CHAPTER-I
INTRODUCTION

A significant size of mankind suffers from various kinds of disabilities, either due to some congenital factors or natural catastrophes or even man-made disorders. Whatever may be the cause, the trauma has a tremendous impact on the psyche of the victim, imposing several constraints in his development as a human being. Disability may restrict organic functioning of an individual. Under certain circumstances it may put restrictions in the intellectual development as well. The repercussions may bring in some psychological problems in disabled individual. These constraints not only restrict the holistic development of an individual, but also manifest themselves in various behavioral problems. Thus the disability becomes the wide open gate for converting a person into a handicapped in his social reality.¹

Disability- Global Scenario:

According to the estimate of the United Nations Centre for Social Development and Humanitarian Affairs, one out of ten or about 500 million people in the world have disability either physical or mental. With declining

trend in mortality and increasing population with higher longevity, the incidence of disability is likely to go up. Large numbers of disabled are victims of warfare, violence, endemic diseases, malnutrition and bad sanitation.

The UNICEF estimated that 170 million of children in the world are malnourished and more often the mal nourishment is due to developmental disabilities and one out of every ten children have serious disabilities.

It has been estimated that ten percent of world population and to be precise 500 million people are either physically or mentally handicapped all over the world. The under developed and developing countries have the lion’s share of world’s handicapped and they are out of reach and out of help.

It is an accepted fact that people with disabilities constitute nearly 4-5% percent of our population and it is estimated that people with moderate to

---


severe disabilities constitute 2-4 per cent. Having mentioned this, it is necessary to state that there is no authentic data on disabilities.\textsuperscript{4}

As per 36\textsuperscript{th} round of National Sample Survey (1991) the estimated handicapped persons per 100000 of population in different categories in India were as follows.

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|}
\hline
\textbf{Type of Disability} & \textbf{Number of persons} & \\
\hline
 & Rural & Urban \\
\hline
1. Visual Disability & 553 & 356 \\
\hline
2. Hearing Disability & 553 & 390 \\
\hline
3. Speech Disability & 304 & 279 \\
\hline
4. Locomotor Disability & 828 & 670 \\
\hline
\end{tabular}
\caption{Handicapped Persons in India (Per Lakh of Population)}
\end{table}


The NSSO (1991) reported that 1047 males and 597 females per 1, 00,000 of population have shown at least one of the locomotors disabilities in rural India. For Urban areas, the estimated number of affected persons was 800

males and 544 females per 1,000,000 number of population, respectively. According to the census report of India, the number of persons totally crippled was 3,63,600, and India stood as the second largest country in the world with regard to presence of disabled persons. Among the totally crippled, about 3,04,640 were living in rural areas and the rest 58,960 persons in urban areas. The proportion of the totally crippled per 1000 persons of population was estimated as 0.555. Thus it becomes evident that the problem of physical handicap in India is a major area for concern.

Disability is a global problem, but in terms of its occurrence, Asia Pacific region is regrettably replete with very high proportion of disabled with 150 to 200 million. According to 1991 Survey (NSSO), it was estimated that 16.5 million in India suffered from at least one other forms of disabilities, which constituted 1.9 percent of the total population. In absolute terms, nearly 9.5 million disabled persons were added with in a decade between 1981 and 1991 additionally. The prevalence of disability was higher in rural areas than in urban area. Sex wise break up revealed that fifty seven percent of the disabled were males out numbering females and the females constitute only 43 percent of the disabled population.

---


Concept of Disability

Generally the terms "handicapped" and "disabled" are used interchangeably. In common parlance, 'disability' means something that incapacitates or disqualifies. However, disability literally refers to some kind of restriction or lack of ability to perform an activity in the manner or within the approved range that is considered normal for a person in the human society.

United Nations conceptualized disabled as a person unable to ensure himself or herself, wholly or partly, the necessities of normal individual and or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities.7

Physical disability, according to the Department of Social Welfare, Government of India, includes impairment caused by congenital anomaly, impairments caused by diseases and impairment from other causes. Thus, physical disability is not necessarily something that is physically imposed, recognized or caused or only manifested physically or psychologically, nor it

7 Ibid., P.34.
is a manifestation or malfunction. It may refer to the variation in physique with which usually a highly negative connotative value is associated.

Human disability physical or mental is not a recent phenomenon. Although, there admittedly have been occurrences of different forms of disabilities in human population since remote past, a global concern for mitigating the problems of the disabled is of recent origin.

The word handicap is used to describe the disadvantages imposed by impairment or disability upon a specific person in his cultural pattern, or in his psychological, physical, vocational and community activities.

Types of Disability

Human disability condition may broadly be classified into seven broad categories (a) mental retardation (b) emotional disturbances (c) hearing impairments (d) visually handicapped (e) Physically/ orthopeadically handicapped (f) Communication disability and (g) Learning disability.

The term 'Physically handicapped' has been used in literature in

---


various ways; physically disabled, crippled, orthopedically impaired, or otherwise. Physically handicapped are divided into two types viz., orthopedically handicapped and health impairments. The legal definition of the term orthopedic impairment that adversely affects a child's educational performance also includes impairment caused by congenital anomaly. The legal definition for health impairments is having an acute condition that is manifested by severe communication gap and other developmental strength, vitality or alertness because of acute health problems.10

Orthopedically Handicapped

Orthopedically handicapped persons are those, whose physical capacity is impaired by the loss, deformity or paralysis of one or more limbs. Several conditions can result in orthopedic handicaps. Infectious diseases like polio and leprosy, cerebral palsy muscular dystrophy, spina bifida, and victims of accidents by and large account for different forms of orthopedic disability.11


Need for Adapted Education

Education is the means of human resource development. It is not only augments the growth of the productive potentials of individuals and nations, but also helps in cultural emancipation. The innate abilities, physical and intellectual are nurtured and developed through education. Education encourages the children to grow to their full potential, to develop their innate talents and interest, and to capitalize the opportunities provided by education to the maximum extent possible.

Education is considered to be the birth right of every individual who aspires to develop. However, there are constraints and obstacles in achieving this coveted goal. Some of the obstacles are emerging out of environmental conditions which obstruct the equality of opportunity, while certain other constraints arise out of genetic and constitutional abnormalities. Physical and mental abilities which are the pre-requisites for the normal education may become the limitations for imparting education among handicapped children. These children may require special technique or method of education.

The occurrence of handicaps is not an uncommon feature in any society. But the handicap in any person, irrespective of its nature whether
congenital or acquired, could turn into a most difficult problem in the social context, unless positive efforts to ensure otherwise are made by members of the concerned families and society. It is important to realize that the handicapped are as much an integral part of the society as anybody else. Only proper care, love and understanding can make them capable of doing the things what they are able to do or expected to do. Physically handicapped children are passive, less persistent having shorter attention span, engage them in less exploration and display less motivation. They are more dependent on adults, and interact less with peers.

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. Their capacity for frustration, tolerance is lower than normal children.12

Because of fear and social insecurity the crippled apparently retaliates to personal appraisal or critic with strong projections of blame and hostility opportunities for normal competition are limited and are often rejected by peers. Degree of acceptance and adjustment can be provided through

12 Ibid., P.201.
satisfying experience and interpersonal relationships\textsuperscript{13}. 

The physically handicapped being disadvantaged as compared with the physically normal persons and may have adjustment problems if not mental health problems as such, because being disadvantaged expose them to tensions and conflicts. The physical, psychological and social functioning of the individual is disrupted depending upon disability, differential experience, and group influence. Facilitating independence and building self-esteem are the two requirements for the physically handicapped children. Like other normal children the disabled child also needs a variety of sensory stimuli and active programmes for optimal development.

Adapted Education- Retrospectives

Handicapped children were excluded from the purview of normal educational experiences in the past universally. They have been treated as defective and believed that these children will not benefit from regular schools and its facilities.

The handicapped were viewed as unwanted elements of society or as bad omens and were prevented even from participating in activities necessary

\textsuperscript{13} \textit{Ibid.}, P.202.
for their survival. In the early nineteenth century as the idea of democracy individual freedom and egalitarian society swept in the west and with the advances in learning theory and technology, the optimistic attitude towards the disabled people had emerged. The most positive response to such section of the society was envisaged by UNESCO in the year 1946. The 'Education for All Handicapped Children's Act' (U.S. Public Law 94-142), the Warnock Committee (1978) for the handicapped children and youth in England was the milestone in caring and educating the handicapped children. In India, the educational provisions for handicapped children have become a priority as a result of the National Policy on Education in 1986.

As the society gradually developed, more charitable attitudes towards handicapped came in and attempts were made to provide for their 'special needs'. These earlier efforts placed greater emphasis on custodial care rather than on the true education of the handicapped.

The Fourteenth Amendment to U.S. Constitution in the United States of America guarantees equal opportunities for all citizens. Civil Rights movement in 1950's and 1960's for the handicapped has resulted in legislation that guaranteeing the exceptional children can no longer be denied but to provide with the appropriate educational service.
The Education for All Handicapped Children Act, which became the law in 1975 and referred to as P.L. 94-142, was considered as the landmark legislation. It is the culmination of the efforts of great educators, parents and legislature together in a comprehensive bill in U.S laws regarding the education of the handicapped children. The Law reflects the concern of the people of United States in treating the handicapped including children, as full citizens with the same rights and privileges as all other citizens. India has witnessed a phenomenal expansion of educational opportunities in the post independent period. Handicapped children, however, have not benefited substantially from the growth of such educational facilities. The National Policy of Education, 1986 has brought education to this group of children under the provision of equal educational opportunities. The objective of the policy is to integrate the handicapped with general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence. As a part of its concern for equalization of educational opportunities, the NPE, 1986 focuses on the needs of children with disabilities. The NPE (1986) recommended an integrated education in general schools for children with loco motor handicaps and with other mild disabilities, orientation and pre service training of general teachers to meet special needs of these children, provision of vocational training, establishment
of special schools for severely handicapped and encouragement of voluntary organizations in these tools.\textsuperscript{14}

Every individual should be helped to develop fully according to his unique nature and needs. This concept is in harmony with the modern democratic ideals which seek optimum development by providing suitable educational facilities to all children, the gifted and talented, the emotionally, socially and educationally maladjusted and physically and intellectually handicapped. These children need to be diplomatically taught these skills for independent living, which are learnt naturally by other children of their age. Hence, the curriculum and instruction for them requires a careful planning with inbuilt periodic evaluation procedures. In the early years, special education dealt with individuals whom were most obviously different from normal like the blind, deaf and severely retarded and disturbed. This view has changed considerably in the later part of 19\textsuperscript{th} century. Now, from the point of educationalists, special education deals children who are exceptions to the rule. The uniform educational procedure applied to most of the normal children is clearly unsuitable to exceptional children. In the pre independent period, very little was done for providing educational facilities to handicapped children. The Indian education commission 1964-66,

recommended that 15 percent of the physically handicapped should be provided education by 1986. The National Policy on Education, 1986 has stipulated that whatever possible education to the children with loco motor or other mild handicaps should be integrated with that of other children and children with severe handicaps should be enrolled in special schools.¹⁵

Thus, the need for special education for the handicapped children was well realized and positive steps have been taken in our country too.

**Adapted Physical Education**

A sportive child is a healthy child-debonair of verve and vivacity; a sportive adult is a relaxed, free and happy individual, not unnecessarily troubled by the carking cares and corroding anxieties of the world.¹⁶

Sports have been on the world map from time immemorial. The importance and recognition which sports have received from government, press and public indicate that sports are no more taken up mere recreation or prestige purpose but also for mental and physical health of an individual. The


participation in sports rather influences all aspects of athlete's personality and helps in gaining poise and balance, refreshing the spirit, renewing the inner springs of faith and courage, mastering the skills and meeting the strains of modern life with ease and calmness. Sports reduce the gap between perceived self-concept and ideal self-concept of an individual. It also inculcates the sense of responsibility, desire to win, self discovery, high level of aspiration, self-pride and self-love. Sports create an environment to understand and build confidence within oneself and also about other.\textsuperscript{17}

The program of physical education provide vital experience for the growth and development of the personality and self concept of the child, enabling him to become an efficient and productive member of the society by adjusting himself to the social environment.

Adapted physical education stands for the participation of individuals who require support to engage in culturally - normative physical activity. Adapted physical activity has become pervasive with the influx of number of disabled and handicapped individuals into all forms of physical activity\textsuperscript{18}.

\textsuperscript{17} Mohan \textit{et. al.}, \textit{Psychology and Sports}, P.59.

Adapted Physical Education Guide of the Anchorage School perceived the adopted physical education as "the art and science of assessment and prescription within the psychomotor domain to ensure that an individual with a disability has access to programs designed to develop physical and motor fitness, fundamental motor skills and patterns and skill in aquatics, dance and sports, so that the individual can ultimately participate in community based leisure, recreation and sport activities and enjoy an enhanced quality of life. It can also be viewed as a diversified program of physical education having the same goals and objectives as regular physical education, but modified when ever necessary to meet the unique need of each individual.

Students are given appropriate placement within the least restrictive environment. The guide also offers suggestions for modifying activities and equipment particularly in throwing, catching and kicking balls and balloons of different size and colour. The guide also lists games that handicapped children could play and suggest the inclusion of fewer types of sports exclusively for the handicapped when schools and sports leagues automatically separate handicapped from non-handicapped athletes.19

Adapted physical education is an individualized program of developmental activities, exercises, games, rhythms, and sport designed to meet the unique physical education needs of individuals with disabilities. Adapted physical education may take place in classes that range from those in regular physical education (i.e., students who are main streamed) to those in self-contained classrooms. Although an adapted physical education program is individualized, it can be implemented in a group setting. It should be geared to each student's needs, limitations, and abilities. Whenever appropriate, students receiving an adapted physical education program should be included in regular physical education settings.

Adapted physical education is an active program of physical activity rather than a sedentary alternative program. It supports the attainment of the benefits of physical activity by meeting the needs of students who might otherwise be relegated to passive experiences associated with physical education. In establishing adapted physical education programs, educators work with parents, students, teachers, administrators, and professionals in various disciplines. Adapted physical education may employ developmental, community-based, or other orientations and may use a variety of teaching styles. It takes place in schools and other agencies responsible for educating individuals.20

The domain-adapted physical activity extends its coverage to disabled children and it is evident from the work done by medical professionals, rehabilitation specialists, psychologists, physical educationalists and social workers, thus providing opportunities for the disabled to realize the benefit by engaging themselves in physical activities.

The spectrum of benefits of exercise and sports for athletes with disabilities spans the distance from psychosocial to physiological realms. The participants develop an improved self-concept, psychosocial attitude, social awareness, social reintegration, perception of well-being, and health. Recreational enjoyment also is obtained. Exercise has been found to improve mood, especially in those individuals who are affected more severely by disabilities.\textsuperscript{21}

Self Concept

There has been growing realization of the importance of self-concept in recent years for understanding and predicting human behavior. After more than a decade of relative neglect, self-concept is gaining renewed popularity and attention by both researchers and practitioners. There is growing awareness that of all the perceptions we experience in the course of living,

\textsuperscript{21} Gerard Malanga and Rosemai Filart, \textit{Athletes with Disabilities}, updated 3 May, 2002., emedicine.com
none has more profound significance than the perceptions we hold regarding our own personal existence—our concept of who are we and how we fit into the world.

"Self-concept is the individual's perception, attitude and feelings about himself" Self-concept is relatively stable and more or less conscious phenomenon and a unique system of individual's ideas about himself, image of his own qualities, abilities, appearance and social significance based on which he interacts with other people and develops an attitude towards himself.

Self-concept may be defined as the totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence. Self-concept is different from self-esteem which is the feelings of personal worth and level of satisfaction regarding one's self or self-report which is nothing but what a person is willing and able to disclose.22

---

Taleporos and McCabe\textsuperscript{23} reported that it is difficult for individuals with disabilities to have a positive body image because they often receive cues from the environment that they are unattractive.

Physical Education and Self-Concept

The main purpose of physical education and sports is to change psychomotor behaviors, thereby facilitating self actualization, particularly as it relates to the understanding and appreciation of body (and the self) in motion and at rest. Physical Education is not limited to vigorous activities but includes instruction in relaxation, opportunities for creative expression, practice in social interaction, and guidance in finding and developing one's leisure self. The outcome of such instruction should be a person who feels good about self, has confidence in movement abilities, and is self actualizing in psychomotor domain.\textsuperscript{24}

The psychological development of individuals with disabilities is influenced by many factors. The process of personal growth is gradual and needs to be nurtured in order to occur. Learning can be an attention and openness to experiences, personal growth. As a person goes through the

\textsuperscript{23} G. Taleporos and M.P. McCabe, "Body Image and Physical Disability- Personal Perspectives", Social Science and Medicine, 2002, Vol 54, pp 971-980
process of adjusting to a disability or accepting personal limitations, his or self, self-concept plays a key role. Many factors influence the development of positive self-concept. Achieving personal competence and fulfillment is possible when people view themselves in a positive manner. When limitations are accepted as a natural part of human existence and inaccurate societal expectations are ignored, individuals are free to discover themselves and strive to reach and even go beyond their potential.

Self concept is a complicated term that includes many different ideas of self, two of which are self-esteem and self-actualization. Self-esteem is essential for any individual. One must feel that he has worth. Self-esteem is derived from two main resources; the self and other persons. Esteem is earned as one achieves certain goals, operates by certain values, or measures up to certain standards. These goals, standards and values may be internal, external, or both. They may be established regulated and applied by judging self, by others, or by both.²⁵


It was reported that almost all athletes saw sport as a means of affirming their competence and they could focus their attention on abilities rather than disabilities. It is more authentic, that the psychological
contribution couples with the psychological values to assist many individuals with disabilities to use sport as a means of enhancing the concept of self.26

Physical activity can have a significant effect on mental health. Physically active adults have enhanced self concepts and self esteem, as indicated by increased confidence, assertiveness, emotional stability, independence and self control.27

Exercise appears to have positive relationship with self-concept. Sonstroem and Morgan28 suggested that the changes in the self-concept might be associated with the perception of improved fitness, rather than with actual changes in physical fitness.

Fox29 showed that exercise and physical activity can be related to a participant's self-concept, self-esteem, and self-efficacy. These concepts of the self are interrelated, but yet distinct, although they all refer to how we feel about ourselves and our capabilities. Self-concept incorporate all aspects of


what we think we are: it is central to our conscious lives. As such, many people consider self-concept the most important measure of psychological well-being.

Many individuals with disabilities develop an inferiority complex with a loss of self-confidence and self-esteem. Participation in sports enables in restoring psychological equilibrium, counteract feelings of inferiority and become a motivating force in enjoyment of life. Sports provide an opportunity for an individual with a disability to express visibly with a least syndrome of disability.

Sonstroem and Morgan\textsuperscript{30} found that exercise programs are associated with significant increase in self-esteem, and that increases are especially more pronounced in individuals who were initially with low self-esteem.

Valliant \textit{et al.}\textsuperscript{31}, compared athletes with disabilities to non athletes with disabilities. They found athletes with disabilities had higher global self esteem compared to non athletes with disabilities.


\textsuperscript{31}P. M. Valliant, I. Bezzubyk, L. Daley and M.E. Asu, “Psychological Impact of Sport on Disabled Athletes”, \textit{Psychological Reports}, Vol.56, 1985, pp 923-929
It is commonly believed that the changes in the body as a result of physical fitness training can alter one's body image and thus enhance self-concept and self-esteem.

**Personality**

Man is not born as a whole and complete person. At birth, he is an infant possessing the potentiality of becoming a person. After birth he associates with other human being and comes under the influence of their culture. As a result of a variety of experiences and social influences, he becomes a person and comes to possess a personality.

The word personality is derived from Latin word "persona" meaning "the mask". In ancient Greece, the actors used to wear mask to hide their identity while portraying role in a theoretical play. This term 'persona' was later adopted by Romans to mean as to how one appears to others and not as one actually is. In theatre, the actor had to depict the character he was representing in the play to what he himself was. 'Persona' was the outer edge of the self, a mask worn by the person in response to the demands of social
civilization. Thus, the word 'personality' came to be popularly understood as the effect one leaves on others.

Jung and colleagues search for deep rooted individual differences in orientation toward the world. Allport recognised that there are many factors which determine behaviour. These form a hierarchy from most specific to most general like conditioned reflex, habit, attitude, trait, self, and personality. The more general factors generally dominate the more specific ones. The most general factor was personality. Despite the dominating position of personality in the hierarchy of factors, Allport believed that the most profitable level for the personality theorist to study is the trait and he conceptualized it as a generalised and focalised neuropsychic system with the capacity to render many stimuli, functionally equivalent, and to initiate and guide consistent (equivalent) forms of adaptive and expressive behaviour.

According to Eysenck, personality is divided into areas or sectors namely the cognitive or intellectual, the conative, the affective, and the somatic. For the first three of these areas, Eysenck is willing to suggest

---

32 Howard S. Friedman and M. W. Schustack, Personality (Singapore: Pearson Education Inc., 2004) P.303
underlying general factors. For the first, of course, it is intelligence. Neuroticism is, in a sense, a conative or character defect, since it represents an inability to persist in the face of obstacles. Introversion-extraversion is a general factor in the affective area. Eysenck has made a methodological contribution which promises to be important. It is called the method of criterion analysis. The method is simply a stipulation that the factor analyst should begin with two groups which are known to differ on some hypothesised underlying factor. When the measures are obtained from the two groups, only those which discriminate between the groups can justifiably be assumed to relate to the hypothesised factor34.

Cattell based on his factor analytic findings proposed that there are sixteen basic personality traits. Cattell labeled the factors with letters of the alphabet to be sure that they were an objective result of the statistical method and not biased by pre conceived notions. In simple terms of dichotomies, these sixteen are out going-reserved, more-less intelligent, stable-emotional, assertive-humble, happy-go-lucky-sober, conscientious-expedient, venturesome-shy, tender-minded-tough - minded, suspicious-trusting, imaginative-practical, shrewd-forthright, apprehensive-placid, experimenting-conservative, self sufficient-group tied, controlled-casual, and tense-relaxed. These are typically assessed using the Sixteen Personality

Factors Questionnaire (16PF). Like most other trait psychologists, Cattell argued that there are strata, or layers, of traits; certain tendencies are more fundamental and serve as the source for other traits. He also showed the necessity of testing trait schemes in applied settings in clinical work, in business organizations, in schools, and so on and then using the findings to understand the traits better. This process -going from theory to assessment to applied work and then back to theory and assessment has become the standard process for all modern trait approaches to personality.

One of the most remarkable but controversial developments in the trait approach to personality has been the emergence of a high degree of agreement about an adequate dimension scheme-one based on five dimensions called Big Five developed by Paul Cosata Jr, McCrae and Lewis Goldberg. Starting in the 1960s but accelerating in the 1980s, 1990s, and 2000s, a vast body of research has converged on the idea that most common trait approaches to personality which covers extroversion, agreeableness, conscientiousness, neuroticism and openness. Extroverted people tend to be energetic, enthusiastic, dominant, sociable, and talkative. Introverted people tend to be shy, retiring, submissive, and quiet. Agreeable people are friendly, cooperative, trusting, and warm. People low on this dimensions are cold, quarrelsome, and unkind. Conscientious people are generally cautious,

---

dependable, organized, and responsible. Impulsive people tend to be careless, disorderly, and undependable. Neurotic people tend to be nervous, high-strung, tense, and worrying. Emotionally stable people are calm and contented. Open people generally appear imaginative, witty, original, and artistic. People low on this dimensions are shallow, plain, or simple.

The human personality is a marvelously intricate structure, delicately woven of motives, emotions, habits, and thoughts into a pattern that balances, however precariously, the pulls and pushes of the world outside. Personality is the sum of his 'being' and includes physical, mental, social, emotional and intellectual aspects. One's personality reflects his perception, imagination, attitude, instincts, habits, values, interests, and sentiments about himself and his self-worth. Intelligence, achievement, motivation and modes of adjustment constitute human personality.

Personality is a product of biological and cultural heritage. A child is born with some biological heritage, while the cultural environment moulds and shapes his personality. Personality is in fact a product of the interaction of a biological organism with the social environment. In other words, personality is the way an individual adjusts with his external environment; it is the way of responding to the environment. Therefore, the key to personality

\(\text{\textsuperscript{36} Ibid., pp 280-281.}\)
development is socialization where biology and culture merge. Each of us has
a unique system that determines and reflects our characteristics that make a
person unique\(^{37}\).

The study of personality is concerned with the entire person. It is very
difficult to construct a definition of personality that will satisfy even the
majority of personality theorists and researchers, since there are many ideas
about what constitutes the core of the concept, what should be included and
what should be left out. It is implicit in any definition that behavior is to some
degree determined by personality since we must make inferences about
personality by observing behavior.

Personality encompasses the ‘more or less stable internal factors that
make one person’s behavior consistent from one time to another and different
from the behavior of another person might exhibit in comparable situations\(^{38}\).

Personality is a vital factor in the wholesomeness of every human
being. As in all other aspects of man’s life, personality plays a prominent role
in the physical activities. Personality refers to the interactions of emotional


tendencies, habits, opinions, and attitudes, mental and physical factors. These qualities determine an individual's behavior. It is an individual's typical adjustment to environment.

Physical Activity and Personality

Physical activities and sports play an important role in the development of personality of an individual. The aim of physical education is to strive for optimum development of an individual in all spheres of life and thus, physical activities play pivotal role in development of one's personality.

Singh reiterated the role of physical education and physical activities in shaping up the personality of an individual. In his own words, the aim of physical education is the optimum development of the physically, socially, and mentally integrated and adjusted individual through guided instructions and participation in selected total body sports, rhythmic and gymnastic activities conducted according to the social and hygienic standards.

As one participates in physical activities of his own volition, it provides a free, pleasurable, immediate and natural expression of his innate desires. Such exercise unfolds the hidden talents and desires, and helps in shaping up

---

39 Singh, Essentials of Physical Education, P.202
the personality. Physical activities meet the basic needs of human beings, such as the sense of security, the sense of belonging, happiness, experience, etc. Physical activities also provide recreation which goes a long way in producing perfectly happy, satisfied and balanced individual, having pleasing, energetic personality, having zest for life experiences.

Physical activities are conducive to the growth and development of the physique. All physical activities must be learned and that involves analytic thinking, analyzing and interpreting new situations, this, mental exercise enhances their intellectual abilities of the participants and broadens their mental horizon. Physical activities and sports provide an interesting and challenging outlet for such energy as well as for blowing out their emotional storms building within. Participation in sports and other physical activities provides avenues for social interaction, and lays foundations for amicable relationships.

Adjustment

‘Life presents a continuous chain of struggle for existence and survival’ says Darwin. The observations are apt since every one of us strives for the satisfactions of his needs. In struggling to achieve something, if one
finds that results are not satisfactory one either changes one’s goal or the procedure. While doing so one protects one’s self from possible injury to one’s ego, failure or frustration. It is like shifting to more defensive position in order to face the challenge of circumstances after the initial failure of this special feature of the living organism is termed as adjustment.41

Gates and Jersild 42 viewed adjustment as a continual process by which a person varies his behavior to product more harmonious relationship between himself and his environment.

**Dimensions of Adjustment**

An overall adjustment of an individual may be grouped into five aspects – health, emotional, social, home, school or occupational adjustment. The basic adjustment problems of the handicapped are not necessarily radically different from the non-handicapped and mental age. The disability does not presuppose introduction of psychologically significant variables. However, the disability imposes an extra burden upon the person which consequently renders him more vulnerable to adjustment problems. There


are mainly two domains of adjustments that a handicapped person has virtually to make i) he has to adjust to his own specific disability and ii) he has to adjust to the un congenial social surroundings. A variety of adjustment problems would be apparent such as physical adjustment, emotional adjustment, family adjustment, social adjustment.

Physical adjustment

Needless to mention that the disabled primarily needs help in physical adjustment in order to cope with his specific disability. In the development of personality, body image plays an important role. It determines individual’s ideas of his own and ideas of others about him.

Emotional Adjustment

The psycho-social aspects of the physical handicap encompass broadly the attitude of the society towards the disabled and the adjustment of the handicapped to his specific defect as well as to the society. The handicapped individuals suffer from emotional insecurity, in addition to the physical insecurity. Physical discomfort, periodic institutionalization or hospitalization for treatment, the aversion, ridicule and score of the

43 Sen, Psycho-Social Integration of the Handicapped, P.49.
unscrupulous healthy peers, the nonchalant attitude of the society - all add to the ever growing agonies of the handicapped child.

Family Adjustment

The child’s first social group is his or her family. As a member of the family he participates in simple day to day life situations and gradually becomes initiated and integrated into a broader environment. With the increasing awareness and feeling of belongingness to the family, he learns to orient himself to its routine and to other play activities. The initial affectionate bond between the mother and the child gradually leads to further stimulating interaction of the child with the rest of the family and his ever widening environment. The home is by far the most potent institution around which life interests are started. With the weakening of home this children often lose the sense of belonging or being wanted or needed.44

Social Adjustment

The handicapped person is not destined to have a smooth going in his social life. The adjustment of the handicapped child depends greatly upon the attitudes of the society towards him. He may live and work in a sheltered

44 Ibid., P. 51.
community of a special school and protected family environment. However, there is always the threat of the real world outside with which he has to come to terms eventually. The community also needs to adjust and accept the presence of the handicapped in its fold, and make necessary allowances for his with objectivity, and not with sentimentality the society has to accept these persons with handicap, as people with their own assets and shortcomings.

If the child is not able to participate in normal play activities because of his handicap, he would have little contact with reality through play activities. This situation may bring to the handicapped child as an adult state of maturity rather too soon without the basic reality testing and understanding. As a result of his disability the individual may tend to laid claim to importance and distinction, he may consider himself different by reason of his disability. If may also happen that as a result of too much parental attention or as a result of condescending attitude on the part of society, the handicapped child begins to feel inferior and in advertently attempts to over compensate for his shortcomings.45

45 ibid. P.57.
Rose et al.,\textsuperscript{46} observed that poorly coordinated disabled children perceived a lack of social acceptance from their peers compared to normal well coordinated children.

Mc Neil\textsuperscript{47} reported that individuals with disabilities often have less extensive social networks and fewer friendships compared to non disabled individuals, making sports setting a potentially attractive social opportunity for children who may desire stronger peer relationship.

Recreation

Recreation carries different meaning to different individuals and it is applied to great variety of activities. Sometimes the term is applied to activities of young people and adults differentiate those activities from the play of young children. Because of this diversity in the use of the word, it is desirable to understand clearly in the beginning to avoid confusion. In common usage, however, recreation has a more comprehensive meaning. Recreation is man’s activity, voluntarily engaged in during leisure time and primarily motivated by the satisfaction of pleasure derived from it. It is not activities that are usually not thought of as play- music, the drama, the craft, every free activity and especially creative for the enrichment of life.


According to Butler and George\(^48\) recreation may be any form of leisure-time experience or activity in which an individual engages from choice because of the enjoyment and satisfaction which it brings directly to him.

Among all the people and in all stages of history, man has found outlets for self expression and personal development in forms of recreation which have a striking similarity. Recreation is a common heritage of all people, although its expression takes varied forms. In all lands, play is the chief occupation of young child during his active hours. Through play the child attains growth and experience. It is nature’s way of affording outlets to the great biological urge for activity and the means of acquiring skills needed in later life.

Competitive and recreational sports participation can have a positive effect on the growth and development of children with both congenital and acquired limb deficiencies. The amputee can compete successfully if the activity is safe, yet provides a reasonable degree of challenge.\(^49\)


Guilford and Fruehter\textsuperscript{50} indicated a statistically significant percentage of parents with disabled children involving in sports, observed the traits like unproved physical fitness, increased interest in social activities, an influence in personality, improved social reaction, improved sport skills and an intrinsic interest in sport activities in their wards.

Benefits from the recreational sports activity for the disabled child are very much like those of the able-bodied child. These benefits are not just limited to the physical health, but also include the psychological health, including the cognitive, social, affective, and moral development of children.

Physical education, recreation and sports for the handicapped are still a virgin field of enquiry and investigation, despite recent spread of general awareness and efforts to highlight the gravity of problem. No doubt in the west it has emerged as a distinctive discipline and its worth in the context of modern space age has been fully realized. Various concepts of physical education, recreation and sports for the handicapped have been developed and experimented upon. The latest research in the field of medicine, psychology social work, physical education, recreation and sports sciences

has added to their utility. In spite of this, vast areas in the field are still untouched, virgin and unexplored.\footnote{Suresh Kumar Lau, *Physical Education for the Physically Handicapped*, (Delhi: Khel Sahitya Kendra, 2001), P.5.}

Studies relating to quantitative measurement of the effect of physical activity and recreational sports on the psychological variables and the overall development of disabled children is quite few around the globe. Probing into the beneficial effect of physical activity on the self concept, adjustment and personality of the disabled children is the need of the hour which may help in the holistic development of the disabled children. Such studies would be helpful in bridging the gap existing between the disabled and normal children at present and expand the scope of placing orthopaeically handicapped in the main stream. More over such studies are necessary for altering the existing curriculum of special schools with the incorporation of mild physical activity as a component. Keeping this in view, the researcher has undertaken the present study to bridge the existing research gap in the psychological domains of disabled and to give fillip to the wholesome development of the disabled children.

1.1. **Statement of the Problem**

The present study was undertaken to analyze the effect of recreational programme on self-concept, personality and social adjustment of orthopaeically handicapped children.
1.2. Hypotheses

The hypotheses framed for the study are as follows:

1. It was hypothesized that the recreational programme may bring about significant changes in the self-concept of the orthopedically handicapped children.

2. It was hypothesized that the recreational programme may bring about significant changes in the personality of the orthopedically handicapped children.

3. It was also hypothesized that the recreational programme may help the orthopedically handicapped children to become socially adjustable.

1.3. Significance of the Problem

1. The study would be of great help to understand the self-concept, personality and social adjustment of the orthopedically handicapped children.

2. The study would throw light on the problems faced by orthopedically handicapped children in the recreational programmes and to design an appropriate programme with maximum benefit.
3. The study would be of much help to the physical education teachers to understand the behavioral pattern of the orthopedically handicapped children and to modify adapted physical education programmes for the handicapped children.

4. The study would generate adequate information base that will add to the quantum of knowledge in the areas of adapted physical education and may be of great use to physical education scientists and clinical psychologists to organize rehabilitation programme and cater to the needs of the orthopedically handicapped children.

5. The study would be of much help to policy makers for evolving appropriate policy packages and strategies to up lift the disabled, especially the orthopedically handicapped.

1.4. Delimitations

1. The study was confined to 140 orthopedically handicapped school children between fourteen to eighteen years of age who were afflicted by Polio Myelitis and generalization of the findings of the study to different disability and age group should be made with caution.
2. Gender based sub grouping was alone considered for the study.

3. The study would consider only the orthopeadically handicapped children under special schools.

4. The study would cover the effect of recreational physical activity on the psychological variables namely self-concept, personality and social adjustment.

1.5. Limitations

1. No attempt was made to relate the physiological characteristics of the subjects, which were felt as the limitations of the study.

2. No control group was maintained, but full control on the dietary regime, time and duration of the recreational routine for the subjects were followed unscrupulously. Apart, restriction on any other physical activity except the recreational programme meant for the study was imposed very regressively to avoid the influence of external factors.
1.6. Definition of Terms

1.6.1. Handicapped

Handicapped individuals are those persons who are impaired or having disability, which adversely affect them psychologically, emotionally or socially or in a combination of ways.\textsuperscript{52}

1.6.2. Orthopedically Handicapped

Orthopedically handicapped is a disabled condition caused by physical impairment, especially those related to the bones, joints and muscles.\textsuperscript{53}

1.6.3. Self-concept

Grover \textsuperscript{54} defines Self-concept "as the person's total appraisal of his appearances, background and origins, abilities, resources, attitudes and feelings, which culminate as a directing force in behaviors."

\textsuperscript{52}Panda, \textit{Education of the Exceptional Children}, pp. 198-99.

\textsuperscript{53}\textit{Ibid.}, P. 200.

1.6.4. Personality

Personality is the dynamic organization within an individual, of that psycho-social system that determines his unique adjustment to his environment.\textsuperscript{55}

1.6.5. Adjustment

Sigmund Koch\textsuperscript{56} defines adjustment as a process of modifying individual or collective patterns of behavior so as to bring them into conformity with social patterns as with those provided by the environment.

1.6.6. Recreation

Recreation may be defined as man’s activity, voluntarily engaged in during leisure time and primarily motivated by the satisfaction of pleasure derived from it.\textsuperscript{57}

\textsuperscript{55} Hurlock, \textit{Child Development}, P.524.  
\textsuperscript{57} Singh, \textit{Essentials of physical Education}, P.501