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CHAPTER - I

I. INTRODUCTION TO THE PROBLEM

In this modern world, people have become more concerned to think in terms of prevention of stress arising situations, and its very many manifestations than at any other time in the past. There are certain crises which have to be faced by all of us from time to time that is, the normal individuals, but in this research the author has introduced another important group that is, of the handicapped individuals which has been studied in great detail.

The problem of adjustment sometimes becomes critical even for a normal person, what then would be the condition of the person who is already having certain definite limitations? Actually the kind of difficulties they face and their problem of adjustment has become an important question in the modern civilized society. There are special institutions where they can study, there are special schools where they are given technical training for different kinds of jobs they can do. Inspite of that, society still considers them as a group having some basic limitations. Physical handicap is converted by society into mental handicap. What is the effect of this on the personality structure of these people? Are they well adjusted, do they understand social injustice, and do they believe that society is wrong in treating them like that? This is the problem of the present study. In the present study the anxiety level, conflict level, and positive aspects of personality of both the physically handicapped and the normals are compared, just to find out their actual adjustment level, which in turn would affect their general achievement level.

Throughout the recorded history and probably before, man has been intrigued by the possibilities that the outward characteristics of physique, might in some way be a guide to
the inner nature of man, to his temperament and his personality. Thus, it is generally believed that a person’s body influences his behavior by way of the many phenomenal properties it has for him and his associates and by way of his body’s greater or lesser efficiency.

As mentioned earlier, if the crises met by the individual are resolved successfully, the solutions can be used as a spring board to meet the future crises. Life crises which give rise to anxiety and project certain dimensions of neuroticism begin very early in an individual’s life and are usually followed by crisis situations at identifiable stages later in life as pointed by Mc.Culloch Wallace J (1977) - going to school, changing school, changing neighbourhood, educational achievement, puberty and adolescence, courtship, marriage, parenthood, work, mid-life crisis, bereavings, illnesses, retirement and preparation for death.

Curiously enough, while recognition that physical disability may play an important role in the psychological life of an individual seem to be universal, still no scientific interest was shown in studying the psychological aspects of disability for a long time. One of the possible reasons behind the lack of interest might be due to the belief that if a person loses an arm or leg he or she can do nothing about it but to resign himself to an unhappy fate. Thus for instance, Wolman (1977) remarks: "As dim as his future may be, it cannot be overcome it must simply be endured." There were no efforts to rehabilitate the disabled individual. It is only recently that this aspect of rehabilitating the disabled individual is gaining higher priority with the recognition, that most people are at some time forced, either, directly or indirectly to meet the challenges of physical disability.
The question which often comes up in the mind of some people is whether a physical handicap really poses a problem, even if a minor one, to be anticipated in each individual case. According to Dembo. T. (1977), if it is a minor disability it may present no serious difficulty, however, it may still be possible that the disabled might view his condition in terms of personal prejudices, which may lead to more problems of adjustment. In this regard Fitzsimmons (1943) commented -

"The individual with a permanent physical handicap carries a constant emotional burden. The patient shows his conflict, overdependency sooner and his adjustment takes longer than that of the average ill person ...... excessive dependency is seen when the person becomes unable to bear the added strain of physical handicaps, swings to one extreme or the other ...... helplessness or overdependence." (p.324).

Whereas much knowledge has been gained about the anatomy and physiology of the human body, the psychological aspects of the disabled body have remained considerably unexplored and there is no single theory to explain the psychological responses to physical handicap or disability. The research worker in this study has taken into consideration the period of adolescence that is, between the age group of 14 - 18 years, because this phase is considered to be the most sensitive one in an individual's life. This is the most important period where an individual is neither a child nor an adult which results into inconsistency. This puts oneself into a precarious situation, therefore anxiety may occur, and in the process bring into focus various shades of conflicts which may lead to neuroticism. Through this study it can be realised whether the problems which are faced by normal individuals are the same for the handicapped individuals and whether their resources are planned and
channelized in the same manner to reach a solution and up to what degree they are comparable with normals.

Modern man has many needs, some of which are social, others economic, political and psychological. He struggles hard to satisfy all kinds of needs, as well as to solve his innumerable problems. But many of these needs go unsatisfied and man's problems remain unsolved. When man cannot satisfy a need or solve a problem, it may be because an obstacle is blocking his efforts. In this study the obstacle is in the form of a physical impairment which gives rise to feelings of frustration and anxiety. Self esteem is impaired, because we fall short of our own expectations, giving rise to feelings of guilt and a high level of anxiety. An individually oriented psychology blithely ignores the social contact of behaviour and the existential experiences of the patients. For instance, disability is still viewed primarily by the professionals as an individual problem to be overcome by the "just right attitude" and motivations of the disabled person himself (Stubbins 1977). There has rarely been anyone on the scene to help to transform this problem of handicap from its individual nature to that of a social one. Any form of personal depreciation which has taken place as a result of a physical impairment is supposed to belong between the disciplines and professions of the rehabilitation team.

Through this study an attempt has been made to compare the level of conflicts and the negative and positive aspects of personality of the normals and the physically handicapped.
II. DEFINITION OF THE PROBLEM

In this study an attempt has been made to compare certain aspects of the physically handicapped and normal adolescents. These aspects include positive personality, achievement level, conflict, anxiety, and neuroticism. The research worker wants to investigate, other conditions being equal, whether physical handicap can create psychological problems for the Subjects. Major emphasis in this study is not the physical handicap itself but its overall effect on personality development. The present research worker believes that this effect is negative Present study has been undertaken to verify this hypothesis.

III. CLARIFICATION OF THE BASIC TERMS - TECHNICAL TERMS

There are certain pillars on which the entire foundation of the definition of this research work depends. These may be considered to be the focal points which the research worker has highlighted and clarified in the process.

1. Adolescence

Adolescence comes from the Latin verb "adolescere", which means, "to grow" or "to grow to maturity", which was given by Elizabeth Murlock (1955). Maturity involves not only physical growth but also mental growth. On the physical side, it means the attainment of mature stature, the acquisition of physical features, characteristic of a mature individual, and the development of sex apparatus to make procreation possible.

Mentally a mature individual is one, whose intelligence has reached its maximum growth. Accompanying mental maturity, it is justifiable to expect that emotional and social
maturity will be attained. But in modern times, with its many complexities and high standards of living, emotional and social maturity can be reached only after an adequate period of time needed for its attainment.

According to Mowbray and Ferguson (1973) the period of development between puberty and the beginning of maturity involves such obvious changes that it is held to be a "problem" stage of development. Whereas the development of the child’s personality can be looked upon as an increase in the complexity of originally simple forms of behaviour and emotions, the period of adolescence brings entirely new and qualitative different features.

The period of adolescence is defined by the onset of puberty and ends with psychological maturity. The beginning of adolescence is thus defined by explaining the psychological terms for there is no accurate psychological criterion for maturity. Further, cultural factors also determine the period at which adolescence terminates.

According to Mowbray and Ferguson (1973), in adolescence there is an intense striving towards independence, and towards emancipation from parental authority. The fact that he is dependent upon his parents now becomes a threat to the adolescent and a great deal of overt hostility towards the parents is observed. During this final stage of physical growth the adolescent's body forms, and his concept of his body may change very rapidly, coinciding with a period of intellectual expansion and development.

The adolescent begins to utilize previously acquired experience as a basis for his intelligent behaviour. It is at this period that "intellectualization" is prominent. Intellectualizing emotional problems serves as a means of avoiding the instinctual conflicts characteristic of this period.
Harper D.C. (1979) in his study has also stated that in psychiatric practice when extreme disturbances of emotional expression at adolescence are encountered it is often a difficult clinical problem to decide whether this is a reflection of the emotional stress of this period (adolescent turmoil) or whether it is symptomatic of the severe mental illness, schizophrenia, which has its usual onset at this period.

Adolescence: "A Period of Transition"

Adolescence is a period of transition between childhood and adulthood. A person is an adult when he can take his role in adult affairs, physically, socially, and economically. A person is regarded as an adolescent until he operates as an adult. While in this period of transition, the individual passes from childish habits of behaviour to mature ones, from childish attitudes to mature attitudes - he must now learn to stand on his own feet and face the world alone without his parents or teachers to act as buffers, as they did when he was a child. Jersild Arthur (1963) has pointed out, that how successfully he will pass through this transition will depend greatly upon how well he has been prepared for it. He is on the threshold of maturity, where he must make decisions and adjustments that will have far reaching implications for his future. Further, cultural factors determine the period at which adolescence terminates.

Most investigators of adolescent emotions agree that adolescence is a period of heightened emotionality. But they do not agree that this emotionality can be called "Storm and Stress", the phrase implying that it is intense and continuous in character. There is no question about the fact that at some time or other during adolescence there is heightened emotionality. But this is not severe to be labelled as "Storm and Stress".
Factors Influencing Adolescent Personality

There are number of factors that have been found to play roles of importance in the personality development of the adolescent. Some of these were important in childhood and continue to be important in adolescence, while still others that were important in childhood are of less importance in adolescence. These factors are -

Physique

The physique of the individual, specially his size and personal attractiveness, affects the reactions of other people to him. This in turn, affects the individuals attitude toward self. An adolescent boy for example who is small in stature is treated differently by members of both sexes than boys of bigger stature. According to Mowbray and Ferguson (1973) the treatment accorded to him influences his attitude towards self and the quality of his behaviour. Every culture has its own standards of what physical traits are right for boys and girls, or men and women. When the physical growth pattern differs from the pattern defined by the peer culture, the adolescent is likely to become disturbed. This may also be temporary, because of difference in ages of sexual maturity, but it nevertheless proves to be a source of disturbance to the adolescent, who may not know that such variations are normal.

Physical Defects

Physical defects that were relatively of little consequence to the child during childhood, generally become the source of embarrassment and feelings of inferiority during adolescence. Individuals who are crippled make poorer social adjustments because of unfavourable attitudes towards their physical disturbances. However, the age at which crippling occurs is very important. If it occurs early, there is a better opportunity for the
individual to adjust to dependence on others. In adolescence the consequences are more severe than at earlier ages because of the adolescents desire to do what his peers are doing. Even a trivial disturbance often produces severe conflicts. One of the complicating factors comes from parental attitudes that tend to increase the adolescent's feelings of inadequacy as pointed out by Gates, M.F. (1946)

According to Gillis, L. (1988) adolescence takes place during the years from about twelve years to the time when the physical growth ceases (at about 19 or 20 years) and can be looked upon as a sort of rebirth - the person enters upon it as a child and emerges as an adult with his body and personality so developed and enriched by what has happened, that he seems a different person altogether. It is heralded by puberty, a period of tremendous physical change and emotional upheaval in the form of rapid physical and mental growth, marked bodily and psychological effects of endocrine changes and a general broadening and enrichment of the emotional life.

2. NORMAL INDIVIDUALS

The concept of normality highlights the individual's adjustment to the environment. Normal personality traits are those which enable the individual to adjust to the world as he found, that is to get along with others, and to find a place in the society. But today many psychologists feel that if normality is equated with conformity to do what others do, think or feel it carries a negative connotation according to Jourard (1958). They focus more on positive attributes such as creativity, individuality, and fulfillment of ones potential. Maslow felt self-actualization to be the highest of human motives, but leading a fairly routine and balanced life would not be considered abnormal and mal-adjusted.
The Body And Healthy Personality

The body plays a crucial role in personality hygiene, but it is a role which many psychologists and students of personality have overlooked. The body is the meeting ground of psychology and physiology. An individual behaves with his body and his behaviour produces consequences for his body. His body is an important aspect of his personality structure. The body is subject to the direction and control of the ego, just as the ego may be under the control and direction of bodily needs and impulses. A person perceives his body and formulates a "body-image" or "body concept", which according to Shontz, F.C. (1971) helps in evaluating his body as he knows it, and express satisfaction, dissatisfaction or disinterest in his body. All these affectively toned responses to the body can serve as strong motives for various kinds of instrumental behaviour. The health of the body is of crucial value, both for its own sake, and also because no other values can be achieved unless the body is intact, healthy and fully functioning. Accidents and injuries which befall the body will impose a strong influence on the personality as a whole, calling often for radical changes in the pursuit of satisfactions. Thus a person who has had both legs amputated is no longer able to pursue an athletic career.

The actual body refers to the body as it might objectively be described and evaluated by an outside observer. The "body-concept" comprises all of a person's perceptions, beliefs, and expectations, with respect to his body structure, functions and appearance. "Body image" will sometimes be used as a synonym for body concept. The "public body concept" refers to beliefs which a person wants others to hold, concerning his body. The body ideal includes all of the values and ideals a person has acquired with respect to his body's appearance and functions - his concept of how his body ought to be or how he wants it to be. The ideal body is the body, culturally valued from appearance and mode of functioning.
These terms are introduced by Shontz, F.C. (1971) so as to enable us to observe variability in the ways in which people relate to their body and to permit us to make evaluations of these relationships from a personality hygiene point of view.

Rodger's "Fully Functioning Person"

Carl Rodger, the founder of "non-directive" or "client-centred" counselling has recently attempted to spell out the general characteristics of the person who has completed psycho-therapy. The fully functioning person may be viewed as his concept of healthy personality. The three cardinal traits of the fully functioning person are listed as follows:

(i) The person is open to his experience:

By this phrase, Rodger means that the individual does not deny, blot out or distort any perception, memory, fantasy etc., in order to avoid the experience of threat to his self structure, but tries to apprehend fully all of his inner experience no matter how unpalatable it may be.

(ii) The person lives in an existential fashion:

The term existential in this sentence refers to the subjective conviction that, "each moment in experience is now". It implies that the person has the inner feeling of of moving or growing and that he has no preconceived notion of what he will eventually become as a person. This is in contrast with non-existential living, wherein the person strives to avoid new experiences and strives to remain what he now is, for ever more.
(iii) The person would find his organism a trustworthy means of arriving at the most satisfying behaviour in each existential situation:

He would do what he felt to be right in this immediate moment, and would find this in general a competent and trust-worthy guide to his behaviour. This implies that the individual would not rely on advice or on a sense of duty as a guide to conduct, but rather on his total and fully experienced self-structure.

Behavioral Indices Of Healthy Personality In Normal Individuals.

From the writings of a number of psychologists and psychiatrists we can present some behavioural indices of healthy personality. The authors in question appear to select some trait as a sort of index of the health of the total personality, that is, if the person has "his trait to the valued extent, he is adjudged healthy".

Wilhelm Reich "Orgastic Potency"

Reich believed the capacity to experience a full sexual climax, or organism, was the most important single sign of personality health. He believed with Freud, that the neurotic individual was one who had been obliged to give up sexual satisfactions because of anxiety and guilt and hence was unable to relax and to experience the full gratification of his sexual needs. One of the many aims of the treatment process was to restore orgastic potency to the neurotic man or woman.

William Blatz "Independent Security"

Blatz is a prominent child psychologist in Canada. He believes that self reliance is the trait which reveals the health or lack of health of a personality. Self-reliance is
manifested by a person who has attained some measure of independent security. By independent security Blatz means, "the State of consciousness which accompanies a willingness to accept the consequences of one's own decisions and actions". He distinguishes between dependent security and independent security. In the former, "an agent (some other person) accepts the responsibility for the consequences of an individual's actions. The individual then feels free to act in accordance with his own desires and wishes because he does not have to accept the consequences of his behaviour. Independent security can be attained only in one way - by the acquisition of skill through learning whenever an individual is presented with a situation for which he is adequately prepared. He must make one of the two choices - he must either retreat or attach. The individual must, if he is to attach, emerge from the state of dependent security and accept the state of insecurity. This attachment will of course result in learning. The individual learns that satisfaction results from overcoming the apprehension and anxiety experienced when insecure, and that he may thus reach a state of independent security through learning. This independent security has been attained in various realms of life, e.g.: work, interpersonal relationships etc.

Harry Stack Sullivan "Non Parataxic Inter-personal Relation"

Sullivan was a highly influential American psychiatrist. He developed what is called the "interpersonal school" in psychiatry. He believed the proper study of psychiatry was not the person as such, but rather his relationships with other people. A neurotic or psychotic individual was seen as a person who established predominantly "parataxic" relationships with other people that is he behaved towards people "as if" they had traits, feelings or attitudes which in reality they did not possess. Patients seem to assume the people whom they deal with and now have attitudes and opinions once held by people in the past.
Thus it can be concluded that such individuals who suffer from no physical as well as no mental impairment are considered normal people. They are fairly realistic in appraising their reactions and abilities and interpreting what is going on in the world around them. Well adjusted people have some awareness of their motives and feelings although none of us can fully understand our feelings or behaviour. They also appreciate their own self's worth and feel accepted by those around them. They are comfortable with other people and are able to react spontaneously in any social situation. Normal individuals are able to utilize their abilities whether ample or little in productivity. They have enthusiasm for living and do not need to drive themselves to meet the demands of every day life. Therefore the primary consideration is whether or not one can determine a general disposition to behave in a required manner in co-ordination with social and physical environment.

3. PHYSICALLY HANDICAPPED INDIVIDUALS

The word "handicap" according to Younghusband, Davie, Birchall and Pringle (1970) is in common usage but it is often loosely used and in particular is confused with "defect" and "disability". These terms may indicate differences in kind.

A defect is some imperfection, which may be recognised at birth. Others, such as those affecting the sensory organs, must be deliberately looked for. Some, such as those affecting the intellect or personality, can only be recognised through careful follow-up periods of months or years according to Sheridan (1975).

It is a universally recognised fact that the psychological development of a person is often distorted and damaged by his physical disability. In dealing with the physically
disabled persons it is therefore, necessary to distinguish between the limitations imposed by his disability, and the confidence a person has in himself to accomplish certain tasks. For example, a person who has lost both his arms obviously cannot fill a job which requires fine manipulations of the fingers, therefore it is interesting to note the extent of deprivation of physical capabilities in shaping an individual’s personality. This brings out the important distinction between "impairment", "disability" and "handicap" which has been clearly defined by Bowley and Gardner:- (1985)

(i) "An Organic impairment" is a loss of a limb or a damage to the nerve cells or tissues which can usually be quite precisely defined and measured.

(ii) "A disability" is the loss of function due to impairment.

(iii) "Handicap" is a wider concept, defining how the impairment affects the person’s style of life, and involves a number of psychological and social factors.

Orthopaedically Disabled

The relationship of an impaired person to his environment is however, a particularly complex one. The experience of living with a stigma is part of the environmental burden of many impaired people. Further, the impaired person is himself a member of society, learning from childhood the very attitudes that reject him along with his disability. Mary (1971) has studied the patterns of self destruction among the orthopaedically disabled persons and found that the suicide rate was higher in the disabled person than for the general population, and amputees had an even higher rate than those with spinal cord injuries. The study has also shown that amputees were likely to commit suicide soon after the injury while paraplegics were likely to wait five years or more. Franks (1973) studies on amputees in war
casualty have shown that these people evinced conflicts over feelings of loss, guilt, dependency, anger etc.

Stafford (1950) points out that physical defect may influence personality by handicapping or thwarting the individual in the performance of ordinary tasks. Many researchers have attempted to study the disability outcome and self-assessment of the disabled persons and have found the co-relations of psychological and physiological index. They have found the most affective variable to be the severity or the extent of the physical impairment (Susset, Vobecky and Black, 1979). Anxiety affected the disabled more than the normal persons and had a more positive effect on attitudes towards disabled persons (Katharine, Brookfield, 1969). Stafford (1950) has remarked that anxiety may be more intense due to their inability to earn after losing their limb and the disabled people encounter more economic difficulties. Many other investigators have also supported Stafford’s view.

The entire study of the social adjustment and relative achievement of the physically handicapped has been undertaken by the research worker, wherein the atypical sample has been segregated into four groups.

(i) **Environmental Factors**: Under this we classify Cerebral Palsy (C.P) cases, with normal mental faculty, or limb amputated cases which are as a result of any type of accident, or even due to severe burns.

(ii) **Viral Infections**: Polio which is caused as a result of meningitis, or due to high fever in childhood or even due to reactions which are caused because of
administration of certain drugs (medicines). Many a times C.P. is also caused due
to viral infections which affect the spinal cord and its various vertebrae.

(iii) **Genetic Factors**: Under this category those patients are classified who are born
with certain handicap or disability. It may be in the form of absence of a certain part
of the body, lack of which would cause difficulties in normal activities. This type of
handicap may be due to intra-utrinile disturbances that are caused at the time of
conceivement or during any stage of pregnancy. One important factor to be
considered is that no form of mental impairment should be present in the selection of
the sample for this study.

(iv) **Rheumatoids**: This disease is marked by inflammation and pain in the joints by
those adolescents who suffer from rheumatoid arthritis. It is a chronic progressive
disease which results in Multiple Arthritis for the patient.

(A) **Cerebral Palsy**

The popular term for Cerebral Palsy (C.P.) is "Spastic" (as in "The Spastic's
Society") but the spastic type is just one form of C.P., although the predominant one.
However, according to Bill Gillham (1986) the term "Cerebral Palsy," is itself inadequate,
because, apart from having a curiously old-fashioned ring, it covers an enormous range of
conditions, the common factor being some lesion of the brain or abnormality of brain
growth, affecting the motor function. Commonly, this damage occurs perinatally (at the time
of birth), for example due to severe anoxia at birth. But the damage can occur prenatally
or during the first two or three years of life. C.P. can also result due to the compression of
fracture of the vertebrae of the spinal cord due to accidents.
The most common form of C.P. is hemiplegia where only one side of the body is affected. We are most familiar with this in those who have suffered from a stroke. Hemiplegia can also occur when an individual has suffered from a certain type of spine injury during an accident. Even if the cerebrum is undamaged, some of the most serious conditions, example ataxia, can arise from damage to the cerebellum which has a kind of exchange - control function in the central nervous system, that is, it directs where ‘Messages’ are sent in the brain.

Diplegia is an impairment of function of all four limbs but primarily both the legs. While in quadriplegia (sometimes called diplegia when the legs are more affected than arms) all four limbs are spastic. In paraplegia the legs only are affected and usually it is considered as a result of spinal lesion. (Bowley and Gardner, 1985). Therefore Gillham (1986) has pointed out that because diplegia is the outcome of more extensive damage than hemiplegia, there is a much stronger link with abnormalities of pregnancy and birth-especially prematurity.

C.P. is often of a mixed type, although with one type predominant. But C.P., especially if it is severe is normally associated with other significant handicaps. Gillham, through various studies has found, that quite small impairments here can disrupt the fine coordinations involved. Thus it is not surprising that around half of the individuals with C.P. have no speech or a significant speech defect, perhaps 20% have a significant visual defect, and approximately the same proportion has a significant hearing loss. Estimates of epilepsy vary, partly according to diagnostic category, but it probably occurs in at least 25% of the cases.
Another pivotal factor is abnormalities in chromosomes which results in C.P. Usually this form of hereditary factor is very rare and it may be due to a few 'predisposing' factors (such as a biochemical abnormality harmless in itself but becoming important if other difficulties occur during pregnancy, affecting the blood supply to the foetus). Thus C.P. may also be categorized under the head of Genetic factors in certain cases - (Bowley and Gardiner, 1985)

C.P., whether it is acquired, that is due to accident, or due to infection of the spinal tissues or as a genetic cause, must be remembered that the intellectual development of these types is usually quite perfect. It is easy to underestimate the ability of a child with a little speech and a conspicuous physical disability, but the assumption that in C.P. a normal intelligence is trapped inside a defective body is certainly a myth. The degree of mental handicap according to Gillham B. (1986) varies with the severity of the C.P. Spastic hemiplegia has a lesser implication for impaired general intellectual functioning, and on an average, although specific learning disabilities, e.g. with reading are common, this is probably related to the site of the damage in which hemisphere it occurs. In cases of spastic diplegia, and especially spastic quadriplegia, mental retardation is both more common and typically more severe. However, it must be repeated, superior intelligence can be found in a child with a severe form of spastic diplegia.

Behavior Affected Due To Cerebral Palsy (The Possible Effects)

Just because C.P. is a conspicuous physical handicap, it is easy to think of it as a physical, almost kinesthetic problem. Usually this is realized not only by the parents and the family members but also the individual that is, the child who is a victim to this disease. This
physical handicap then is treated by the parent and the child not just as a kinesthetic problem but also as a psychological or as a behavioural problem. It is this which negatively affects the behavioural pattern which at times dements the entire personality structure.

 Mostly any difficulty that arises lies in the parental handling of the child and the problems he presents. Confident handling by the parents communicates itself to the child as it does in all parent child relationships. It so happens that parents of such individuals are less likely to be confident that they are doing the right thing, or may be anxious that they are being too hard on the child and so on. Cerebral Palsied individuals are on the whole quite perceptive and are capable enough to realize the predicament of their elders and quickly learn to 'manage' their parents in this way, and they are more likely to give in to their handicapped child, precisely because he is handicapped. As a result they grow into demanding adolescents as they have realized from previous experiences that they can play upon the sympathy shown by their elders.

 Another obstacle which the individual suffering from cerebral palsy have to face is with regards to performance of any type of physical activities that is, whether pertaining to every day life or something more specified in nature. The presence of a handicap means that a greater portion of the early activities of a child are likely to be regarded as "unsuccessful". The standards of performance expected of a child at a certain age is usually related to the parental expectations. These are gradually "internalized" without one being aware of, so that as the child reaches adolescence,he develops a set of expectations about his own performance that more or less corresponds to those of the parents. Man being a social animal, whether normal or handicapped, wishes to be a part of a society. Therefore the handicapped
individual is as likely as a normal person to make comparisons between his performance and that of other individuals of similar age group. In the present competitive set-up where the person is judged on the basis of his effective functioning as an able-bodied and able-minded person, and success is attributed accordingly, the handicapped person on the other hand has to many a times face frustrating situations. This too can prove to be detrimental to one's self concept and also the ego of the individual is involved many a times.

(B) Rheumatoids

Arthritis and rheumatism are among the most common afflictions of mankind and it is considered that few people escape a rheumatic condition in their lives. However most of the conditions are treatable. When diseases such as rheumatoid arthritis and ankylosing spondylitis affect children, according to Curry H.L.F. (1988) the manifestations differ from those in the adult. It is not known to what extent childhood arthropathies are the equivalent of adult conditions. What is clear is that grouping together all childhood arthropathies as "Stills Disease" OR "Juvenile Rheumatoid Arthritis" is an over simplification. A number of different conditions are involved. At present these are most usefully classified according to the pattern of clinical presentation. Collectively these are called "Juvenile Chronic Arthritis, defined as "Arthritis starting below the age of 16 years and affecting four or more joints for at least three months or fewer joints for this period with biopsy confirmation, other diseases being excluded."

Clarke A.K. (1986) has done a detailed study on this subject and has laid great emphasis on Polyarthritis. "Polyarthritis is, as its name implies, any condition in which a number of joints are inflamed. By convention the number is in excess of four. The inflamed joints will be painful, stiff, swollen, warm and have reduced function."
Rheumatoid Arthritis is the classical form of Polyarthritis. It is usually described as a disease of young women but can occur at any age from early teenage to extreme old age. Twice as many women as men get the condition but, because it is so common, it still occurs frequently in men. Right from its onset, Polyarthritis affects hands, feet, knees, and the cervical spine. There will be pain, stiffness, swelling and deformity. Often there are growth inequalities of bone including those of the fingers and jaws leading to further deformity. The grossly underdeveloped jaw is a typical finding. The over all prognosis is good, but patients will carry deformities through into later life.

Clinical Types (Curry H.L.F. 1988)

(i) Polyarticular, rheumatoid factor negative.

This pattern affects particularly younger girls. They may exhibit systematic features, like high, swinging fever worse in the evenings and associated with a fleeting muscular rash. Other features also include lymphadenopathy, hepatosplenomegaly, pericarditis and pleurisy. But all these are in milder forms and only 10% to 15% go on to develop serious joint damage.

(ii) Polyarticular, rheumatoid factor positive

Affecting older girls, this type often evolves into typical adult rheumatoid arthritis. Progressive joint damage may occur and subcutaneous nodules are not uncommon. Anti-nuclear antibodies (A.N.A) is positive in 75%.

(iii) Panci-articular arthritis.

There are two sub-groups amongst the children in whom only a few joints (five or less) are involved.
(a) The first affects mainly girls under the age of five. Extra/articular manifestations are mild, apart from chronic iridocyclitis which affects about 50% - particularly those with positive A.N.A. tests.

(b) The second type involves older boys (between 12 - 15 years). They present with arthritis of one or a few, usually larger lower limb joints. Later the individual develops spondylitis and sacriolitis and evolves into the picture of adult ankylosing spondylitis. Tests for A.N.A and rheumatoid factors are negative.

Spinal Pain

Most people experience low back pain or neckache at some time in their lives and such symptoms could well be considered part of the human condition. Low back pain accounts for restricted body movements. Occasionally, spinal pain is caused by serious underlying diseases.

Gibson, T. (1986) has done a detailed study and he considers Cervical Spondylosis as a clinical syndrome of chronic or intermittent neck pain, sometimes beginning suddenly but more often insidiously, with referral into the arm, shoulder, occipital or frontal areas. There may be intermittent sensory disturbance or weakness of a hand or arm, dizziness on head rotation and sleep disturbance. Weakness of the legs or bladder disturbances suggest cervical cord compression.

Neck pain is invariably associated with restricted head rotation. Gerenan D.M. (1984) has further highlighted that there may be marked muscle spasm with tilting or rotation
of the head (torticollis), tenderness of the cervical vertebrae and of the attached muscles. Where cervical nerve roots have been compressed by disc protrusion or osteophytes, neurological signs will be apparent. Cervical Spondylosis may occasionally be associated with nystagmus and other abnormal cerebral signs due to obstruction of vertebral artery blood flow by osteophytes.

Behavior Affected Due To Rheumatism (The Possible Effects). OR Effect Of The Psyche On Rheumatism.

Golding Douglas N. (1981) has laid great emphasis on the psychological factors as they affect rheumatism and arthritis. This reflects their existence and their severity in relation to existing organic disease.

While 'pure' psychogenic rheumatism - that is rheumatic pain entirely due to psychological disturbances - is uncommon though occasional cases do appear, the modification of organic rheumatic disease including arthritis, by mental reactions is extremely common. Such psychological disturbances, often inaccurately called "overlay", fall into three categories: anxiety reactions, depressive states, and hysterical - conversion reactions (including malingering and compensation neurosis, often known as 'swinging the lead'). It is very important to assess the degree of psychological overlay in relation to the magnitude of the physical abnormalities, treatment and prognosis being greatly dependent on this.

Assessment of The "Psychological Overlay"

Psychiatrists dislike the term "Psychological overlay" as this is never a satisfactory way of describing mental disorder. Nevertheless, it is a useful umbrella term to include all
the various types of psychological abnormalities in relation to their importance in a given case. The degree of "Psychological overlay" is often readily assessed by the experienced physician by observing certain features. Simultaneously the physician also tries to recognise the category of mental set up, usually anxiety, depression, a combination of anxiety and depression or a hysterical conversion reaction.

REACTIONS

Anxiety

Anxiety reactions are usually easily recognised. A common example is where the pain of cervical spondylosis is aggravated by marked spasm of the neck muscles. According to Sarnoff I. and Zimbardo P.G. (1961) the motive of fear (which Freud called objective anxiety) is aroused whenever persons are confronted by an external object or event that is inherently dangerous and likely to produce pain. If the cause of the anxiety, cannot be readily removed, it can alleviate the rheumatic pain to such an extent that it would affect ones simple activities which in a normal state would be easily handled.

Depressive Reactions

Depression can vary from mild, reactive states to severe depressive illness (either unipolar or part of manic-depressive psychosis). It is important to realize that parents with chronic rheumatoid arthritis often appear to become worse as a result of depression, with arthritis sometimes becoming deceptively 'active'.

Hysterical - Conversion Reactions

Classical hysterical-conversion reactions such as hemi/anaesthesia, 'clavus' headache (piercing like nail) or hysterical paralysis of one or more limbs and less commonly seen, but
mild conversion reactions in the form of malingering are of course common in practice. Here the salient feature is the presence of physical signs considerably out of proportion to the symptoms.

"Pure Psychogenic Rheumatism"

As mentioned above this is much less common; every now and then a true example turns up. Certain criteria should be satisfied in order to make this diagnosis:

(i) The symptoms are atypical or florid.

(ii) Organic disease is excluded (or is judged to be minimal in relation to the psychological upset)

(iii) There are clear cut features of anxiety, depression or hysteria.

(iv) There is a very adequate response to psychotropic drugs or other appropriate psychiatric treatment.

Purely psychogenic rheumatism is often rewarding to diagnosis and treatment. For example, backache associated with depressive illness may respond to a few weeks treatment with an antidepressant drug. Unless the psychogenic origin of the pain is recognised the patient may be subjected to weeks of completely useless and time-wasting physiotherapy, admission to hospital or even surgery. Orthopaedic surgeons are aware of this and are often reluctant to operate whenever there is a strong psychological history, even where surgery would otherwise be indicated.
(C) Poliomyelitis

Poliomyelitis is a virus infection of nerve cells in the anterior grey matter of the spinal cord, leading in many cases to temporary or permanent paralysis of the muscles that they activate. It is caused by infection with an ultra-microscopic filterable virus, of which at least three types have been identified (Crawford A.G. (1976).

Acute Anterior Poliomyelitis

Acute anterior poliomyelitis is an infectious disease caused by one of a number of viruses. The most serious and until recently the commonest form of the disease, is caused by one of three types of poliovirus with a specific affinity for nervous tissue and, in particular, for the large motor neurons of the anterior horn of the spinal cord and brain stem.

According to Sharrard (1971) Poliomyelitis is primarily an intestinal infection, the virus being first established in the wall of the alimentary tract and its associated lymph nodes. Virus multiplication occurs in these sites from which the virus is disseminated throughout the body. In all but a few patients, the disease occurs only as a minor illness with sore throat, gastro-intestinal upset or transient fever. In susceptible individuals, probably not more than one in five hundred, the central nervous system is invaded with production of an acute and widespread central nervous infection. Motor neuron cells of the anterior horns of the spinal cord and the brain stem are either destroyed or rendered temporarily functionless, with the production of flaccid paralysis of the muscles supplied by affected cells. Within 48 hours of being attacked, some nerve cells are totally destroyed and are never replaced.
Shands, Raney and Brashear (1971) have stated that this disease occurs not only in infants and children but also in young adults. Many cases occur in midsummer and early fall. The alimentary tract, particularly in the upper portion, the mouth, pharynx and oesophagus are considered to be the chief pathways for entry of the virus and spread of disease. Although sporadic cases of paralysis in infancy due to poliomyelitis have probably been present since ancient times, it was not until the latter half of the nineteenth century that the epidemics of this disease were recorded. By the middle of the 20th century, world-wide epidemics were occurring that stimulated intensive research and ultimately the development of vaccination by killed or attenuated viruses. Acute anterior poliomyelitis due to poliovirus have now become a rarity in countries where vaccination is being practised and continued. It still occurs in epidemic form but more usually in sporadic form in all parts of the world.

The Relationship Of Neuronal Lesions To Paralysis

The severity of paralysis following an attack of acute anterior poliomyelitis shows extreme variation. At one end of the scale the patient may show paralysis of only one or two muscles but at the other, there may be almost total paralysis of all four limbs and trunk. The distribution of paralysis shows, at first sight no logical distribution. It is not related to nerve root or peripheral nerve distribution and the loss of power in any muscle may be of any degree from slight paresis to complete paralysis. In terms of segmental innervation the second and third lumbar and the fifth and sixth cervical cord segments show the greatest evidence of affection (Sharrard 1955a.). The lower limbs are involved twice as frequently as the upper limbs and certain muscles, particularly the quadriceps, hip abductors and medical hamstring muscles in the lower limbs and the deltoid, triceps, and pectoralis major.
muscles in the upper limbs have the highest incidence of involvement whereas the intrinsic
muscles of the foot and the long digital flexors of the hand have the lowest. In the upper
limbs, the intrinsic muscles of the hand, deltoid and triceps are often completely paralysed.
A muscle that has a high susceptibility to involvement may not necessarily be one which is
likely to be severely paralysed. The quadriceps, for example, have a high incidence of
involvement but a relatively low susceptibility to complete paralysis. An explanation of these
features of paralytic distribution in poliomyelitis has been obtained by qualitative and
quantitative study of the spinal cord in patients in whom the distribution of permanent
paralysis is known. (Sharrard 1955 a)

Clinical Picture

The disease may be abortive (without involvement of the central nervous system), it
may be non-paralytic (without gross evidence of flaccid paralysis), or it may be paralytic
(with varying degrees of muscle weakness or paralysis) Upper spinal involvement is usually
termed bulbar poliomyelitis.

The average incubation period is from 7 to 14 days. After the onset of the disease
there are three distinct stages:

(i) The acute stage which lasts from one to four weeks is characterised by fever,
headache and gastrointestinal symptoms and a few days later by muscle stiffness, pain
and progressive motor paralysis.

(ii) The stage of convalescence and recovery lasts from six months to two years.

(iii) The residual stage, during which little or no spontaneous improvement of the
paralysis occurs.
Behaviour Affected Due to Poliomyelitis - The Possible Effects

In the case of polio patients they have to suffer right from early childhood, as this illness usually strikes in the late infancy or early childhood period. Many a times, though they are able to perform a particular task, are not successful in doing so, because the parents are not at all that encouraging and pay no attention to such a child, when they also have other normal children in their house.

Just as parents are not interested, in the same manner there are parents who are over protective in their behaviour. In such a family set-up the individual never tries to take any initiative and hence is absolutely dependent on his elders. This sort of an individual can be very demanding and thrives on continuous attention.

In both the cases, that is, where the parents are disinterested or where the parents are over protective, the individual suffers from high anxiety. When an individual is neglected, they feel that they are not wanted by other family members and are highly sensitive to such a situation. As such individuals are not appreciated they do not realize their potential nor their own worth, even when they know their own worth since there is no one to appreciate them, they tend to give up at this a stage, and as a result, depression and anxiety tends to set in. They tend to take up a negative approach to life. Those individuals who are over protected also tend to suffer from anxiety when their elders or peers are for some reason or another, not able to give them their attention. They have become over-dependent and this too causes a hindrance when they are sometimes left to their own devices and tend to throw temper-tantrums.
The handicapped person lives in two psychological worlds. Like everyone else he lives in a world of the non-disabled majority. He also lives in a secluded psychological world that his disability creates for him. It is this conflicting situation which the poliomyelitis patient faces in his every day life, that colours his behaviour and in the process his outlook towards life in general.

Many activities are common to both worlds, but some activities are engaged in by disabled persons whereas other activities are open to the physically normal. It is this sort of group segregation that can be considered as a prime cause to the occurrence of inferiority complex. In normal daily life polio patients are not usually considered able individuals. With a slight physical handicap these patients should be treated like normals but are unfortunately considered a foundation for some type of mental dementia and therefore treated accordingly. This causes insecurity in the afflicted person who has to face a lot of conflicts in life which gives rise to anxiety.

After segregating the various types of orthopaedic handicap under various titles one thing has been made clear that, "A handicapped individual may be defined as one who suffers from any continuing disability of body, intellect or personality, which is likely to interfere with his normal growth and development or his capacity to learn. His disability may be the result of unfavourable factors in his heredity or of disadvantageous environmental circumstances in prenatal, perinatal, or postnatal life."

Psychologically, a physical handicap may be a challenge. For the child whose disability is congenital or arises very early in life these compensations may come easily,
almost automatically, as he learns the only way of life open to him, though he will need
skilled help if he is to develop them to the full. As pointed out by Carver and Rodda
(1978) if the disability is acquired later, the situation is different. Its immediate effect is to
impede or destroy a way of life already learned, often so suddenly or severely, that the very
idea of there being compensations is inconceivable. The later in life that the disability is
acquired, the more this is true, but given skilled management during the stage of despair and
bewilderment which succeeds the onset of disability and the right sort of training and support
afterwards, the end-result, though it may take longer to reach, can be equally satisfactory.
Shearer Ann (1981) in her study has stated that every handicapped person has to find his
own personal way of living with people. His inborn traits of character, the personality which
he has developed, and the nature and degree of his disability must all be taken into
consideration.

4. ANXIETY

Anxiety is a vague but enduring fear. Among normal people some are more anxious
than others. Some anxiety is natural, rational and useful in leading a person to deal
constructively with the causes of his fears. Some persons however, become extremely
anxious in situations in which there is apparently no cause of anxiety. They may admit that
they see no reason for it - yet the anxiety persists. Noyes and Kolb (1961) have described
anxiety as a painful uneasiness of mind, a state of heightened tension accompanied by an
inexpressible dread, a feeling of apprehensive expectation. It may arise under any situation
that constitutes a threat to the personality. The emergence of repressed material is
particularly apt to be anxiety-producing. Page J.D. (1974) has considered anxiety reaction
to be is the most common form of psychoneurosis occurring among individuals possessing
above average intelligence. Ross has defined it as, "a series of symptoms, which arise from faulty adaptations to the stresses and strains of life. It is caused by overaction in an attempt to meet these difficulties."

Anxiety is an emotional state comprising many different aspects and manifestations. It is one of the most common of the emotional upheavals. The individual tends to aspire to a level of development which is the highest he can attain, at the same time seeking to defend the particular level he achieved against threat, because any lowering of this level constitutes a vital injury to his inner self, his ego. This concept can be confirmed by Sims Andrew's (1983) statement, that anxiety may be expected to arise whenever the individual feels threatened not only by actual danger, but by a situation which threatens his personality integration as a whole. Snow L.H. (1972) has highlighted that the individual who is experiencing the severe threat of the emergence of one or another of his impulses against which his ego, has as yet, established no adequate defense, the subjective sensation is one of impending doom. Frequently the patient will state, "something terrible is going to happen", although he will not be able to imagine what that something might be.

The Role Of Ego V/s Over Anxious Reaction

An individual must experience some frustration, in order to learn to face reality. To face reality successfully, one must have developed a strong inner self, the ego. Hence the ego is born and developed out of the pain of frustration. Anxiety results when the gratification of an urge or desire is consistently frustrated by reality. The degree of anxiety will vary from imperceptible faintness, when the ego is in the process of coping successfully with reality, that is, removing frustrating obstacles to instinct gratification, to heightened tension,
when the ego is failing and frustration persists. Anxiety accompanies intellectual activity and curiosity as its clinging shadow. But according to Sharp and Lewis (1979) at the same time as the anxiety arises, performance declines, confidence is eroded and ability undermined. Anxiety can strike anybody at almost any time, it is no respector of age, education, social class, intelligence or ability.

Individuals who are constantly beset by pervading anxiety are characteristically tense, timid, apprehensive, sensitive to the opinions of others, easily embarrassed and tend to worry. (Noyes and Kolb 1961). Many persons with such a constant sense of anxiety are self-distant, given to inferiority feelings, experience difficulty in making decisions and are afraid of making mistakes. Usually they are scrupulous over-conscientious, and ambitious and feel that they must live upto self-imposed high standards. If this type of anxiety crosses a certain limit, then this highly pervading anxiety can be attributed to faulty ego development, which enables a person to create a proper balance in accepting ones positive points and also at the same time realizing and accepting ones limitations.

Anxiety Neurosis:

When the anxiety is extremely disproportionate to the objective threat then the anxiety is referred as neurotic anxiety.

The hallmark of a neurosis is the existence of the anxiety. Klien D.B. (1951) has noted the desirability of differentiating neurotic anxiety from the reactive kind. The latter term refers to "normal" anxiety, or apprehensiveness as a reaction to the situation of stress. For a parent to be anxious about the safety of their son on a dangerous submarine mission
in a heavily mined harbour does not mean that such a parent is neurotic. It may be descriptively accurate to say that such a parent’s anxiety is congruent with the total situation of danger. In the case of neurotic anxiety, however, there is a lack of congruity between the emotional experience and its seeming causes. Sometimes there may even be a condition in which the patient experiences extreme anxiety, without being able to specify what he is anxious about. In the technical language given by Klien D.B (1951) the anxiety is said to be unbound and free-floating.

It is important to realise that both freefloating and unbound anxiety always signify disruption of emotional security. This loss of security means that the neurotic reacts to his anxiety as a warning of danger. For him, it is a signal of personal disaster in the offing. Therefore freefloating anxiety lies in wait for some event to attach itself to a child’s serious illness, death in the family, the loss of a large sum of money, the loss of an important position, etc. The neurotic will frequently say, “I have a feeling that something terrible is going to happen. I can feel it in my bones.” If nothing bad actually does happen, the feeling supposedly of impending danger is forgotten. The anxiety floats away as freely as it came, to return as soon as it is off guard. Then he will wait for something bad to happen, to justify that curious pervading heaviness which resembles normal fear, but which is otherwise, without cause or justification.

Displacement Of Neurotic Anxiety:

Emotional responses tend to generalise. That is, a response made to one stimulus, tends to be made to other stimuli that are similar. Displacement is essentially the same process: anxiety in one situation is displaced with other situations. This happens commonly
in two ways. The psychological symptoms of anxiety cause further anxiety, or a chance stimulus becomes an excitant to further anxiety.

Anxiety And Interpersonal Relationships In Andolescence:

Jersild Arthur T. (1963) has described anxiety as resulting from an "inner-conflict". A conflict of this sort, residing within the person himself, is referred to as "intra psyche"-within the psyche of a particular individual. But the conflicts which underlie anxiety arise in a social context, and are both intrapsychic and interpersonal.

To realise his potentialities it is essential for an adolescent to maintain his integrity as an autonomous, self-directing individual, but it is also essential for him to develop his resources as a social being. He has attributes which can be expressed only through his relationships and he has needs which can be fulfilled only through interpersonal association with others. Prior to adolescence, according to Sullivan a young person has gone through a vast number of experiences that influence his "self-system" - what is incorporated within it and what is excluded from it by "selective attention", "dissociation", and other means. The self system a young person already has established, includes attitudes towards self and towards others which influence his reaction to people and events during adolescence. But in the process of maturation, during pre-adolescent and adolescent years, if certain developments occur then it can add a deeper dimension to the young person’s inter-personal relationships and also result in new occasions for insecurity and anxiety.

According to Kierkegaard, a unique attribute of man is his awareness of possibility. His awareness of possibility includes, and is intimately interrelated with, awareness of
freedom: freedom to seize what is possible or to reject or evade it, freedom to choose one
alternative rather than another. Without freedom there would be no inner conflict, but where
there is freedom - awareness of possibility - anxiety is inevitable. He also describes anxiety
as a painful experience and describes how a person can learn from it or try in vain, to escape
from it.

5. CONFLICT

One of the most important psychogenic factors in the production of mental disorder
is the problem of reconciling discordant desires and conflicting psychological needs, and of
dealing with incompatible response tendencies. Conflicts are important sources of stress and
frequently lead to such tension and inner turmoil, that the individual's adjustive capacities
are over-taxed. Adjustive difficulties are particularly common in the handling of conflicts
centering around dependence and independence, sex and hostility.

The concept of emotion is originally biological. If human beings cannot satisfy their
emotional needs, they are suffering from mental conflict. Conflict is based on emotional
disturbances. Noyes and Kolb (1961) have stated that there is as yet no proof, as to whether
underlying physiological disturbances exist in all cases of mental disorder, or whether some
types arise in their absence. In certain types, such as general paralysis, organic factors
clearly exist and explain the signs of dementia that are found in that disease. Probably most
psychiatrists would agree that the individual patient's disturbances of mood and behaviour,
are frequently more conspicuous in the early stages of the disease than is in any
accompanying dementia, which are determined by the patients particular psychological
problems and stresses and by the patterns of reaction that have long characterized his
personality.
According to Coleman (1956) conflict means, "stress characterized by incompatible desires, needs or environmental demands". Conflicts can arise because two internal needs are in the opposition, or because two external pressures may clash. Finally, there exists conflicts between internal needs and external demands. It is this type of conflict that occurs most often in the social development of an individual. Conflict presents special problems of adjustment, and higher the conflict, lesser the adjustment.

Mental Conflicts V/s Personality Development.

Conflicts may be of the greatest variety but tend to be between the ideals of the individual; his socially conditioned disposition is to comply with the customs and standards of society on the one hand, and socially unacceptable impulses, motives, wishes and strivings on the other. Frequently the conflict is between instinctual drives on the one hand, and socialized and religious values on the other. Instinctual urges may be beyond the capacity of the ego to handle at one time. Unrecognized motivations, repressed hostilities and resentments, aggressive tendencies, disturbing memories, sensitive scares, and other results of unresolved childhood anxieties may continue to persist beneath conscious awareness. These types of anxieties which are as a result of persistent conflicts, are unknowingly interwoven in the fabric of our personality and cause detrimental effects in its overall development.

Particularly important are persistent emotional conflicts that arise during early stages of personality development. Psychologists have found, that the conflicting and discordant components of a personality, the many people that make-up a person, engender anxious tensions for the relief of which the individual may employ various neurotic devices. Conflicts
at a deeper level may appear on the surface in the form of far removed symptoms. For example an unwillingness to accept a feeling of hostility towards a parent may cause the patient to focus his attention upon a local manifestation, such as difficulty in swallowing. Sometimes an apparently insignificant experience may set off a chain reaction of deeper emotional conflicts within the individual, with conflicts spreading from one situation to another. Whatever the cause of the inner disharmony the mind has not been at peace with itself. Caught in a tangle of attitudes the unification of the personality has been disturbed.

Beck and Emery (1985) have justified this concept that unless opposing impulses are blended, the individual is constantly prompted by contradictory drives and disconcerted by the tensions of his emotional dilemmas. Faced with highly charged emotional issues, he is unable to attain a working harmony in his personality. Since our most important conflicts take place on levels which our conscious self-perceptions cannot reach, we cannot apply reason, reality and common sense, to their solution. If the internal conflict is great, there is relatively little resistance to external stress with the result that an immediate environmental difficulty may appear to have been the basic cause of mental disorder, whereas in reality it was only the releasing agent.

Causes Of Conflicting Motives

Usually a conflicting situation arises between two opposing motives. When two motives conflict, the satisfaction of one leads to the frustration of the other. But according to Hilgard and Atkinson (1975) when one motive is involved, there may be various ways of approaching the goal, and conflict arises when the paths to the goal diverge. Even though the goal will eventually be reached, progress towards it, is disrupted by the necessity of making a choice.
Lewin Kurt (1953) identified three different ways in which motives can come into conflict with one another.

(a) Approach - Avoidance.
(b) Approach - Approach.
(c) Avoidance - Avoidance.

(a) **Approach - Avoidance**: Conflicts are experienced when we are attracted and repelled by the same goal. Most conflicts involve goals that are simultaneously desirable and undesirable - both positive and negative. The attitude toward a goal at once wanted and not wanted, liked and disliked, is called an ambivalent attitude. In other words, sometimes the individual desires to approach in one way, but to do that, he has to face an unpleasant situation and thus desires to avoid it. For example, the child wants to be a good public speaker but suffers from stage fright.

(b) **Approach - Approach**: This type of conflict is one in which the two motives that are simultaneously aroused have goals in the opposite direction. The individual is attracted to both goals simultaneously. For example, to go to the movie and study for the examination the next day.

(c) **Avoidance - Avoidance**: In certain situations one hears the call of duty from opposite directions, but both are equally disliked by him. Under such circumstances there is an avoid-avoid conflict also called double avoidance conflict. For example, circumstances make us live away from home but we don't want to live in the boarding school or with grand-parents.
The effect of stress arising from conflict may be temporary or severe depending upon the individual and how he or she accepts it.

The Importance Of Conflict:

According to Lazarus (1961) conflict produces emotional dilemmas in the individual to which he must learn to respond. Emotional conflicts are at the basis of the development of neurotic manifestation. Conflicts are particularly apt to occur in certain training situations which are universal in childhood, the response to which can become an established way of dealing with problems. Throughout life strong conflicts, can also arise when a primary and a secondary or learned drive are opposed.

6. NEUROTICISM

This study deals with a group of psychiatric illness commonly described as neurosis (some times referred to as psycho-neurosis). According to Henderson and Gillespie (1962), "The term neurosis, has from the stand-point of classification, two connotations, while its meaning is purely descriptive. It is a term referring to conditions characterised by certain mental and physical symptoms and signs". They go to say that the other connotation, from a medical stand-point is more fundamental.

Neurosis or psycho neurosis as it was once called, is a general term applying not only to specific psychology and neurotic symptoms, such as anxiety, hysteria, and obsessive-compulsive neurosis, but also to constitutional psychopathy, impulsive neurosis and a few perversions. These are some of the definitions of wellknown psychologists as quoted by Nice & Podolsky (1959). Freud felt that in neurosis there was a basic conflict between Id and
Super ego with ego as the battle ground. The outstanding difference between the neurosis and the psychosis is that in the former only a small part of the total personality is involved while in the latter, the entire personality is involved.

Karen Horney suggests that in our culture the expression of hostility is of basic importance in personality integration, and that when it is adequately expressed neurotic conflict results. Harry S. Sullivan emphasizes the importance of the establishment of self-esteem, if neurotic conflict is to be avoided. Recently, W.V. Silverberg stressed the importance of both "inner" and "external" sources in the development of self-esteem as well as the effective expression of hostile attitudes. When these are thwarted in their expression neurotic behavior results.

According to present knowledge the presence of neurosis as defined by Nice and Podolsky (1959) is as follows:

(i) A higher degree of repetitiveness which is irrational in nature.
(ii) Lack of insight into the cause of behaviour.
(iii) Conflicting drives which contribute to anxiety, self-disapproval and tension.
(iv) Impairment and reduced effectiveness in some physical functions.

The minor symptoms of these conditions are thought of as neurotic trends and are often considered forerunners to possible neurotic behaviour patterns. Some text writers feel that all people have neurotic trends. However, this concept does not explain the condition, does little to differentiate between real neurotic patients and the neurotic who has not been hospitalized.
The Learning Of Neurosis:

The neurosis according to Henry Clay Smith (1961) is an unsuccessful "solution" to a painful problem situation. The more painful and unsolvable the problem, the more likely that the solution will be a neurotic one. The heavy weight of clinical opinion and some objective evidence points to a child's early relations with his parents as the most common source of such problems. Excessively critical, dominating and rejecting parents present their children with painful problems which they feel incapable of solving. Under such circumstances, the susceptible child who is hemmed in by social barriers and a high personal standard becomes seriously emotionally disturbed and loses sense of social security. As such a child grows, he tends to generalize these feelings to other human relations, he learns to see the world as harsh and hostile and himself incapable of dealing with it. He becomes in other words, a highly anxious adult. The neurotic person's phobias, compulsions, or hysterical symptoms are either evidence of his neurosis or a way he has learned of dealing with it.

Gillis Lynn (1988) states that neurosis arises from a combination of circumstances. It is rooted in the past experiences that have formed the person, stimulated by something that is happening in the present (such as a conflict or situation where no acceptable solution exists) and projected into the future, that is, fears of what may happen.

It is largely a matter of degree because some of the most sensitive and creative men and women throughout the ages such as Florence Nightingale, Charles Darwin and Richard Wagner have suffered from such torments. Related to these neurotic mechanisms are bodily (psychophysiological) disorders such as nervous dyspepsia, tension headaches, unearned feelings of fatigue, and various aches and pains which leads the person to think he is
physically ill. The symptoms speak, as it were, for a breakdown in coping capacity in the same way as neurotic symptoms.

The Neurotic Nucleus As Given By Coleman (1956)

The essential sequence in the development of the psychoneurotic disorder is typical:

(a) Faulty personality development - immaturities, distortions - resulting in specific weaknesses in personality structure.

(b) Evaluation of certain, common life stress as terribly dangerous and threatening.

(c) Arousal of severe anxiety.

(d) Development of neurotic defensive patterns to cope with the threats and anxiety; and finally

(e) Vicious circles with lowered efficiency and a myriad of secondary symptoms such as chronic fatigue and dissatisfaction.

The same sequence is found whether the life stresses come from outside, like a failure in some task, or from within, perhaps from repressed hostility or sexual desires. The key factor in either case is the intolerable anxiety aroused when vulnerable aspects of personality are placed under stress and the basic adequacy and the worth of self are threatened. Although their specific symptoms vary widely neurotics have a number of personality characteristics in common, stemming from immaturities, weaknesses and faulty evaluations of themselves and their problems.

A person suffering from neurosis is often extremely tense and feels very unhappy. Still compared to psychosis, neurosis is a minor personality disorder. Unlike the psychotic,
the neurotic is generally able to adjust fairly well to normal life, does not require hospitalization, is able to establish some rapport with those around him, and in the process partly fulfills his social requirements. Many, psychotics (those who are alcoholic or senile) suffer from some brain impairment whereas neurotics do not. Neurosis, then is not so much a specific mental disease, as a certain amount of mal-adjustment less severe than in psychosis, but more severe than in a normal personality.

Neuroticism particularly in the present study has been defined as a constant level of conflict existing in an individual in more than one area of life and which is measured in the projective technique.

7. POSITIVE PERSONALITY

By adjustment one does not necessarily mean accommodating to the environment in all ways or to conform to its demands, when an individual brings a change in the environmental situation as a result of his activities, it can be called an effective adjustment behavior which is the positive part of a personality aspect. This results into a betterment of the environmental situation resulting in creativity, individuality and fulfillment of ones potential.

Mature people who are well adjusted within themselves can live happily with others and work easily with them. They are capable of becoming true friends and marriage partners, that is, dependable and have a keen sense of responsibility. Usually persons with a positive personality have an objective outlook, are self-confident, have a good sense of humour and are of a kind nature. These are the aspects on which the normal individual and
the normal individual with a positive personality differ. This goes to prove that not all normals are positive, but still they are in co-ordination with one another.

The actual concept of positive personality has been given by Maslow when he described the need of self-actualization (Wolman B, 1965) in the human being. According to him, the person who is self-actualized is independent, self-reliant, confident and trying to progress forward for his own betterment. He does not consider physical difficulties, social difficulties or any other limitations as important because most of his activities are based on his own self-confidence. He is progressive and at any time in life wants to go ahead, wants to be better than he is. This is the positive personality in the present research.

Symbolic And Social Aspects of Human Nature.

One way to meet this challenge is by frankly postulating a basic principle of value. According to Gorlow L. and Katkovsky W. (1968) the fundamental contention advanced here is that behavior is positive or integrative to the extent that it reflects the unique attributes of the human animal. There are undoubtedly other ways of approaching a fruitful concept of normality. It seems clear, however, that man, while certainly an animal, and his normality or integration seems much more likely to consist in the fulfillment of his unique potentialities than in development of those he shares with infra-human organism.

Foremost among these uniquely human potentialities, is the enormous capacity for symbolization. What is most characteristic of men is their pervasive employment of propositional language. While other organisms, especially dogs and the higher apes, react to symbols, their faculty for doing so indicates only an ability of responding to mediate or
representative as well as direct stimuli. Man on the other hand, uses symbols designatively, as a vehicle for recollecting past events, for dealing with things which are not physically present and for projecting experience into the future. It means the ability to deal with things that are only imagined or which are not part of the immediate, concrete situation.

In the first place, it would seem that as the symbolic capacity that endows man with foresight develops in an individual, there is a consistent increase in his ability to control his own behavior by anticipating its probable long range consequences. The normal person is, first of all, one who has learned that in many situations his greatest satisfaction is gained by foregoing the immediate opportunities of comfort and pleasure in the interest of more remote rewards. Positive personality aspects results in a large part from the acquired ability to subject impulses to control the symbolic cues one presents to oneself in the course of estimating the consequences of ones own behaviour.

A Model Of Integrative Adjustment

The integratively adjusted person either conforms to the standards of his group because their acceptance leads to the most rewarding long-range consequences for him or he rebels against authority, whether of persons or of law or custom, on considered grounds. But if personal responsibility and self control through foresight can be derived as aspects of integrative adjustment from man’s symbolic capacity, another characteristic of inter-personal responsibility can be deduced from his social nature. If interdependency is an essential part of human social life, then the normal person becomes one who can act dependably in relation to others and at the same time acknowledge his needs for others.
The acknowledgement of one's needs for others implies a learned capacity for forming and maintaining intimate inter-personal relationships. Erikson E.H. (1950) refers to this aspect of the normal positive personality as the attitude of "basic trust", and it is not far from what can be meaningfully styled in plain language as the ability to love. There is still another inter-personal attitude relevant to a positive conception of adjustment that is somewhat different from that bound up with relationships of an intimate and personal kind. There is a sense in which each individual, even if he regards himself as unfortunate and unhappy, owes his essential humanity to the group which enabled him to survive his helpless infancy. A kind of obligation is therefore created for the person to be an asset rather than a burden to society.

Finally, man's ability to assume an attitude towards the "merely possible" suggests that the normal person has ideals and standards that he tries to live up to even though they often exceed his grasp. For an integrative adjustment does not consist in the attainment of perfection but in striving to act in accordance with the best principles of conduct that one can conceive. This model of integrative adjustment as characterized by self-control, personal responsibility, democratic social interest and ideals must be regarded only in the most tentative fashion. Nevertheless it does seem to take into account some realistic considerations. It avoids the impossible conception of the normal person as one who is always happy, free from conflict and without problems. A person who is congruent to the model is likely to be one who enjoys a relatively consistent and high degree of self-respect and who elicits a predominantly positive and warm reaction from others.

Positive personality has little connection with physiological abilities or disabilities. If the person is positive, he can progress even when he is physically handicapped. The
example of Helen Keller is world known. In the present study the research worker wants to find out whether the positive aspect in personality is the same in the group of physically handicapped and normal adolescents.

8. INTELLIGENCE

According to certain psychologists, intelligence is obviously akin to intellect. Both terms are derived from the Latin word "intelligere" which is composed of "intus" and 'legere' meaning to read within a thing the very reason for its being. Thus the intellect means man's cognitive capacity or power, while intelligence means the actual exercise of the intellect.

The human psychological trait that was first thoroughly studied for heritability was intelligence. Intelligence may be defined as the entire repertoire of intellectual skills - all the things a person has learned and has the present ability to learn (Humphreys, 1971).

Meaning Of The Measurement Of Intelligence

To measure means to describe quantitatively. However, there is a general agreement among psychologists at present concerning the meaning of intelligence. In fact considerable confusion exists concerning the meaning of this word. According to Kelly William A. (1933) intelligence must be defined in terms of essential intellectual activities, particularly comprehension, judgement and reasoning. Since intelligence means the exercise of cognitive capacity, then to measure the intelligence of an individual means to determine quantitatively the extent to which he is able to grasp, to understand, to judge, and to reason realities that fall either directly or indirectly within his environment.
Among the many definitions of intelligence, the following definitions are some which demonstrate the divergence of opinion among psychologists

"The ability to do abstract thinking"- (Terman)
"The power of good responses from the point of view of truth or fact"- (Thorndike)
"The capacity to profit by experience"- (Dearborn)
"A biological mechanism by which the effects of a complexity of stimuli are brought together and given some what unified effect in behaviour"- (Paterson)
"Quickness of learning, quickness of apprehension" - (Freeman).

One of the great difficulties in defining intelligence is the fact that the word has acquired two meanings. Popularly it means keenness or quickness or braininess while psychologically and educationally, it means mental age or brightness. The distinguishing feature of intelligence is the capacity to make use of intellectual capacity to learn. The outcome of learning is knowledge which begins with sensory experiences and implies perceptual ability, reproductive and constructive imagination, attention, abstraction, judgement and ability to learn.

The Constancy Of I.Q.

The usefulness of I.Q. depends to a small extent upon the assumption that it will remain constant or stable through out the process of growth and development under ordinary or typical conditions of home and school life. The constancy of I.Q. means the ratio of Mental Age (M.A) to Chronological Age (C.A) remains approximately the same as the child grows older. If the individuals I.Q. does remain constant or nearly so, that is, if the
fluctuations are relatively small, then the I.Q. possesses a high predictive value as a means of indicating the probable rate of the future mental growth of that person. In the present research study, the research worker has tried to study, that whether due to a certain orthopaedic impediment, can it result in a major devaluation of the I.Q. of such individuals?

I.Q. has been selected as a variable in this study, because the present research worker is dealing with normal school going children. For the present study average I.Q. group based on Desai-Bhatt Intelligence Test with an I.Q. 90 to 109 has been selected as the experimental group. In the same group normals as well as handicapped children are selected. So there is no other I.Q. group. I.Q. is simply selected as a Controlled Variable to make sure that the handicapped and normals originally have the same intellectual capacity.

9. ACHIEVEMENT

In every personality, intelligence is considered to be an important variable. However, it is a very abstract term and requires different types of techniques for the measurement. Therefore psychologists have decided to study intelligence through achievement level of the person. In fact the very test of intelligence was prepared to measure the achievement level of the school children. In this study, therefore, achievement level of the subject has been selected as an important variable.

The word "achievement" is used as a name for "ability to do" or "ability to respond in appropriate ways to stimuli and situations in a given field." As the word "achievement" is commonly used, there is an implication that it represents relatively permanent controls of conduct. (Monroe, De Voss, and Reagan 1930)
Achievement is related to knowledge and skills, a person has acquired in a given area. It can be said that it is also related in a way to an individual's intellectual ability. The psychologist regards intelligence in a manner slightly different from the way the man on the street does. To him intelligence is a quality that is possessed by all men. The all or none notion of intelligence is rejected and the formation of opinions as to which individuals are more intelligent or less intelligent than others is made on the basis of different kinds of evidence. It is here that the achievement level of the individuals is taken into consideration. Whether an individual after acquiring or learning a new skill is able to reproduce it accurately when it is required. Here also the successful endeavours of the individual are highlighted, in the sense that the person has been capable of achieving the given task or goal to its optimum level. Though some examples of social or economic behavior are certainly recognised by the psychologists as behavior that may require a high level of intelligence, they are certainly not the sole criteria for him.

**Academic Achievement**

Individuals highly motivated to achieve in school sometimes put forth extra effort and additional time to gain proficiency in school that may be interpreted as evidence of higher intelligence than that actually possessed by the individuals. Conversely, those who are physically ill, emotionally disturbed and poorly motivated academically perform at such a low level as to cause the teacher to underestimate the level of potential ability of the person. Individuals of ordinary ability maybe so motivated to achieve academically that tensions are produced that interfere with even ordinary school accomplishment. Particularly this is true if the results of not succeeding are painful and the results of success are particularly pleasing (for example:- strong parental or teacher's dissapproval for poor accomplishment and reward.
of extra attention, affection, general praise and favour from adults for successful school work).

Academic achievement in the class-room is not as reliable or valid an indicator of intelligence as it is usually considered to be, because of the complexity of forces operative on the student both in the class room and out.

In order to overcome this impediment, the research worker has taken into consideration not only the class-room's academic achievement by referring to the students previous examination percentage but has also administered an I.Q. test which has already been standardized on the Gujarati Student Population. Taking both these concepts into consideration the research worker has been able to realize and put forth the academic achievement whether normal or physically handicapped as successful as possible. Thus in this manner the dependent variable which is studying the academic achievement has been proved authentic to a great extent in this study.

Orthopaedically Handicapped Students

Orthopaedically handicapped students run the risk in the school of having their intellect devaluated in proportion to their physical disability or of operating under a "halo effect" relative to their intelligence (Sawrey and Telford, 1964). The severely handicapped individual who does good school work is likely to have his work rated above the level of comparable work by the normal child. It is easy either to devaluate or exaggerate the intellectual ability and academic performance of the physically handicapped.

This group has problems of adjustment that are magnified by being physically disabled. They have a cause to become discouraged and may become depressed by limited
opportunities to live a "normal" life. Physically handicapped adolescents are frequently socially handicapped by the very nature of their disability, by over-protective parents, or by rejecting parents and associates. They tend to have a very narrow scope of selection from various educational faculties, which at times may not be up to their liking or interest. This too can be an all-pervading reason of discontent which may result in self-undervaluation and negative approach to life.

Under these negative conditions the research worker has made a successful attempt to study the physically handicapped group by trying to be as objective and unbiased as possible. This has been possible by allowing the subjects themselves to come forward and not forcing oneself upon them. The research worker through tactful handling has been able to overcome the inhibitions faced by the students which otherwise would have not made this study possible. This has proved very beneficial in the undertaken study.

IV. PURPOSE OF THE STUDY.

The main purpose of this research is to study the behaviour patterns of the physically handicapped and normal adolescents especially when they come across anxiety laden situations. In the same manner to study the conflicting neurotic patterns of behavior of the physically handicapped and normal adolescent group.

Another important aspect which has been studied, is the level of achievement (academic achievement) of both the groups that is, the normal and the physically handicapped adolescents. Adolescent age being a very sensitive and an emotionally delicate period in normally every individual's life, and topping it with this orthopaedic handicap, is it possible
for such a person to adjust to a normal academic life, and what would be the after-effects on his or her academic achievement because of such a handicap especially in times of stress arising situations?

This particular study has been undertaken by the research worker in order to verify the following hypothesis which are the very basis on which the entire research study depends:

(1) Whether the manifest anxiety level is the same between two groups, viz. physically handicapped and normal.

(2) Whether both the groups are showing the same amount of conflict or not.

(3) To understand whether both the groups viz., physically handicapped and the normal adolescents are having the same level of personality development.

(4) To understand whether both the groups viz., physically handicapped and the normal are having the same level of academic achievement.

(5) To study the effect of the sex variable on the various test results of the physically handicapped group.

(6) To study the effect of the sex variable on the various test results in the normal group.

V. IMPORTANCE OF THE STUDY.

Behaviour Disorders occur in a wide variety of forms that range in severity from minor maladjustment to complete incapacitation of the individual. The main aim of this research report is to highlight the personality traits and the (academic) achievement level of the physically handicapped individuals in contrast to the normal individuals.
As this research is carried out objectively, systematically and scientifically, its results may prove to be very significant. Theoretical and practical significance are of great importance which helps to expand the field of basic and applied concepts pertaining to the problems undertaken. Therefore, these research findings can be considered significant.

Theoretically it is hoped the present study may be useful:

1. To highlight the dynamics of the physically handicapped individuals and point out the exact areas where they are experiencing conflict.

2. To understand the problems of the adolescents and the conflicts as perceived by adolescent themselves.

3. To a better realization of the personality make-up of both the types of adolescents - physically handicapped and normal.

4. To find out the positive areas of personality in the physically handicapped.

5. It will be useful to the psychologists who are studying the adjustment problems and the related personality variables.

6. It will also be useful to the educationists who are studying the achievement level of the adolescent students and in the process find out the related problems and also find means to handle them in an appropriate manner.
Practical significance of this research work inheres in its capacity.

(1) The present study is likely to be useful to the parents of the physically handicapped to help them in resolving their conflicts between meeting the needs of the handicapped on the one hand and those of all the rest of the family members on the other hand.

(2) It is also likely to be useful to the teaching institutions specially designed for the physically handicapped, so that they may be trained in a more scientific background in the presence of a physiotherapist.

(3) It may be useful to Vocational Guidance Clinics who are concerned with job distributions to both, the normals and particularly the physically handicapped on the basis of their positive points in their personality and also on the basis of their achievement level.

(4) It may be useful to the Mental Guidance Clinics that are interested in the treatment of the physically handicapped.