CHAPTER - V

SUMMARY AND SUGGESTIONS
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The specific problem of the present investigation was to study the effects of the type of limb-injury, the type of disability-causing situation, the differential patterns of World Hypotheses and value-types on the disability-induced crisis experience and problems of adjustment.

The underlying hypotheses were as follows:

(i) The nature of crisis experience in the disabled people is a function of the type of limb injury and the consequent amputation (leg and/or arm amputation).

(ii) The nature of crisis experience in the disabled is a function of the disability-causing situation (accident, illness and war).

(iii) The nature of crisis experience in the disabled people is a function of their different dominant value-types.

(iv) The nature of crisis experience in the disabled people is a function of their differential patterns of World Hypotheses.

(v) The degree of adjustment of the disabled people is a function of the type of limb injury and the consequent amputation.
The degree of adjustment of the disabled people is a function of the nature of the disability-causing situation.

The degree of adjustment of the disabled people is a function of their differential patterns of World-Hypotheses.

The degree of adjustment of the disabled people is a function of their different dominant value-types.

The major independent variables in the present study were as follows:

(i) The Type of Limb Injury and Amputation:
   (i) Leg Amputation (ii) Arm Amputation

(ii) The Type of Disability-Causing Situation:
   (i) Accident, illness (ii) War.

(iii) Type of World-Hypotheses:
   (i) Formism (iii) Contextualism
       (ii) Mechanicism (iv) Organicism

(iv) The Value Types:
   (i) Theoretical (iv) Social
       (ii) Economic (v) Political
       (iii) Aesthetic (vi) Religious
For the present investigation disability-induced crisis experience and adjustment problems were taken as the dependent variables.

The sample of the study consisted of one hundred and ten disabled civilians and war disabled persons from Baroda, Ahmedabad, Pune and Bombay. The selection of the sample was limited to the disabled persons with leg and/or arm amputations. They were in the age group of 20 years and above. The educational level was S. S. C. and above. The investigation was conducted in two phases. In the first phase for the purpose of studying the crisis experience each individual was interviewed on the basis of an interview schedule (Appendix-A) prepared specially for this purpose. The interview protocols were individually coded on the basis of the coding manual (Appendix-C). In the second phase of the study the various tests, i.e. World-hypotheses, the Value-test and the Bell's adjustment Inventory were administered individually. These tests were scored with the help of the standard manuals.

The levels and dimension of crisis experience were described and analysed through simple frequencies and percentages. The problems of adjustment were analysed with the help of Means, Standard deviations, ANOVAS, and chi-squares.
The major findings of the study were as follows:

(i) The Arm-amputed people seemed to have more intense crisis experience compared with the Leg-amputed people.

(ii) Compared with disabled civilians the war-disabled showed a greater degree of crisis experience.

(iii) Formists and the Mechanicists had relatively more crisis experience as compared with contextualists and the organicists.

(iv) The disabled persons with dominant social and political values had relatively more crisis experience than those with Theoretical, Aesthetic, Economic and Religious values.

(v) The Arm-amputed people had relatively more unsatisfactory health and occupational adjustment compared to the Leg-amputed people.

(vi) The War-disabled were found to have more unsatisfactory home and health adjustment as compared to the disabled-civilians.

(vii) The War-disabled people were found to be more submissive and retiring in the social adjustment as compared to the Disabled-Civilians.

(viii) The War-disabled showed a greater degree of emotional unstability as compared to the Disabled-Civilians.
(ix) The War-disabled revealed more occupational maladjustment as compared to the Disabled-Civilians.

(x) The disabled Mechanicists and the Contextualists had more unsatisfactory home adjustment as compared to the disabled Organicists and the Formists.

(xi) The disabled Contextualists had more unsatisfactory health adjustment as compared to the disabled Formists, Mechanicists and the Organicists.

(xii) The disabled Mechanicists were found to be more submissive and retiring in the social adjustment as compared to the disabled Formists, Organicists and the Contextualists.

(xiii) The disabled Formists and the Contextualists were found to have poorer emotional adjustment as compared to the disabled Mechanicists and the Organicists.

(xiv) The disabled Mechanicists were found to be more maladjusted occupationally as compared to the disabled Formists, Organicists and the Contextualists.

(xv) The disabled persons with dominant Theoretical values had more unsatisfactory home and health adjustment as compared to the people with dominant Economic, Aesthetic, Social, Political and Religious values.

(xvi) The disabled persons with dominant Theoretical values were found to be more submissive and retiring in their
social adjustment as compared to the disabled persons with dominant Economic, Aesthetic, Political and Religious values.

(xvii) The disabled persons with dominant Theoretical values were found to be emotionally more maladjusted as compared to the persons with dominant Economic, Aesthetic, Political and Religious values.

(xviii) The disabled persons with dominant Theoretical values were found to be more dissatisfied in the occupational adjustment as compared to the persons with dominant Economic, Aesthetic, Political and Religious values.

Some Suggestions for Future Studies with the Physically Disabled People.

(i) This study was restricted only to the cases of leg and arm amputation and its effects on adjustmental problems. Other types of physical disabilities need to be given rigorous attention in future researches.

(ii) The effects of the socio-economic status of the disabled persons on their adjustment problems need to be studied.

(iii) More researches on the nature of the crisis experience in the persons with different types of disabilities need to be conducted.
Extensive and intensive studies need to be conducted for developing adequate ways and means for the rehabilitation of the disabled persons.

Cross cultural and comparative studies of persons with different types of disabilities could be a very challenging area of research.

There is a burning need for "action research" to acquire scientific knowledge in the area of rehabilitation.

It is suggested that the psychological rehabilitation of the disabled persons should take into account the following points:

(i) Helping disabled persons in their physical and psychological adjustment to society.

(ii) Developing ways and means of engaging the disabled persons in creative work.

(iii) Making them understand and accept their disabled state as it is, in other words, making them accept the reality of their disability.

(iv) Providing them timely help and assistance.

(v) Enhancing inter-personal interaction with people with other kinds of disability as well as with the non-disabled persons.
(vi) Establishing more rehabilitation centres.

(vii) Those engaged in the rehabilitation of the disabled persons must try to understand the conditions under which a physical impairment may become a psychological handicap and should search for the best possible ways and techniques available for helping the disabled persons to overcome the disability.

(viii) With expert help, considerable assessment of potential as well as functional capabilities can be made possible; and by exploiting residual capabilities through alternative techniques of activity or the use of aids and appliances, the disabled person can be helped to achieve the desired level of adjustment.

(ix) As psychological contributions focusing on behaviour and behavioural improvement in disability are meager, there is a strong need for behavioural engineering support - a detailed technology for the prevention of psychological disturbances and for immediate utilization in day-to-day therapy.

(x) There is a need to initiate a few practical programmes that would carry immediate and significant benefits to the disabled people themselves.

(xi) Educating and informing the public of the rights of the disabled persons to participate in and contribute
to various aspects of economic, social and political life.

(xii) Keeping in reserve few vacancies for the disabled in all sectors of economy (public or private).

(xiii) Providing aids and equipments needed by the disabled persons.

(xiv) Encouraging and stimulating the establishment of cooperatives run by the disabled persons themselves.

(xv) Undertaking programmes for the training of the physically disabled with a view to improving their standards of living or helping them to attain a good fruitful and purposeful living.

(xvi) Evolving a national policy on the disabled to include educational training, employment and measures to achieve full social integration and protections and guarantees under the Law.

(xvii) Promoting effective measures for prevention of disability and for rehabilitation of the disabled persons in suitable and growth-provoking life-setting.