CHAPTER-II

REVIEW OF RELATED LITERATURE

To develop clarity and comprehension in any study, it is necessary first to review the various concepts, research methodologies and analytical tools used by the researchers in earlier studies. Such an attempt would help the researcher to have a better and precise understanding of the perspectives of the research problem and would also facilitate the researcher to modify and improve the present analytical framework in the right direction to suit the problem situation. The present study is intended to investigate the changes effected on the psychological variables of the orthopaedically handicapped children by the administration of recreational programme. This chapter briefly reviews the concepts, methodologies and findings of the past studies, which are relevant to the present study.

The review is presented under the following headings for better perception and clarity.

2.1. Disability and Self-concept
2.2. Disability and Personality
2.3. Disability and Adjustment
2.4. Recreational programmes for the disabled.
2.1. Disability and Self Concept

Agarwal and Dhar\(^5^8\) studied the self-image of the disabled under various age groups by administering personality differential-test with questions related to self-image and ideal image. They found that about ten percent of them could complete the test and concluded that the rest sixty six percent of the disabled were not found with self-image and felt inferior.

Miller\(^5^9\) studied the students with disabilities in tertiary education and concluded that the disabled experienced difficulties in learning in comparison with their non-disabled peers, particularly during the first years of study. This study proposed that a number of variables including gender, type of course, and the age of students had an impact on self-concept and academic results.

Udai\(^6^0\) reported that the physically handicapped individual suffers from self-evaluation because he is unable to satisfy many of the emotional needs.

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\(^{59}\) Ruth Miller, *Self-Concept and Students with Disabilities in Tertiary Education*, (University of Sydney, New South Wales, Australia, 2000), P.25

Bandura et al., indicated that increasing self efficacy in students with disabilities will not only improve the transition process between secondary and tertiary education, but will make students more aware of their disability, increase their ability to communicate with teaching staff, manage their time, and the effects of their disability, and will ultimately improve their academic results.

Jogewar studied the development of self-concept with a sample of 880 students between the age group of thirteen and twenty by using a self-concept inventory, which analysed the sex and age differences in self-perception. The results of the study indicated that the self-perception was relatively stable between the ages of thirteen and seventeen years. For males, self-perception was at its highest level at the beginning of adolescence, gradually decreased to its lowest level at eighteen years of age, and then showed an upward trend. For females, self-perception was low at the beginning of adolescence, reached its peak at sixteen years of age and declined to its lowest level at twenty years of age.

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Leung, et al (1999) showed that students with a chronic illness experienced decreased self-concept in line with a lower self-image in adolescents and young adults with Cystic fibrosis and Insulin-dependent Diabetes Mellitus.

Bala (1985) analysed 500 physically handicapped and 500 normal children with respect to personality traits, values, self-concept, mental make-up and adjustment in Haryana state and concluded that blind children possessed poor ideal, and social and perceived self-concept; likewise orthopaedically handicapped children had a poor concept of their power and strength and had more negative tendencies.

Minchom et al (2000) examined the relationship between medical and functional severity of disability and levels of self esteem and self concept in seventy nine young people with spina bifida and concluded that greater feelings of global self worth and of self esteem in physical appearance were associated with greater severity of disability and the self concept is complex.

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and mediated by a range of factors. Many of the least disabled had marked impairment of self esteem and it is incorrect to assume that the psychological impact is less in the mildly disabled young person.

Varni and Setoguchi analyzed the risk of psychological and social adjustment problems among children with chronic physical handicaps by contacting the parents of 111 children and adolescents with congenital/acquired limb deficiencies by employing a Child Behavior Checklist. The study revealed that twenty-three percent of the children were reported to function in the clinically significant maladjustment range for behavioral and emotional problems and fourteen percent were reported in the social mal adjustment range.

Abba compared the self concept of crippled and normal children by selecting fifty crippled children ranging in age from thirteen years to sixteen years, studying in high schools and intermediate colleges of Allahabad city.

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and fifty normal children matched with crippled children and concluded that crippled boys and crippled girls differed significantly from normal boys and normal girls in self-esteem as well as in social esteem.

Hedrick\(^6\) in one of the sports intervention study on assessing self worth examined if a four week wheel chair tennis programme increased children's perceived self worth and found no support and concluded that increase in self esteem may require increase in mastery of behaviour and also require programmes over a period of time longer than four weeks.

Bouffard et al.,\(^7\) reported that poorly co ordinated children may withdraw, watch and be less active at play, there by limiting their opportunities for success and may experience low self esteem.

Goodwin and Staples\(^8\) reported that sport and physical activity based interventions have potential to enhance multi dimensional self esteem if the specific component of self esteem targeted is an area where participants have


limited opportunities to interact with peers particularly peers with similar disabilities and life experiences.

Martin- Ginnis et al., reported that after a three month exercise intervention program adult participants (N=21) with Spinal Card Injury (SCI), compared to controls with SCI increased their satisfaction with the physical appearance and self concept function.

Sherrill et al., used the Harter's multidimensional self concept scale surveyed 158 disabled youth athletes aged 14 years to determine if their self esteem scores paralleled with those of non disabled youth based on established norms. The pattern of scores across the global self worth scale and eight subscales indicated no difference. However, the close friends and job competence sub scale scores were 0.10 below the range of normative scores and they suggested that the results were emblematic of youth's unmet needs in these areas as people with disabilities are often socially isolated and unemployed.


Godwin et al., reported both children aged between 6 to 14 years and their parents saw wheelchair dance as instrumental in promoting a stronger sense of self.

Szyman reported that sport participation is a rather poor predictor of self concept and physical health. Szyman found that leisure attitudes and self concept appeared to encourage participation in sports (not sport participation facilitating leisure attitudes and self concept, as expected) and that the process of participation brought about life satisfaction.

2.2 Disability and Personality

Sethi studied the differences between the physically handicapped and normal children with respect to personality traits and concluded that physically handicapped children were reserved, stiff, detached, emotionally less stable, submissive, serious, with weak super-ego, withdrawn dependent, more shy and apprehensive. The study also indicated that deaf, blind and


orthopedically handicapped children differed significantly in personality traits.

Monnazzi\(^76\) compared the personality traits of paraplegic athletes and non-athletes and concluded that athletes demonstrated less anxiety, phobia, somatization and depression. Monazzi also found that personality traits of paraplegic athletes were more similar to those of non-handicapped persons.

Bala\(^77\) analysed 500 physically handicapped and 500 normal children with respect to personality traits, values, self-concept, mental make-up and adjustment in Haryana state and concluded that deaf, blind and orthopaedically handicapped children differed significantly from normal children in personality traits and values.

Lal\(^78\) investigated the consistency of personality growth in 250 normal children, especially in early childhood in the age groups of seven and eight, nine and ten, and eleven and twelve years with a standardised early school personality questionnaire and found that significant differences exist in seven personality factors, while six factors were found unaffected by the


\(^77\) Bala. www.shikshanic.nic.in.

advancement of age. He concluded that the general stability of personality traits during childhood was not high and the degree of stability varied markedly with the trait and individual.

Agarwal and Dhar studied the personality of ten deaf and twenty one orthopeadically handicapped, by employing Thematic Apperception Test (TAT) and concluded that deaf was a passive person with latent aggression and aspiration accompanied by anxieties and conflicts with counteracting tendencies and a feeling of rejection, while the orthopeadically handicapped person had a high passivity full of resentment or latent

Pathak examined the personality traits of disabled children in normal schools with seventy nine boys of thirty two higher secondary and secondary schools from urban and rural areas in Rajasthan-Udaipur, Banswara and Jodhpur districts in India under the age group of fourteen to seventeen years. He concluded that disabled children were found to have fear of the school.

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difficulty in classroom learning, dissatisfaction with teachers, ridicule by other children and inability to participate in co curricular activities.

Bengalee^81 analysed the impact of the handicaps on personality concluded that the physically handicapped were more introverted and had high neuroticism.

Mathew^82 employed an eighty Statement Inferiority Feeling Questionnaire and concluded that persons with body defect showed more inferiority than those without out any body defect.

Sood^83 analysed the relationship between certain personality factors like self concept, social maturity, reasoning ability, general anxiety and learning disabilities with a sample comprised of fifty three normal and forty one children with learning disabilities in the age group of eight to eleven years, drawn from primary and upper primary English medium schools of twin cities of Hyderabad and Secunderabad. The results revealed that children with learning disabilities (LD) exhibited significantly more anxiety, had a

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lower self-concept and low (below average) reasoning ability. The study revealed that there was no significant difference between learning disability and social maturity.

Taub et al., examined 24 disabled male college students engaged in sport and physical activity as to their motives for participation. The students perceived sport and physical activity as an excellent vehicle to demonstrate competence and refute stereotypes of incompetence resulting from their disability.

2.3. Disability and Adjustment

Bala analysed 500 physically handicapped and 500 normal children with respect to social adjustment by administering Singh and Singh adjustment inventory in Haryana state and concluded that adjustment of deaf children was socially, emotionally and educationally less stable and they had poor home and health adjustment.


85 Bala, www.shikshanic.nic.in
Lata studied to find out the difference between normal students and handicapped students in the field of social, emotional and educational adjustment by selecting seventy five normal and seventy five handicapped. The Adjustment Inventory developed by A.K.P. Sinha and R.P. Singh was used to measure adjustment. The study indicated that normal students did not differ significantly from the handicapped in the field of social adjustment.

Abba compared the home adjustment, health adjustment, social adjustment, emotional adjustment, school adjustment and total adjustment of crippled and normal children by selecting fifty crippled children ranging in age from thirteen years to sixteen years, studying in high schools and intermediate colleges of Allahabad city and fifty normal children matched with crippled children and concluded that crippled children differed significantly from normal children in school adjustment, emotional adjustment and total adjustment.

K. Lata. Impact of Parental Attitude on Social, Emotional and Educational Adjustment of Normal and Handicapped Students, Ph.D Thesis in Psychology submitted to Agra University, India, (1985), as cited in no.1512; Research abstracts in Special Education.www.shikshanic.nic.in.

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Blinde and McClung88 conducted a qualitative study to explore the impact of physical activity on the lives of people with disabilities. College students with physical disability between the age group of nineteen and fifty four were selected for the study. A series of open ended questions were administered and the disabled students who took part in the study reported that involvement in physical activity enhanced both physical and social self perceptions.

Pathak89 examined the adjustment of disabled children in normal schools with seventy nine boys of thirty higher secondary and secondary schools under the age group of 14-17 years from four districts of Rajasthan state in India and concluded that emotional adjustment was good, social and educational adjustment was average in disabled children.

Barker, Wright and Gonick90 in their survey concluded that physically handicapped adjust or compensate their disability by keeping themselves


withdrawn and timid. Self-conscious behavior was more frequent in physically handicapped than in normal pupil and they more frequently exhibited mal adjusted behavior.

Anita on the basis of her findings maintains that the orthopedically handicapped children are comparatively better adjusted than deaf and blind children. The orthopedically handicapped children possess higher positive attitude towards life, followed by deaf and blind children. In case of deaf and blind children, self dependencies shows greater relationships with adjustments, followed by attitude towards life and locus of control, but in case of the orthopedically handicapped children, attitude towards life shows greater relationships, followed by locus of control and self-dependence.

Susan Mc Greevey analyzed information on more than 3,300 children aged 6 to 17, who were identified as having a disability, according to NCHS criteria, and whose mothers had completed the survey. Children whose disability was primarily psychiatric were excluded from the study. About 11 percent of the disabled children were described as having psychosocial

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91 Anita, “Comparative Study on the Adjustment between Orthopedically Handicapped and Deaf and Blind Children” as cited by S.K.Lau, Physical Education for Physically Handicapped., P.55.

problems, such as anxiety or depression, hostility or poor interaction with their peers. An analysis of characteristics of the children's disabilities and family factors identified the strongest predictors of psychosocial problems. This study clarifies that physical limitations in themselves are not detrimental to psychosocial adjustment, and that there needs to be a stronger focus on the whole family when treating children with disabilities. Paying more attention to the family environment and providing appropriate support services could make a significant difference in how these children adjust.

2.4. **Recreational Programmes for the Disabled**

Research studies on sports involvement and the physiological, psychological, and sociological effects on able bodied children have been well researched and published. The general conclusion has been that participation of youth in sport is neither inherently good, nor inherently bad. However, there has been very limited research related to the effects of sport participation in children with physical disabilities.

Berg and Berg\(^3\) studied the adaptation of school children with cerebral palsy in respect of body composition, nutrition and physical working capacity

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and concluded that no improvement on the efficiency was accomplished due to training.

Nilsson et al., studied the effect of physical education training programme on the adults with long standing paraplegia and reported that significant improvement in their efficiency was observed after the training.

Rieckert et al., studied the effect of physical education training on the mentally retarded children and concluded that a definite improvement in efficiency of handicapped children after the training.

Lau in his study on physical education for physically handicapped school children in the Union territory of Delhi concluded that there were distinct beneficial effects of physical education and sports training on the handicapped children with locomotor disability and also established the imperative need for providing physical education facilities at the early stage of such disabled children.

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96 Lau, Physical Education for the Physically Handicapped, p.127.
Cooper et al.\textsuperscript{97} analysed the effect of physical activity on physically disabled and concluded that simple physical activity with moderate intensity may positively benefit physically disabled children.

Pettit\textsuperscript{98} reported the establishment of an archery program for physically handicapped children, conducted by the Cypress Orthopedic School in Ontario, California. The program was successful because: the sport was challenging, constant positive verbal reinforcement was given to the child to build confidence, and each child was able to achieve success.

In Germany, Marquardt\textsuperscript{99} noted that horseback riding and skiing were possible for children with limb deficiencies caused by Thalidomide exposure. In Marquardt's clinic, pediatric amputees were able to participate in activities such as swimming, archery, jumping, dancing, ball playing, and trampoline jumping.

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Kegel et al.\textsuperscript{100} surveyed the athletic and recreational activities of adults with amputation. These studies reported that fishing, swimming, bowling, and golf were popular recreational activities. However, the respondents were not completely satisfied with their ability to participate in athletics. The reports concluded that physical therapists were not providing adequate preparation for amputees to pursue recreational activities, more innovation in prosthetic design was needed, and the physical therapist, the prosthetist, and the patient need more education about special adaptive equipment and recreational prostheses.