across age, gender, different type of schooling, and socio-economic status. Haider (1990) and Beaty (1994) strongly advocated that sometimes visually impaired performed better academically than the non-impaired students. It was found that when the visually impaired children reached the adolescent stage, their
language, comprehension, memory etc. became almost similar to the non-impaired group due to which their performance remained intact.

A crucial problem in the education of the visually and hearing-impaired, besides cognitive and affective lags, was of attitudes of parents, teachers, sibling, playmates and others in the society. Individual reactions to disability could be profound and intense on the basis of one's experience. The emotional disturbances should increase with additional handicapping conditions. The effects of the social variables like, educational level, gender, socio-economic status could confound results leading to higher performance deficits. This made crucial to understand the dynamics of different psychosocial variables (stress, self-esteem, social-emotional adjustment, behavioural problems, etc,) in the academic performance of visually impaired and hearing-impaired students, thus, designating the appropriate interactions.

To this end some of the theoretical constructs related to psychosocial variables included here have been discussed below.

**STRESS: THE CONCEPT AND MODEL**

The concept of stress was first used by Selye (1956) in his biological stress theory. It was defined as a set of specific physiological responses to environmental stimuli, e.g. chronic fatigue, nervous breakdown, physical damage etc. The important role of psychological factors in understanding the occurrence and modification of stress responses remained unrecognised.

**Model by Lazarus**

Lazarus (1966) differentiated psychological stress from other types of stress in his integrative cognitive phenomenological stress model, where he defined stress as a particular kind of commerce between a person and his
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A cognitive phenomenological analysis of the commerce revealed variety of relationships occurring between the person and the environment, which were mediated by cognitive appraisal processes. Psychological stress referred to both the internal and external stimuli, which were aversive and threatening for an individual. However, like physical stressors, psychological stressors did not cause psychological stress directly but through intervening socio-personal and cognitive factors. These factors included components such as, how an individual perceived/appraised the significance of the events according to higher needs and expectations; whether he/she perceived/appraised them as harmful or threatening to his/her state of mind; and how well he/she adjusted and coped with the events to decrease their influence. Cohen (1985), in support of Lazarus pointed out that life events themselves were not necessarily stress producing. Rather, their cognitive appraisal was central to it. Cognitive appraisal depended on many factors like, person's emotional and social maturity, social and financial background, gender, age and experience in similar situations, education, physical and mental capability and the perceived social support around the person.

Kessler (1979) examined the relative contribution of exposure and vulnerability to the impact of stressors. He contended that people coming from lower social class were exposed to more stressful experiences; and comparable events affected their emotional functioning more severely than those in higher social class. The stress coefficients reflected the combined effects of total events, undesirable events and chronic stressors (economic concerns and health problems), which made the stressed more vulnerable to psychological distress like, depression, low social-emotional adjustment, low self-confidence, and frustration.

It was indicated in the diagnostic criteria of the Post-traumatic Stress Disorder (American Psychiatric Association, 1994) that, children showed
different behavioural and cognitive symptoms from those of adults, as the persons’ mental state and social maturity varied at different stages of human development. Shimada (1998) pointed out the presence of specific stressors and stress responses among elementary and junior high school students. A tentative list of stressors, and stress responses adolescents gave could be shown as below:

**Source and Nature of Stressors at Adolescent Stage**

A. From Family:
- Relationships with parents and siblings
- Relationships with significant others in the family
- Family’s socio-economic status
- Family’s internal environment (Psycho-social and educational cultural environment)

B. From School:
- Relationships with teachers
- Relationships with peers
- Attractions towards opposite sex
- Teaching methods and clarity of instruction
- School regulations
- School type and available resources
- School work

C. Others:
- Daily life hassles
- Poor performance on a specific examination
- Loss of a loving object
- Personal capabilities
- Argument/quarrel with somebody or scolding by somebody.
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The aversive and threatening experiences from the stressors at adolescence became cumulatively active in interaction with an impairment/disability. As the environment and the impairment both imposed certain limitations on them, the number and effects of different stressors became multiplicative. Parson (1958) hypothesised that impairment disrupted established role patterns and non-meeting of social role expectations thus created more stress, role conflicts and strained interpersonal relationships resulting in performance deficits.

**Diverse Stress Responses**

A. Cognitive Functions:
- Low awareness of the environment
- Restricted scope of perception
- Lowered ability to concentrate
- Disturbed memory functions
- Hesitation in decision making
- Change in content of thinking
- Low creativity and change in performance
- Less ability to utilise relevant information

B. Emotional Reactions:
- Feelings of deprivation, guilt, anxiety, tension, aggression, irritation, worry, sadness, hopelessness and maladjustment.

C. Self-image:
- Low self confidence
- Identity problem
- Depression
- Helplessness
D. Physical Symptoms:

- Headache
- Muscular tension and pain
- Gastrointestinal disorders/low appetite
- Sleeplessness
- Difficulty in breathing
- High Blood Pressure (Source: Zimbardo, 1979)

To Lazarus, stress was a relational concept, and involved factors in the environment together with individual factors.

Hopkins (1974) defined stress in terms of individual’s modes of responding to stress. He defined it in terms of somatization, obsessive-compulsive, interpersonal sensitivity, depression and anxiety. He developed a Symptom Checklist. This model of stress had several educational implications. In practical terms this model offered a means of assessing students’ modes of response to stress by appraising the degree of stress on the basis of various educational conditions (e.g. facing Board examination) in interactions with nature of impairment, gender, accessibility of various resources available to him/her. This model also had strong empirical basis as researchers established that different psychosomatic problems were a direct response to stressful situations (Sharrer and Ryan-Wenger, 1991). Effects of stress on sensory impaired students’ academic performance, self-esteem and adjustment were highlighted by numerous researches (Agarwal and Pawer, 1981; Yamamoto, Soliman, Parsons and Davis, 1987; Agarwal and Kaur, 1988; and Mulderji, 1997).

**SELF-ESTEEM: CONCEPT AND MODEL**

Self-esteem was defined as the feeling of self-worth, of self-acceptance, worthiness or self-respect. A core proposition of self-esteem theory was that it was a fundamental human motive. The self-esteem motive also
called the “self-maintenance motive” (Tesser and Campbell, 1983), the “motive for self-worth” (Covington, 1984) and the “self-enhancement” motive (Kaplan, 1975), had been identified by Maslow (1970) as one essential human need. Hobbes expressed it as ‘the greatest joy of the human soul’ to have a high opinion of oneself (quoted in Allport, 1961, p.16). All these theories shared the view that there existed a universal desire among human beings to protect and enhance their feeling of self-regard. Thus, this was important for the sensory impaired persons to control the disabling feelings associated with their impairments. Fitts (1972) reported that disabled persons reported lower self-esteem than their non-disabled peers, and some external conditions have greater impact on self-esteem than others in a given social context. Because of the category of impairment and specific associated problems, physical appearance, and different school placements made the sensory-impaired remained a distinct social group. Thus social category, class and gender group memberships became significant in their perceptions of positive or negative self as well as in academic activities.

Social Comparison Theory:
According to the social comparison theory (Festinger, 1954), in the absence of objective information people compared themselves with others in order to evaluate themselves. The social comparison processes influenced individual’s attitudes towards themselves. Festinger maintained that comparisons with people relatively similar to one self (lateral/parallel comparisons) were especially desired. This guided the individuals to identify age appropriate challenges and in evaluating their own developmental status (Heckhausen and Krueger, 1993; Heckhausen & Wrosch, 1995). Social comparisons could also be directed upward with partners superior to oneself and downwards with inferior targets (Wills, 1981; Wood, 1989).
In the context of impairment related changes, each type of the social comparison may be essential to maintain optimal functioning and subjective well-being. Upward comparisons with those more advanced in developmental growth or less constrained by impairment could motivate the person to strive for developmental growth. Downward comparisons with those less advanced or more impaired, on the other hand could help to protect self-esteem and motivate in spite of inevitable losses associated with the impairment and thus compensate for negative effects by secondary control.

Those having high personal self-esteem need indirectly enhanced the implications of their success, and minimised the implications of their failure, in a bid to experience positive self (Crocker, 1987). Social comparison theory (Crocker and Brenda, 1989) had important implications for understanding the relationship between self-esteem and academic performance of the sensory impaired adolescents. This theory advocated that the presence of comparison (Parallel, downward or upward) created tension in person and the amount of tension (threat) was proportional to the magnitude of difference present. This tension, if experienced actually, could affect a person’s self-esteem and performance.

**Symbolic Interaction Theory:**

One important theory frequently referred in relation to impaired people’s self-esteem formation, was Mead’s (1934) interaction theory, elaborated later on as symbolic interactionist approach (Gordon and Gergen, 1968; Manis and Meltzer, 1972). According to this theory, the development of knowledge concerning the self was dependent entirely upon one’s experiences with others, which provided information in the form of feedback and expectations regarding the self. Language was considered to be an essential element in the interaction process and in the organisation
of experiences, both of which were necessary for the development of self-concept or self-perceptions (Mead, 1934). Myklebust (1960) and Craig (1965) extended this theory by arguing that hearing impairment of imposed limitations interaction and linguistic feedback from the social environment, which affected development of self-perceptions and the global self-concept. On the basis of numerous studies on adolescents they contended that the hearing-impaired adolescents differed from not hearing-impaired in terms of body image and self-perceptions. In addition, they demonstrated the importance of controlling differences in living situations, in self-concept and particularly in self-esteem development, of different referent groups. They contended that though residential schools for the impaired were less stress producing, the chances of inflated or more inaccurate self-perceptions were high. Goffman (1963) and Sussman (1973) extended support to this theory. They noted that the handicapped people might learn to regard themselves with the negative connotation that society attributed to their handicaps. Hence, while the quality of one's interaction with others was viewed as critical to one's self-perceptions, the individual's interpretation of social experience represented the actual foundation upon which these were built.

While, Myklebust and Craig emphasized the interactions between hearing-impaired child and the significant others in their social environment, Meadow (1968, 1969) attributed problems of psychosocial development of hearing-impaired children to the experience of negative feedback from important others in the family. His hypothesis of interaction between deaf parents and deaf children facilitative of self-esteem and self-confidence was supported in many researches. The quality of interactions between the deaf child and his/her deaf parents was found related to the evaluational concept of self-concept usually called self-esteem or self-regard. Moreover, Meadow suggested that the
hearing parents' higher expectations from the deaf child might be the primary factor adversely affecting the quality of interactions between them as compared to deaf children and deaf parents. Brill (1960) and Neuhaus (1969) supported Meadow's conclusions. However, the most common view of these theorists was that the total self-concept of the hearing-impaired individuals could differ in some ways from that of the non-hearing-impaired individuals. If, as Mead (1934) contended, the acquisition of language was essential for the development of self, and if the process posed problems for hearing-impaired individuals, then they would lag behind their hearing peers in terms of the amount of information they have available to form their self-perceptions.

**ADJUSTMENT: CONCEPT**

Some personality theories and psychometric studies suggested a relationship between disablement and psychosocial maladjustment. The stigma of disability might exert a more profound influence on the psychosocial adjustment of disabled persons more than the various direct effects of the physical, mental or emotional impairments (Rossler & Bolton, 1978). Professionals dealing with the disabled persons defined adjustment as increased functional capacity and psychosocial health (Elliott & Kuyk; 1994). However, in general terms adjustment was defined as a process involving mental and behavioural responses to a particular impairment, by which an individual strove to cope successfully with inner needs, stress and tensions, frustration and conflict, and tried to effect a degree of harmony between inner demands and those imposed by the environment.

Research on the effects of sensory impairment, particularly of deafness, on psychosocial development progressed since Brunschwig (1936) did the pioneer study the general adjustment of deaf people. Several studies followed. Neuhaus (1969), Brill (1960), Meadow (1969), Schlesinger and
Meadow (1972), Levine (1960), and Myklebust (1960) consistently emphasized the role of interaction and communication in adolescents' social-emotional adjustment.

Adjustment being a dynamic process, required constant adaptation, a challenge during the adolescent period. Disability often created psychodynamic stress and conflict (Bishop 1980) for adolescents and resulted in maladjustment/less adjustment, which was manifested in different types of behavioural problems.

Meadow and Kendall (1983) defined adjustment in terms of effective social and emotional behaviours, less compulsive and dominating behaviour, and less anxious and obsessive behaviour. According to them sensory impairment first affected the interpersonal dynamics of social interaction, which was the root cause of low self-esteem and low self-concept, followed by adjustment failures at different points of time.

Adjustment had been adjudged using different criteria like self-esteem (Tuttle, 1984). Unless and until one acknowledges his/her disability, maintain positive self perceptions, and avoids pitying himself/herself, he/she can not meet life demands effectively, and avoid frustration, helplessness, and failure – symptoms of maladjustment.

**BEHAVIOURAL PROBLEMS:**

Behavioural problems could be classified into two categories: internalized and externalized (Cicchetti & Toth, 1991). Internalized problems included a variety of symptomatology, such as the development of dysphoric mood states (depressive symptoms), social withdrawal, anxious and inhibited reactions, and the development of psychosomatic problems. Externalized problems included a broad array of behavioural problems,
such as aggressive conduct disorder, acting-out, disruptive behaviour, defiance, oppositional and hyperactive behaviour. The number and nature of behavioural problems varied by age, sex, socio-economic status, etc. A number of studies have shown that inability to manipulate the personal and environmental variables increased the stress vulnerability and maladjustment, and resulting into behavioural problems (Shimada, Sakano and Agari, 1995). At secondary school, behavioural changes could be compounded, because of different kinds of life demands (e.g. entering into high school, appearing in Board Examination).

**SIGNIFICANCE OF THE PRESENT STUDY:**
A desired outcome for all adolescents was the preparation for independent living and becoming contributing members of society. However, few visually impaired, and too few deaf and hard of hearing people were successful in achieving a full independence and a full identity (Rice, 1984). Numerous studies (Wright, 1960; Shanties, 1971; McDaniel, 1976) reported the possibility of a wide range of individual reactions to a specific disability could often a direct consequence of the operation of psychosocial factors in person’s immediate environment. In educational setting, researchers demonstrated deep-seated anxiety, greater amount of stress, low self-esteem, overt conduct disorders and other behavioural problems as contributory factors in academic failures. The cumulative effect of aversive and threatening experiences from the stressors at adolescent stage in association with the non-functioning of major sense organs interacted with impairment specific stressors, e.g. mobility and communication problems, resulting in performance deficits and behavioural problems.

Positive self-esteem was a desirable feeling and frequently posited as an intervening construct that facilitated other desirable outcomes. If a person’s self-esteem was intact the individual felt worthy of contributing
to the community and achieved high. In the impaired, loss of important sense organs might induce a sense of worthlessness coupled with stress. It could be argued that there are strong and dynamic relationships among perceptions of stress, self-esteem and feeling of disablement, which interactively could retard the sensory impaired adolescent's personal and social adjustment. In fact, these could be at the root of many behavioural problems e.g. over aggressiveness, suspiciousness, impulsivity, immaturity and cumulative lower self-esteem and adjustment failures. Available research findings showed that the visually and hearing-impaired adolescents experienced psychosocial variables differently than the adolescents not having any impairment. An understanding of the role played by these variables in academic performance of different categories of sensory impaired adolescents could thus help in finding ways to get the best of their capabilities. In India, research on sensory impaired was still in its embryonic stage as very few realised the relevance of education of the sensory impaired adolescents. Therefore, this study proposed to examine the individual and the interactive role of selected psychosocial variables in determining the academic performance of sensory impaired and non-impaired adolescents in schools.

Several research findings also suggested that the role of these psychosocial variables varied across class and gender. As students in both class VIII and class X entered a new transitional phase in their academic career, their perception of stress, self-esteem feelings, and social-emotional adjustment could vary, affecting their academic and behavioural outcomes. Differential socialisation of females, gender typing of social roles and difference in social expectations were found to be linked to the mental health of women (Changquin, 1993). Therefore, females could experience these psychosocial variables differentially than
males. This study attempted to explore these variations while studying sensory impaired and not impaired adolescents' academic performance.

Researchers had used the basic tenants of theories by Lazarus (1978) and Festinger (1954) to explain the psychological and behavioural functioning of students having no impairments. However, no attempt had been made to apply these theories to the sensory impaired secondary students. To this end, the present study tried to explain the variations in psychosocial dynamics of academic performance of sensory impaired and non-impaired adolescents by using these theories. Similarly, the interaction theory of self-esteem development (Mead, 1934) extensively examined by Myklebust (1960), Goffman (1963), Craig (1965), Meadow (1968, 1969), Neuhaus (1969), Meadow and Schlesinger (1972), Levine (1973), Sussman (1973), etc. on hearing-impaired adolescents, was extended here to explain the self-esteem and psychosocial adjustment of adolescents having vision impairments and those not having any impairment. Differences by level of education and gender were also explored.

The following analytical model was formulated to examine the relationships among different selected variables to understand the psychosocial dynamics of academic performance of sensory impaired and non-impaired adolescents.
• Age
• No. of siblings
• Mother’s education
• Father’s education
• Mother’s occupation
• Father’s occupation
• Family income
• Age of onset of disability
• Severity of impairment
• Parental impairment status
• Pre-school education

BACKGROUND VARIABLES

Stress

Behavioural problems
Study orientation
Extracurricular activity

Self-esteem

Classroom behaviours
• Inattentiveness
• Study involvement
• Withdrawn behaviour

Social-emotional adjustment

Academic performance

ANALYTICAL MODEL