CHAPTER-V
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Summary

Disability may restrict organic functioning of an individual. Under certain circumstances it may put restrictions in the intellectual development as well. The physically disabled has poor body image, high anxiety, and frustration. They are found to be quite, conforming, tender minded and somewhat tense. Social relationship is the major problem area for many crippled youngsters. Personality is a vital factor in the wholesomeness of every human being. Personality is the sum of his ‘being’ and includes physical, mental, social, emotional and intellectual aspects. Physically handicapped often faced a variety of personality problems coupled with low self concept and low esteem. A variety of adjustment problems would be apparent among physically disabled children and they need to be addressed properly for the wholesome development of handicapped children.

Evidences are there across the world that physical education programme provides vital experience for the growth and development of the personality and self concept of the child. Benefits from the recreational sports activity for the disabled are not just limited to the physical health, but also
include the psychological health, including the cognitive, social, affective, and moral development of children. Various concepts of physical education, recreation and sports for the handicapped have been developed and experimented upon. In spite of this, vast areas in this field are virgin.

The present study was undertaken to fill up this gap and the main purpose of the study was to analyse the effect of recreational programme on self-concept, personality and social adjustment of orthopaedically handicapped children.

To accomplish the set goal, 140 orthopaedically handicapped subjects from two special schools located at Nilakkotai and Melur were selected for the study. Standardized scales developed by Muktarani Rastogi, R.B. Cattell and Cattell and Beenah Shah for the measurement of Self-Concept, Personality and Social Adjustment, respectively were employed in the present study. A special recreational programme sequential loading was developed and administered on orthopaedically handicapped male and female children selected for the study. The scores obtained from the orthopaedically handicapped children were subjected to statistical analysis by employing the analytical tools like conventional average, frequency and percentage analyses.
co-efficient of variation, correlation analyses, paired 't' test, regression analyses and chow tests to draw inferences and meaningful conclusions

5.2. Conclusions

Self concept

1. Self concept constructs of orthopaeically handicapped male children had improved remarkably in worthiness, health and sex appropriateness, abilities, self confidence, reduction in feeling of shame and guilt while the improvement in self acceptance and sociability was the least.

2. Improvement in abilities, health and sex appropriateness, self confidence, sociability was high in female children and self acceptance construct showed the least improvement.

3. Comparison between male and female indicated that improvement in self concept of males was more than female children and improvement in self acceptance was the least in both categories which may be emanating from the difficulty in the acceptance of their disability.

4. Stability and uniformity in self concept was established in orthopaeically handicapped male and female children by the recreational programme.
5. Self concept was associated positively with all its constructs, except feeling of shame and guilt which influenced total self concept in the reversed order in male and female. Health and sex appropriateness is another important construct for females which influenced significantly the self concept.

6. Significant difference exist between pre and post recreational periods in respect of individual self concept constructs and total self concept in male and female subjects which was due to recreational programme.

7. Improvement in the total self concept was possible by improving all the self concept constructs positively, except the feeling of shame and guilt in males and by improving all the significant self concept constructs positively, except health and sex appropriateness and feeling of shame and guilt in females.

**Personality - Primary Traits**

8. It was concluded that Commonality in the direction of improvement was found to exist in primary traits like A, Q3, C, D,E, and Q4 and difference was observed in factors like B, F, G, H, I,J, O, and Q2 among male and females between pre and post periods.
10. Variability in improvement (unstable) of Q2, Q3 I, O, and E personality factors increased in males and in factors like B, J, E, O and Q2, variability increased in females between pre and post periods.

11. Necessity for the modifying the primary personality traits like reserved, obedience, tender minded, circumspect individualism, apprehensive and uncontrolled nature was felt among orthopeadically handicapped male children and in factors like warm hearted, excitable, assertive, tough minded, controlled and relaxed and a further reduction in the traits like disregards rules and tensed for the female children.

12. The researcher concluded that recreational programme administered had significantly improved the level of primary source traits of personality both in orthopeadically handicapped male and female children.

**Personality- Secondary Traits**

13. Even though improvement in the mean level secondary personality traits in the right direction was observed, the movement from high pathemia (QIII) to moderate cortertia was prominent and other factors like introversion (QI), anxiety (QII) dependence (QIV) the movement restricted to moderate level only.
14. Prominent reduction from high anxiety to moderate anxiety (QII) and high pathemia to moderate cortertia (QIII) was observed in female handicapped children, while shift from introversion and dependence happened only in the medium level. Thus it was concluded that QIII was an important factor for male and female children, and QII became an important factor for female children along with QIII.

15. Negative association in pre period observed in males between pathemia and extraversion and pathemia and independence turned as positive association between cortertia and extraversion, cortertia and adjustment in post period indicting the need for reducing pathemia to improve other secondary traits.

16. Negative association between extraversion and dependence and positive association between pathemia and introversion in pre period turned to positive association between cortertia and extraversion, cortertia and adjustment and negative association between extraversion and dependence, which stressed the necessity of improving cortertia among female children. Thus the factor (QIII) became a crucial trait for male and female children.
17. It was concluded that significant difference exist between pre and post levels of all the secondary traits undertaken for the study and it was caused by recreational programme administered.

Social Adjustment

18. Improvement in total adjustment by the recreational programme on an average was more in male children than in female children and the order of improvement among adjustment dimensions was also dissimilar between male and female children.

19. It was concluded that the direction of improvement in adjustment dimensions was from low and medium to high level in handicapped male children while in female children the movement was from low to medium level.

20. The administered recreational programme established positive improvement with minimum variability in total adjustment and all its dimensions among orthopeadically handicapped male and female children.
21. It was concluded that strong association exist between total social adjustment and its dimensional variables. The quantitative relationship between total social adjustment and its dimensional variables indicated the possibility of improvement in total social adjustment by its dimensions from the existing mean level.

22. It was concluded that significant difference exist between pre and post adjustment levels among orthopeadically handicapped male and female children and it was due to the recreational programme administered by the researcher.

5.3. Recommendations

1. The study indicated under self concept self acceptance construct was poor in both male and female children and effect of appropriate recreational programme coupled with different methods and levels of psychological counseling is also worth researching in future.

2. The study specifically indicated commonality in primary personality traits like A, Q3, C, D,E, and Q4 and difference in factors like B, F, G, H, I,J, O, and Q2 among male and females and different recreational programmes may be attempted to reduce the difference in factors B, F,
G, H, I, J, O, and Q2 may be undertaken in future.

3. The study succinctly revealed that secondary trait QIII - (Pathemia Vs Cortertia) was an important trait influencing personality of male and female handicapped children and QII (Anxiety Vs Adjusted) in addition to QIII for female children and recreational programmes specifically aimed at reducing pathemia and anxiety among orthopedically handicapped children may be designed and tested in future. Moreover, the primary factors grouped under QIII and QII needs in-depth researching in future.

4. The dissimilarity in order of improvement and direction of improvement in adjustment dimensions between orthopedically handicapped male and female children as indicated by the study needs further researching to bridge the gap in variability in the improvement of social adjustment.

5. Even though the recreational programme improved self-concept, personality and social adjustment, sex-wise difference in improvement was observed in the study and in-depth studies have to be undertaken to probe it further.
6. The difference in improvement among male and female children with the above psychological variables may be also arise from the recreational programme designed and extensive researching in designing different recreational programmes and physical fitness programmes which may fill the gap in the improvement between sex.

7. It is recommended that the psychological variables like level of aspiration, anxiety, scholastic achievement, Intelligence, leadership and creativity may also be added to future research agenda.

8. The studies on the effect of recreational programme may be extended to other categories of disability like visually impaired, hearing impaired and mentally retarded children.

9. Researching on the effect of recreational programmes on the disabled adults is another area of importance and it has to be addressed appropriately in future.

10. Comparative studies on the effect of recreational programmes between orthopedically handicapped in special schools and normal children in main steam schools would expand the scope of placing orthopedically
handicapped in the main stream schools, which needs attention in future research.

11. Longitudinal studies on the effect of recreational programme and physical fitness programme assigning importance to gradation of age within a age class with different duration of recreational programme may be carried out within India across the countries in the world may be undertaken in the future.

12. Limited psychological variables alone considered under the present study and it may be extended to other psychological variables, physical and physiological variables with the interaction effects.

13. The special school curriculum may be modified with the inclusion of Special fitness/recreational programmes to improve the orthopedically handicapped children in a holistic way.