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INTRODUCTION

1. Special Education

Human life is the most precious creation of God. It has two aspects: biological and sociological. The biological aspect of human life is maintained and transmitted by nutrition and reproduction. The social aspect of human life is maintained and transmitted by education. Education is considered a vital process in social sense.

Education includes three aspects of the child's development. It should meet, firstly his physical needs, secondly his intellectual needs and thirdly his social and emotional needs. Education is the key to success in most walks of life. It enlightens the people. Lack of education results in problems of sickness, mental ill-health and inadequate child care, thus, leading to much personal unhappiness and frustration for generations together.

Education plays an important role to provide opportunities for the development of the nation. Article 45 of the Indian constitution emphasizes that free and compulsory primary education should be provided to all children in the age group of 6-14 years, handicapped children are no exception to it. Chapter 5 of Persons With Disability Act (PWD) 1995 says all the disabled children have right to free education in an appropriate environment till the age of 18 years. National Programme on Education (NPE) 1986 and its Programme of Action (POA) 1992 emphasized on education of the handicapped children. Everybody should get equal opportunities to develop his personality. But, a large number of children are deprived of this privilege. They came under the category of 'Exceptional children'.
1.2 Exceptional children

In the classroom, some children deviate physically, mentally, socially and educationally from normal children. Such children are called exceptional children and they require special educational care and their adjustment problems have to be tackled in an exceptional manner.

Kirk (1970) defined exceptional child as, "the child who deviates from the average or normal child in mental, physical or social characteristics to such an extent that he requires a modification of school practices or special educational services, in order to develop, to his maximum capacity."

The exceptional children can be categorized into four groups:

i. Gifted children with a high level of intelligence or a special aptitude for music, painting etc.

ii. Mentally retarded or handicapped children with a low level of intelligence.

iii. Physically handicapped children such as blind, deaf, dumb etc., and

iv. Socially handicapped children such as orphans, destitutes etc.

The Education of the handicapped Children has to be organized not merely on humanitarian grounds but also on grounds of utility. Proper education has to be provided to the handicapped child, so as to enable him to overcome his or her handicap. The Primary task of education for a handicapped Child is to prepare him for adjustment to a Socio-Cultural environment designed to meet the needs of the normal. Therefore, the education of the handicapped Children should be inseparable part of general education system. They need Special teaching methods to learn and special means to acquire information, special education includes, all aspects of education which are applicable to physically handicapped, mentally handicapped and the gifted children.
Deaf, dumb, blind cannot be educated with normal Children and they require special schools with different curriculum, methods of teaching and teachers. In any progressive nation, education plays a vital role to provide opportunities for the development of Potentialities of any individual, who, in turn, contribute for the development of the nation.

According to rough estimate, there are five crores of handicapped people in India. If we do not make provision for their education, their Potentialities remain underdeveloped resulting in great wastage of human resources. Therefore, it is essential to make special arrangements for their education. The main concern of special education is arrangement of educational variables leading to the prevention, reduction and eliminate of those conditions that develop significant defects in communication, academic and adjustive functions of Children.

(a) Visually Impaired Children may require reading material in large Print of Braille.
(b) Orthopedically Handicapped Children may require wheel chairs and removal of architectural barriers.
(c) Hearing Impaired Children may require hearing aids, auditory training etc.
(d) Mentally retarded Children may need skill training, related services, such as special transportation, medical and Psychological assessment, Physical and Occupational Therapy and Counseling be required in Special education is to be effective.

1.3 Objectives of Special Education

Special Education has the same objectives as those of regular education human resource development through providing appropriate
education to Children, National development, social reconstruction, Civic development, Vocational efficiency etc., In addition to these objectives Special education has certain special objectives such as the following.

i. Early identification and assessment of Special needs of handicapped children.

ii. Early intervention to prevent a handicapped condition from becoming a serious one for remediation of learning problems and compensation by teaching the child new way of doing things.

iii. Parent Counseling about prevention and remediation of defects, care Training of handicapped children in daily living skills, self-help skills, pre-academic skills and communication skills.

iv. Community mobilization and awareness of problems of handicapped children and their education.

v. By means of this, the realistic self-concept of that strategically determine for effective living.

1.4 Need of Special Schools

Special education needs the identification of exceptional children and some provision made for experts to take them into account. This special education may be imparted in the regular classroom, special classroom or in a combination of both.

Previously, it was primarily confined to special classes. But, now a special education programme development for exceptional children is a part of total general education. However, exceptional children require special education which includes three elements viz:

i. Trained Professionals including teachers, educationalists, physiotherapists and others are required.
ii. Special curriculum is made for the Children which suit different areas of exceptionality such as mental retardation, giftedness, deafness, blindness, orthopedic handicap, cerebral palsy, social and emotional problems.

iii. Some facilities including special building features, study materials and equipments are also collected for this purpose.

1.5 Importance of Special Schools

It is true that normal children and Hearing Impaired Children need specific facilities for their development. So, educationalists feel the importance of Special Education.

i. Special classes are necessary for Hearing Impaired children because they require specific teaching methods.

ii. Hearing impaired children develop a feeling of equality while studying along with Hearing Impaired Children in Special Schools.

iii. Special teaching facilities, group Hearing Aid System and Loop Induction System required meeting the personal and social needs of Hearing Impaired Children. So, additional facilities enable the Children to realize their potentialities and to minimize the handicaps arising from their anomalies.

iv. There is no scope of Social maladjustment of Hearing Impaired Children in Special Schools, because all the students are Hearing Impaired.

v. In special Schools all the Hearing Impaired Students get proper stimulation.
vi. In special Schools all the teachers are specially trained in the education of Hearing Impaired Children. So, they can teach well.

vii. There is no scope for inferiority complex to the Hearing Impaired Children, because the students belong to one disability.

viii. Regular assessment of Hearing Impaired Children are done in special school by professionally qualified experts like Audiologist cum Speech Therapists, ENT Doctors, Psychologists, Pediatricians etc.

ix. In Special School teacher pupil ratio is 1:8. So, there is a possibility to give individual attention to each and every Hearing Impaired Child.

x. Pre-lingual severe and profound Hearing Impaired Children faces difficulty in understanding lessons in general schools. They can easily understand lessons in special schools.

1.6 Special Schools for the Hearing Impaired

Special Schools for the Hearing Impaired are those in which only Hearing Impaired students are provided with education facilities based on their needs and abilities. There are three types of Special Schools for the Hearing Impaired functioning in India. Those are:

i. Residential Special Schools for the Hearing Impaired Students: - In this type of Schools all the Students are Hearing Impaired residing in Residential School Setup.

ii. Day Special Schools for the Hearing Impaired students:- In this type of Schools all the students are Hearing Impaired Students provided education in day time only.
iii. Partially Day and Partially Residential Special Schools for Hearing Impaired Students:- In this type of Schools the Hearing Impaired Students, whose native place is too far from the school, are kept in residential setup and whose native place is nearer to the School, are kept as day Scholars.

In special schools for hearing impaired all the teachers are specially trained in that disability. Audiologist cum speech therapist, Psychologist, Social Worker etc., Professional services are available. Each and every class room is equipped with aids & appliances and amplification systems.

1.7 Education of the Deaf and Hard of Hearing

The educational programmes and techniques of teaching the deaf children are different from those of hard of hearing children. Because the hard of hearing have the ability to acquire speech and language through hearing. The main problem in their teaching is to make them learn through the methods and techniques used with hearing children.

It is the responsibility of the school to identify the deaf and hard of hearing children those who need help and see that they are adequately diagnosed. They should be given proper treatment and provide an appropriate educational programme.

Identification:

A systematic attempt to find auditory handicapped would include a screening test for all children and individual tests for those who fail to pass the screening test. Audio metric tests may be conducted by the hearing specialists in the school.
Assessment:

Children found to have a hearing loss are referred to a topologist, who determines the exact nature of the disability and if possible administers treatment.

Programming:

The educational programming is not the same for all cases of hearing handicap. The child with a severe hearing loss, the deaf, needs specialized techniques and materials.

Oralism and manualism are the two methods used in the education of the deaf. The oral method develops communication by speech and lip-reading without the use of signs and gestures. The language of signs or the manual methods, achieves communication by conventional gestures of the hands or arms to express thoughts. Another form of manual language uses the manual alphabet, in which there is a fixed position of fingers of hands for each letter of the alphabet. This is a kind of writing in the air.

Hard of hearing are not very different from the normal students, except in speech and reading they are not seriously retarded. It is advisable to keep the child in the regular grades and allow him to leave the class for short of specific tutoring in his regions of difficulty of hearing. This instruction would consist of (a) training in the use of hearing aids, (b) auditory training, (c) lip-reading and (d) Speech correction.

The hearing aid should be selected according to the degree of hearing loss and these children may be provided with hearing aids of both individual and group type for their auditory training. From childhood, they begin the practice of listening and learn which sounds are important and which ones
to ignore. In auditory training, the child listens to and discriminates between different sounds. In speech reading, the child, is trained to understand the speaker without hearing, just by watching the movements of lips and tongue and other facial expressions. In speech correction, specific errors in speech are identified and measures can be initiated for their rectification.

Special educational facilities are provided for the hearing impaired in day and residential schools. In day school system, the hearing impaired attend the classes during day time and rest of the time, they stay with their family. In residential school system, the hearing impaired children are housed in dormitories or cottages during the regular school year, returning to their homes during holidays. The recent trend in deaf education is Integrated Education, where hearing and non-hearing study together. The main aim of Integrated Education is to socialize the hearing impaired children with normal children in academic and non-academic areas. Special teachers trained in deaf education are appointed in these schools, who teach them with specialized techniques.

In whichever system of school they study, the hearing impairment very often produces adjustment problems. The long delay entailed in his language development is one of the most serious problems, not only educational, but in terms of personality, emotional adjustment and other characteristics. Sometimes, psychological difficulties arising from the hearing loss are far greater problem for the hearing impaired individual than the communicative disorder.
1.8 Persons with Disability:

Several terms have been used to describe exceptionality: Sub-normal, handicapped, disabled, exceptional, special, impaired etc., these are added confusion to understanding and placing the children who are different from the average. As a result of widespread debate, discussions and research the World Health Organization has clearly distinguished the use of three terms. Those are impairment, disability and handicap.

**Impairment** means, abnormalities of body structure and appearance and organ or system function resulting from any cause in principle. Impairment represents disturbances at the Organ level. (WHO, 1976)

**Disability** reflects the Consequences of impairment in terms of functional performance and activity by the individual (WHO, 1976)

**Handicap** On the other hand refers to disadvantages experienced by the individual as a result of Impairments and Disabilities; handicaps this reflect intervention with an adoption to the individual’s surroundings. (WHO, 1976)

These terms are based on an organic model having functional interrelationship.

Impairment → Disability → Handicap.

1.8.1 Concept of Impairment

In the field of Special Education the three terms Impairment, Disability, and Handicap are very often used interchangeably. Thus, we come across expressions like hearing impairment, hearing-disability, and hearing handicap to refer to hearing loss. These three terms actually mean different things.
Impairment is a permanent or transitory psychological or anatomical loss and/or abnormality. This may be so from birth or, acquired later. For example, a hole in the ear drum, a missing or defective part of the body, paralysis after Polio, myopia, low level of intelligence etc.

Impairment may cause functional limitations. Functional limitation means partial or total inability to perform those activities necessary for motor, sensory or mental functions within the range and manner of which a human being is normally capable such as walking, lifting loads, seeing, speaking hearing, reading, writing, taking interest in and making contact with surroundings. A functional limitation may lose for a short time, be permanent or reversible. Limitation may be progressive or regressive.

Impairment leads to disability. Disability is defined as an existing difficulty in performing one or more activities which are generally accepted as essential components of daily living. Due to the impairment, there is a reduction in functional ability. For example, due to the hole in the eardrum, the Child is unable to hear, normally. Depending in part on the duration of the functional limitation disability may be short term, long term, or permanent.

Medically, disability is Physical impairment and inability to perform Physical functions normally. Legally, disability is a permanent injury to body for which the person should or should not be compensated. Disability can be divided into three periods:

- Temporary total disability
- Temporary Partial disability and
- Permanent disability.
Temporary total disability is that period in which the affected person is totally unable to work. During this time he may receive Orthopedic, Ophthalmological, Auditory or speech or any other medical treatment. Temporary Partial disability is that period when recovery has reached the stage of improvement so that the person may begin some kind of gainful occupation. Permanent disability refers to permanent damage to or loss of some part of the body even after any medical treatment. The difference between these three terms can be summarized as follows:

Impairment is structural, disability is functional and handicap is social and psychological, just as impairment leads to disability, disability handicaps the individual. Handicap means a restriction imposed/acquired by the Child’s disability which affects the efficiency of his/her day to day life activities. The term handicap refers to the problems of a person with a disability or impairment encounters in interacting with the environment. A disability may pose a problem in one environment but not in another. The Child with an artificial limb may be handicapped when competing against non-disabled peers in a football match but experiences no handicap in the classroom.

Thus, a disabled person is not handicapped, however, unless the physical disability leads to educational, personal, social, vocational or other problems. The handicapped effects of a disability can be reduced by corrective services like hearing aids, artificial limbs, medical interventions etc.

1.8.2 What is Hearing Impairment?

Hearing Impairment is the inability of an individual to hear sounds adequately. This may be due to improper development, damage to any part of the Hearing Mechanism. Hearing is a prerequisite for the development of
normal speech and language. A Child learns to speak by hearing the speech of others in the family and surroundings. Deafness is an invisible impairment. Keen observation is necessary in order to identify a deaf Child/Individual. Deafness at birth or in early Childhood has disastrous effects on the Child’s Overall development. These effects vary depending upon the age of onset, nature and degree of hearing impairment.

1.8.3 Types of Hearing Impairment

a. Conductive Hearing Loss

Conductive hearing loss results from defects in the Outer or middle ear. The sound is not conducted efficiently to the inner ear. All sounds heard thus become weak and or muffled. Usually such individuals speak softly irrespective of the surrounding environmental noise.

Conditions that cause conductive hearing loss are

i. Wax in the ear canal.
ii. Disease of the Outer and middle ear associated with Symptoms like ear ache and ear discharge.
iii. Congenital defects in the Outer or middle ear – defect and damage to the Outer or middle ear.
iv. Upper respiratory tract infections.
v. Neglect of care of ears and oral Cavity (mouth)

b. Sensorineural Hearing Loss

Sensorineural hearing loss is caused due to damage or disease of the inner ear or auditory nerve. It could also result as an after effect of infections disease like measles, mumps, meningitis and T.B.
Some Conditions that may cause Congenital Sensorineural hearing loss are:

i. Hereditary Childhood Deafness
ii. Rh incompatibility.
iii. Premature birth – birth before due time.
iv. Birth Asphyxia (lack of Oxygen supply to the new born due to inability to (breathe) normally resulting in blueness of baby due to various reasons).
v. Viral infections in Pregnancy.
vi. Exposure to X-rays in the first trimester or Pregnancy-taking X-ray within first three months.
vii. Harmful drugs of mycin variety e.g. Streptomycin.
viii. Acoustic neuroma (Tumor of the auditory nerve)

c. Mixed Hearing Loss

Mixed hearing loss is the Combination of Conductive and Sensorineural hearing loss. One of the main causes of this type of loss is the Long Standing ear infection known as Chronic Supportive Otitis Media (CSOM). In CSOM, ear discharge in the form of Pus, blood, or clear water is seen. This starts with Conductive loss yielding to Sensorineural impairment, if not treated immediately and regularly.

d. Central Hearing Loss

Central hearing loss is due to damage, malformation or infections of the neural pathways and the hearing centers in the brain, the Child may hear but has difficulty in understanding what he hears. Some of the Children classified as learning disabled or slow learners may have this type of hearing loss.
e. **Functional Hearing Loss**

Functional hearing loss is due to some Psychogenic condition or may be due to deliberate exaggeration of hearing thresholds for personal gains.

1.8.4 **Classification of the Hearing Impaired**

Any classification is doubtful to cover the multi-dimensional nature of the variable. Some of the important variables are the degree of hearing loss, age of onset and type of hearing loss.

The following is an extract from the ministry of welfare Notification No.4-2/83-HW.III date 6.8.86 regarding classification of hearing loss.

*Table - 1*

*Classification of hearing loss*

<table>
<thead>
<tr>
<th>Category</th>
<th>Type of Impairment</th>
<th>dB level (in better ear)</th>
<th>Speech discrimination (in better ear)</th>
<th>Percentage of impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mild</td>
<td>26-40 dB</td>
<td>30-100%</td>
<td>&lt;40%</td>
</tr>
<tr>
<td>2.</td>
<td>Moderate</td>
<td>41-55 dB</td>
<td>50-80%</td>
<td>40-50%</td>
</tr>
<tr>
<td>3.</td>
<td>Severe</td>
<td>56-70 dB</td>
<td>40-50%</td>
<td>50-75%</td>
</tr>
<tr>
<td>4. a)</td>
<td>Profound</td>
<td>71-90 dB</td>
<td>&lt;40%</td>
<td>75-100%</td>
</tr>
<tr>
<td>b)</td>
<td>Near total deafness</td>
<td>91dB &amp; above</td>
<td>No Discrimination</td>
<td>100%</td>
</tr>
<tr>
<td>c)</td>
<td>Total deafness</td>
<td>No hearing</td>
<td>No Discrimination</td>
<td>100%</td>
</tr>
</tbody>
</table>

Basing on the variable, age of onset, the hearing impaired is classified as follows:
Pre-lingual Deaf

A 'Pre-lingual Deaf' child is one who is born with little or no hearing. His hearing is marked before speech and language patterns are acquired.

Post-lingual Deaf

A 'Post-lingual Deaf' child is one who becomes deaf due to environmental forces. His, hearing is marked before speech and language patterns are acquired.

Basing on the variable, the type of hearing loss, the hearing impaired is classified in the following way:

✓ Conduction deafness is due to defect in the middle or outer ear.
✓ Sensory neural hearing loss is due to defect in the inner ear or the auditory nerve.
✓ Central deafness is due to defect in the central nervous system.
✓ Psychogenic deafness is due to psychological reasons. The Conference of Executives of American Schools (Kirk, 1970) has made the following classification to avoid confusion in terminology.

A. The Deaf

Those in whom the sense of hearing is non-functional for the ordinary purposes of life. This general group is made up of two distinct classes.

(a) Congenitally Deaf: Those who were born deaf.
(b) An Adventitiously Deaf: Those who were born with normal hearing but in whom the sense of hearing become non-functional later through illness or accident.
B. The Hard of Hearing

Those in whom the sense of hearing although defective is functional with or without a hearing aid.

1.9 Adjustment Problems of Hearing Impaired Children

Adjustment is a continuous process by which an individual varies his behaviour to produce a more harmonious relationship between himself and his environment. It is a condition in which the behaviour of an individual conforms to the needs of the individual and demands of the environment. In adjustment, both personal and environmental factors work side by side. An individual is adjusted, if he is adjusted to himself and to his environment.

The hearing impairment is one among many physical handicaps of several individuals. It affects adversely the impaired children’s performance in learning as it reduces the knowledge of the surrounding environment and the whole world. It develops language inefficiency and reduces communication ability.

It may also become a source of certain adjustment problems as the individuals fail to interact effectively with people and the environment. The hearing impaired children are not with much adjustment problems in home, but are with communication and emotional problems in school. The gender and type of impairment have no effect on adjustment. The children studying in special schools have more adjustment problems than the children studying in integrated schools. In all, the hearing impaired children are enjoying and supportive life at home and school though there are few adjustment problems.

Social skills are a necessary component of everyday life, yet when hearing impaired children are mainstreamed, this is one thing they cannot be directly taught. The communication barrier between hearing impaired and
their hearing peers can cause hearing impaired children to develop anxiety or low self-esteem. Teachers and parents can also have a huge impact if they have distorted perceptions of deafness. The evidence suggests that decreased social interaction reduced what hearing impaired child can achieve in life.

Hearing impaired children are not well adjusted in the society. They find it very difficult to adjust with the environment. They develop certain personality disorders and slow temperaments, withdrawal or submissiveness etc, communication difficulties are rampant with them. They, very often, fail to understand what other people say. Hearing loss affects many aspects of life, with many psychological ramifications and various effects on how well a person with such a loss functions in society or the world at large.

A major portrayal of how hearing impaired people interact among hearing people can be found in the mainstreamed educational settings, in which, the majority of hearing impaired people participate. It is generally common knowledge that deaf children face much more adversity than their hearing peers in terms of their educational and social development. As a result of this, their psychopathologies are impacted, sometimes in negative ways. A Critical part of the development of hearing impaired children is their education, and through, that, their social foundations are also built. During the primary-school development period, friendships are formed through common interests, school activities and sports. For these friendships to form, an obvious requirement is communication. For hearing impaired children unable to utilize effective communication methods with the people around them, the difficulty in acquiring new friendships typically leads to a decrease in self-esteem.
Many children, in general, usually lacked the social skills necessary for peer interaction. One major factor that has been identified in hearing impaired children’s social interactions is a repeated misunderstanding of how hearing impaired children need to communicate with the people around them. Frequently hearing children mistake a request for information to be repeated as ineptitude or lack of interest as to what they were saying. The frequent need for physical contact as a way to attract attention, or facing the hearing peer when speaking can also go against social boundaries that hearing children have learned, which increases the chance of peer dismissal.

The problems regarding personal and social development are very much pertinent for hearing impaired children. Language becomes a barrier for them for communicating with other children. This affects the socialization process and plays a vital role in the personal and social development of children. The most significant aspect of these children is their increased dependence on others which leads to a sense of inferiority.

1.9.1 Adjustment problems at home

Modern life places a variety of stresses on the institution of family that constantly challenge its survival and its adaptive mechanism. An impaired child’s presence in a family necessitates adjustment and accommodation on the part of all its members. The parents are hit the hardest and must use internal and external resources not only to meet the special needs of the child, but also to handle their other normal children. Parents do not exist in an emotional vacuum and several pre-existing factors shape their attitude towards disability and task of rearing a handicapped child. The attitudes of their other children, their own parents and extended kin may be important determinants of their behavior (Walker 1989).
Most parents are unskilled in recognizing the handicappedness of the child and further, once the child is identified, the society looks upon the child with discomfort. Parents thus often have to face the burden of being "subnormal parents" and stigmatized social interaction thus become a source of stress (Collins, 1986). Familial attitudes towards a disabled child play a vital role in perceiving the child's own self. Since all of child's experiences at home during early years of life contribute to the knowledge of himself, parents need to realize the importance of their role in shaping their impaired child's personality. The importance of involving parents in the care of hearing impaired children began to be recognized in the west only in 1950's. In the Indian subcontinent the needs of this group of special children is still by and large overlooked. While in the developed nations of the world, stringent public laws encourage family involvement by specifying the role of the family members in formulating, planning and evaluating services to children with handicapping disabilities (Michel et al. 1990) but none of these are available to the children in this part of the globe. Researches in the past have shown that the needs and demands of hearing impaired children vary from those of their normal counterparts. The child's potential for development in terms of social, linguistic areas and in other aspects of achievement is mainly dependent on communication and social interaction.

1.10 Personality of Hearing Impaired Children

The environment children grow up in is a major influence on their personality and how they interact with and are perceived by others. The family is one factor. The attitude of hearing parents and siblings is how accepting they are of the disability influences the child in different ways. Parents will sometimes influence how the hearing impaired child's siblings will act towards him or her. Certain studies reveal that these children face
some personality problems. Partial hearing difficulty may create more confrontation and personality problems than in the case of totally deaf children, because a partially deaf child gets more frustrated as he tries to reach the level of the normal and a totally deaf child seems reconciled to his fate.

The individual characteristic of a child and his or her parents affects how the social structure in the family is organized. Each person in the family has to deal with the Child's disability and the manner in which they do so defines how the family as a whole will accommodate to the disability. The child adjusts to the environment established accordingly, thus it contributes towards the development of his or her personality. Siblings are typically the first peers a child encounters. These relationships are important, because they can affect how a child interacts with others he or she will meet later in life.

The first obstacle in a relationship between a hearing impaired child and hearing child is overcoming the communication barrier. This, of course, varies with the individual traits and level of hearing loss that a child has, but hearing impaired children with delayed language skills have more difficulty in maintaining an interaction with a hearing child. Nevertheless, all children are capable in using nonverbal communication modes, which is typically the preferred method in young children. They may gesture or point to objects, but this puts severe limitations on social interaction and pretend play. Using gestures and pointing are usually limited to the room or the immediate environment. This dampens the variety of directions in which a conversation can go. Hearing impaired children usually does not change the topic while interacting with a hearing peer. This puts control of the relationship in the hearing child's hands, and this imposition on the child usually results in frustration or boredom.
In addition to this obstacle, the attention skills of hearing and hearing impaired peers may differ. Hearing impaired children may not display good attention skills as compared to hearing children. This is because they lack the audition component that is important in the development of attention. Because sound is not a major factor in hearing impaired individuals’ childhood, they usually develop more selective attention. This is another difference between hearing impaired and hearing children. The latter may view the hearing impaired children as abnormal, making interactions difficult.

### 1.11 Concept of self-concept

A milestone in human reflection about the non-physical inner self came in 1644, when Rene Descartes wrote *Principles of Philosophy*. Descartes proposed that doubt was a principal tool of disciplined inquiry, yet he could not doubt that he doubted. He reasoned that if he doubted, he was thinking, and therefore he must exist. Thus existence depended upon perception. A second milestone in the development of self-concept theory was the writing of Sigmund Freud (1900) who gave us new understanding of the importance of internal mental processes. While Freud and many of his followers hesitated to make self-concept a primary psychological unit in their theories, Freud's daughter Anna (1946) gave central importance to ego development and self-interpretation.

By far the most influential and eloquent voice in self-concept theory was that of Carl Rogers (1947) who introduced an entire system of helping built around the importance of the self. In Rogers' view, the self is the central ingredient in human personality and personal adjustment. Rogers described the self as a social product, developing out of interpersonal relationships and striving for consistency. He maintained that there is a basic human need for positive regard both from others and from oneself. He
also believed that in every person there is a tendency towards self-actualization and development so long as this is permitted and encouraged by an inviting environment (Purkey and Schmidt, 1987).

Self-Theorists have coined several terms for all measurements of self-concept pertaining to self-evaluative behaviour as self-acceptance, self-satisfactions, self-regard, self-esteem, self-ideal discrepancy or self-ideal congruence, etc. For all practical purposes these terms can be considered as synonymous and in the present investigation the investigator has preferred to use the term self-concept.

The self-concept is not a unitary factor. It should be seen as multi-factorial, consisting of at least four major components: as related to the (a) Physical-activity area, (b) academic-intellectual area (c) interpersonal area, and d) intrapersonal area (Curtis, 1964).

The concept is commonly defined as the sum total of the perceptions an individual has of himself or herself. It is composed of unique attitudes, beliefs, evaluations and behavioural tendencies (Felker, 1974; Wylie, 1974, 1979; Burns, 1982; Warren and Hasenstab, 1986). A positive, yet realistic, self-concept is associated with the optimal development of all children. Intuitively, it is likely that the self-concept of hearing impaired-children and adolescents will be particularly vulnerable and the findings of Garrison and Tesch (1978) and Leob and Sarigiani (1986) appear to confirm this.

The first psychologist to emphasize the concept of self was William James (1842-1910). In the process of describing the consciousness, he referred to a personal self which separates widely one's consciousness from that of the others. The material self, the social self and the spiritual self form the different aspects of the consciousness of self. He further stated that within this heterogeneous self are the seeds of conflict.
Herbert Spencer says that the self consists of the aggregate of feeling and ideas which exist at any movement, and the factor or factors which determine the cohesion. Freud (1937) regarded self as a part of the Ego. Hall and Lindzey (1957) stated as follow: "the self, whether it be conceived as subject or as process or both, is not a homunculus or man within the breast or soul, rather it refers to the object of psychological process are assumed to be the principle of casualty. In other words, the self is not a metaphysical or religious concepts, it is a concept that falls within the domain scientific psychology. Self theory represents a serious attempt to account for certain phenomena and to conceptualize one's observation of aspects of behaviour".

Hurlock (1974) pointed out as follows: "the concept of self as understood in modern psychology is the core or centre of gravity of personality structure". According to Rogers (1959) it is "the organized, consistent, conceptual Gestalt composed of perceptions of the characteristics of the 'I' or 'ME' and the perceptions of the relationships of the 'I' and 'ME' to others and to various aspects of life, together with the values attached to these perceptions'. It comprises of the ideas, images, beliefs, attitudes, feelings and values which the person perceives as apart or characteristic of himself".

The concept of self has been gaining increasing prominence in recent thinking, and, has been used in research as criterion, for psychological health and personality change. Self is not innate. But is acquired gradually as the result of social learning and also linguistic learning; during the second and third year of life. It develops as a person, with his inborn abilities and tendencies, and all that is inherent in his make up meets up with all experiences of life. The proposition that self is a developmental formation is most widely held among the investigators from the 19th century.
Self is a developmental product. Nobody is born with a self-concept; each develops one. Every individual is constantly striving to actualize, protect, maintain and enhance his concept of himself, because it is his valuable possession. The self is not merely descriptive, but also evaluative. As the self-concept evolves, values are attached to it and gradually the self itself becomes the principle value around which life revolves. Almost all measurements of self-concept usually pertain to this self-evaluation behaviour. "All measures of the 'self-concept', writes McCandless (1967), "include the ideas of desirability and undesirability". That is, to what extent the person perceives himself as having qualities and characteristics that are desirable or undesirable, liked or disliked, accepted or rejected, within himself?

**Definition:** Self-concept may be defined as the totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence.

Many of the successes and failures that people experience in many areas of life are closely related to the ways that they have learned to view themselves and their relationships with others. It is also becoming clear that self-concept has at least three major qualities of interest to counselors: (1) it is learned, (2) it is organized, and (3) it is dynamic. Each of these qualities, with corollaries, follows:

**Self-concept is learned.** As far as we know, no one is born with a self-concept. It gradually emerges in the early months of life and is shaped and reshaped through repeated perceived experiences, particularly with significant others. The fact that self-concept is learned has some important implications:
i. Because self-concept does not appear to be instinctive, but is a social product developed through experience, it possesses relatively boundless potential for development and actualization.

ii. Because of previous experiences and present perceptions, individuals may perceive themselves in ways different from the ways others see them.

iii. Individuals perceive different aspects of themselves at different times with varying degrees of clarity. Therefore, inner focusing is a valuable tool for counseling.

iv. Any experience which is inconsistent with one's self-concept may be perceived as a threat, and the more of these experiences there are, the more rigidly self-concept is organized to maintain and protect itself. When a person is unable to get rid of perceived inconsistencies, emotional problems arise.

v. Faulty thinking patterns, such as dichotomous reasoning (dividing everything in terms of opposites or extremes) or overgeneralizing (making sweeping conclusions based on little information) create negative interpretations of oneself.

**Self-Concept is organized.** Most researchers agree that self-concept has a generally stable quality that is characterized by orderliness and harmony. Each person maintains countless perceptions regarding one's personal existence, and each perception is orchestrated with all the others. It is this generally stable and organized quality of self-concept that gives consistency to the personality. This organized quality of self-concept has corollaries.
自信概念需要一致性和稳定性，并且倾向于抵抗变化。如果自信概念轻易地改变，个体将缺乏一致且可靠的人格。

- 更加中心化的信念对自信概念的影响越大，个体越不容易改变那些信念。
- 自信概念的核心是自为行者，"I"，这与自作为对象的"me's"是不同的。这允许人反思过去，分析现时，塑造未来经验。
- 基本的自我观念相当稳定，所以改变需要时间。罗马不是一天建成的，自信概念也不是。
- 个人观念的成功和失败影响自信概念。一个高度尊敬的领域的失败会降低所有其他领域的评估。在一个珍贵领域的成功会提高其他看似无关领域的评估。

自信概念是动态的。要理解自信概念的活跃本质，想象它作为一个持续活跃的系统，可以可靠地指向一个人感知存在的"真北"。这个引导系统不仅塑造了一个人对自己、他人以及世界的看法，而且还引导行为，并使每个人都能采取一致的立场。不将自信概念视为行为的原因，而是更好地理解为为人格指南的罗盘，提供一致性和行为方向。

自信概念的动态性质也带来了附带的后果。

1. 世界和其中的事物不仅是被感知的，而且是被感知的与人们自信概念的关系。
ii. Self-concept development is a continuous process. In the healthy personality there is constant assimilation of new ideas and expulsion of old ideas throughout life.

iii. Individuals strive to behave in ways that are in keeping with their self-concepts, no matter how helpful or hurtful to one self or others.

iv. Self-concept usually takes precedence over the physical body. Individuals will often sacrifice physical comfort and safety for emotional satisfaction.

v. Self-concept continuously guards itself against loss of self-esteem, for it is this loss that produces feelings of anxiety.

vi. If self-concept must constantly defend itself from assault, growth opportunities are limited.

1.11.1 How self-concept develops in hearing impaired children

In children, concepts develop in a spiral, with the child at the center. A positive self-concept begins within a responsive care giving environment. In a mother’s arms, a baby learns that she can influence another human being.

She learns that she can cry and be fed or comforted, that she can take turns with another person. Gradually, as the child grows, her experiences expand. She learns about her own body and her mother’s body. She learns that objects exist as well as human beings. She learns about what her hands can reach, what her eyes can see, and what she can hear. A child learns that she has a family, a home, a neighborhood, and a town. She learns that people communicate with language and comes to see herself as part of that language-using community.
Concepts build upon one another. The more ideas and memories that a child has about the way the world and relationships work, the easier it is to develop further ideas. Once a child realizes, for example, that when he claps his hands, his father is likely to clap too, he begins to understand the concept of cause and effect. An understanding of one kind of cause and effect concept makes it easier to learn others. Having mastered the first concept, a child is more likely to understand another. Next, for example, he may learn that if he squeezes a particular toy it will make a sound. Turn-taking is another general type of concept that children come to understand through specific repeated experiences.

The following are social and self concepts that are particularly important:

i. I can communicate my needs.
ii. I have unique ideas about the world.
iii. Communication is about taking turns and sharing interests.
iv. I have feelings and I can share my feelings.
v. I belong to a family or group.
vi. I belong to a community.
vii. I know how to interact with people in the community in enjoyable ways.
viii. I can contribute to my community.
ix. The world is interesting, and I can explore and learn, both by myself and with others.

We cannot teach these concepts through discrete lessons, but we can offer children experiences to help them develop these concepts, experiences that will enable them to make sense of the world and respect themselves as valuable members of the world.
1.12 Role of the Parents of the Hearing Impaired

Parental involvement is also necessary for any Child's well-being and sound growth. A component of a child's early education both in the school and in the home is socialization. The socialization process should involve exposing children to a diverse group of people and promoting cultural awareness. Parental involvement is needed, especially with hearing impaired children.

The hearing impaired children rely on one-on-one communication to get the majority of their information. Parents exposing their children to a Plethora of people and situations will ultimately help the children develop more secure attachments and a sense of self than those who are limited to few people and situations. Parents of a hearing impaired children needs to be committed to making sure that their child is exposed in every way possible to as many people and situations to help enrich the child's life. When a child is sent off to a Deaf Institution up to 4 or 6 hours away from home. The majority of their time is not spent within the home with their parents.

Mainstreamed children, on the other hand, live at home, and the Parental involvement is thus slightly elevated by comparison with those who attend Deaf Institutes. Regardless what type of school the hearing impaired child attends, parents need to take a hands-on approach to child-rearing and seek out the best interests of their child.

Parents of hearing impaired children are more likely to focus almost all of their attention on the disabled child. The anxiety of taking care of a hearing impaired child causes them to focus on him or her and to have less time for the hearing children. The parents also seem less accessible, because the children think they could upset the already anxious parents with their own concerns. Hearing Children could believe that because the parents spend more time with the hearing impaired child.
In sum, Hearing impaired community is compromised of many diverse people. Hearing impairment, any way you slice it, is not a deliberating disease. The community at large should be educated further on how to interact with hearing impaired individuals. Yet at the same time, hearing impaired individuals are very capable human beings.

We must be charge we want to see in the World. If, hearing impaired individuals feel that their potentials is being diminished by mainstreamed society, then they should take matters into their own hands. The future for the hearing impaired individuals is not bleak; they are many untapped resources and untested ways to make life and communication easier for all parties involved. If parents want to share the responsibility of their Children, the successful integration of Hearing Impaired Children may be possible. The parents may take the following steps to encourage their children for this purpose.

i. They should speak clearly while talking with their children.

ii. They must try to speak to the deaf or partially deaf children as often as possible.

iii. They must try to check on the working conditions of the hearing aid and the thickness of the ear mould.

1.13 Role of the Teacher

Managing hearing impaired children: The regular teacher may at one time or another has hard-of hearing children in his class. He has an important role to play in managing such children in the class.

- There are behavioural characteristics or symptoms of hearing impairments which the regular classroom teacher should watch
for. He should refer suspected cases or advise parents to consult with specialist doctors for medical treatment.

- He should develop a positive attitude and show love and affection towards such children. The impact of the teachers' behaviour will be reflected in the behaviour of his peers.

- He should arrange seats for them in the front row of the room preferably on one side, so that they obtain a better view of both the teacher and the classmates.

- To optimize the child’s opportunities to speech-read, the teacher should try to maintain a distance of about six feet between himself and the child. Standing too close can be a hindrance because it prevents the child from being able to observe situations cues.

- The teacher should see that the hearing impaired child uses the hearing aid regularly and that the hearing aid is in perfect condition. If he notices any disorder or wrong use steps should be taken to rectify the defect and ensure correct use.

- The teacher should speak naturally and follow other process of speech reading and auditory training.

- The teacher should be careful not the turn his back to the class and talk while writing on the black-board.

- New Vocabulary should be introduced both orally and in writing.

- The teacher should encourage the child to ask questions when he is unsure of what is being told, when it is necessary. To repeat some thing the teacher should try to rephrase the instruction. There are something the teacher should try to rephrase the instruction. There are some words and phrases that are easier to lip read than others, and rephrasing increases the chances that the child will be exposed to words can comprehend.
- The teacher should follow the teaching strategies and adapt the curriculum to the needs of the hearing impaired children.
- He should give opportunity to the hearing impaired child to participate in various co-curricular activities in the class and the school depending on his abilities and interest.
- The regular teacher has difficulty in managing or teaching the child in the class should consult with the resource teacher and act accordingly.

1.14 Types of amplification systems or devices available

Different types of Amplification or Devices are available in the Special Schools. There are different types of amplification systems depending on whether they are used by a single user or by a group. According to this they can be classified as

1) Group amplification systems or classroom amplification devices include.
   a) Hardwire system
   b) Loop Induction system
   c) FM System
   d) Inflored system

2) Individual amplification devices include
   a) Body worn Hearing aid (Pocket model)
   b) Behind the Ear Hearing aid (BTE)
   c) In the Ear Hearing aid (ITE)
   d) In the canal Hearing aid (ITE)
   e) Completely in the Canal Hearing aid (CIC)
   f) Spectacle Hearing aid.

The new policy will play special emphasis on the removal of disparities and to equalize educational opportunities by attending to the specific needs of those who have been deprived equality.

The main objective of the national Policy is to integrate the physically and mentally handicapped with the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence. To achieve these objectives the following measures were suggested for the education of the handicapped.

i. There should be a system for identification, diagnosis and assessment of the handicapped in schools.

ii. The scheme of integrated education of the disabled should be strengthened and those children whose needs cannot be met in the Common school should be enrolled in Special Schools.

iii. Special schools should be established at the District and Sub-District level and voluntary effort for the education of the disabled should be encouraged.

iv. Along with free education special incentives like transport allowance, free text books etc., may be provided to the handicapped children.

v. Vocational training should be provided in Special Schools and adequate grants should be given to these schools.

vi. Curriculum of these schools should be modified taking into account the specific learning problems arising out of a particular handicap.
vii. The arrangement of training for teachers should be made by the Ministry of Human Resource Development through U.G.C., NCERT and National Institute of the Handicapped.

viii. Research in Education of the Handicapped in the Indian Socio-Cultural milieu must be taken up immediately.

1.16 Persons with Disability Act, 1995

The Persons with disabilities (Equal opportunities, Protection of rights and full participation) Act, 1995 (Act No.1 of 1996) was passed unanimously in both houses of Parliament on 22\textsuperscript{nd} December, 1995.

The President of India put his signature and gave the assent on January 1\textsuperscript{st} 1996 and the Law came into force from 7\textsuperscript{th} February, 1996. There are 14 Chapters in the Act. In this Act Disabilities are classified into seven categories those are Total Blindness, Partially Blindness, Hearing Impairment, Leprosy cured, Loco motor Disabilities, Mentally retarded and Mentally ill. In Chapter 5 Education of Disabled Children are mentioned, some of the Salient features of this Chapter are:

i. All the disabled Children have right to free education in an appropriate environment till the age of 18 years.

ii. For the Older Children with disabilities the Government should make programmes for non-formal education.

iii. Research and designing of new teaching aids and assertive devices to be encouraged.

iv. The Government should set up "Teacher Training Institutions" for various disabilities to develop trained man power for the Special Schools.

v. The Government should prepare a Comprehensive education Scheme for the disabled, offer free transport facilities, arrange
supply of books, given Scholarships, and arrange removal of Structural barriers for Persons with disabilities-including communication barriers.

1.17 World History of Education of Hearing Impaired Children

The early history of Special education started with the Hearing Handicapped as early as 1555 when the Spanish Monk Pedro Ponce de leon (1520-1584) taught a small number of deaf children to read, write and speak and learn academic subjects. Jnan Pablo Bonet in 1620 wrote the first book on the education of the deaf and developed a one hundred manual alphabet that is being used even today. In England John Bulwer published another book on the education of the deaf in 1644, followed by the deaf and dumb man’s tutor by George Dalgarno in 1680 which set out instructional methods.

The first School for the deaf in Great Britain was established in 1967 in Edinburgh by Thomas Braidwood, Braidwood’s method combined oral and manual method teaching alphabets and signs. At about some time Samuel Heinicke (1729-1784) developed the oral method emphasizing lip reading and speaking skills in Germany at Leipzig in 1778 which was further developed by E.M. Hill (1805-1874).

In France, Michel Del’Epee (1712-1789) who established the first school in Paris in 1755, and Ambroise Sicard (1742-1822) were developed Sign Language. The French system also emphasized training of the sense of sight and tough which becomes the forerunner to Montessori’s Sensory training approach. Education of deaf children in USA started with Gallandet (1787-1851) using the French method. Gallandet established the first school of the deaf in 1847 (which today known as the American School for
the Deaf). The Newyork School for the deaf opened in the next year. By 1863, there were 22 Schools for the deaf in USA. The first oral school of the deaf in Massachusetts was established in 1867. Day School classes for the deaf were started in 1869 at Berton. Adult Education for the deaf began in New York City in 1874.

Subsequently Graham Bell (1847-1922) worked restlessly for the deaf. Helen Keller (1880-1968) who was deaf and blind herself from early childhood was a living example of the effectiveness of Special education in overcoming the disability. The development of services for the deaf were hindered because the conflict over oral and manual method of instruction. But, these have been reconciled over the years. In 1880, an international congress of education of the deaf was held in Milan, Italy. It made two recommendations.

i. Oral method must be preferred to the manual method.

ii. Oral method must be preferred to lip reading/sign language.

In Europe, Oral method continued to prevail unchallenged during more than half of the 20th Century. After World War-II the progress in electro acoustic technology gave new impetus to oralism.

The increased belief that early education and intervention would allow most deaf children to attend ordinary schools for normal hearing or units to these schools, the main streaming movement progressively gathered more and more strength in Great Britain, then in the United States and Continental Europe.
1.18 History of the Education of Hearing Impaired in India

The first attempt at educating disabled Children were made in India in the last two decades of the 19th Century with the establishment of the first school for Hearing Impaired in Mumbai in 1884. Founder of this Special School was Dr. Heaurue and first Principal was Rev. Gold Smith. Name of this School in “Bombay institute for the deaf and mute”. Then, in 1893 Second School for the deaf was started at Calcutta with name “Calcutta Deaf & Dumb School”. This School first Principal was Zameninadh Benergy. There he had started first teacher training programme for the teachers of the deaf in India.

In South India in the year 1896 at Palam Cottai School for the Deaf was started with name “Florence Swainson School for the deaf”. Then, Slow Schools were started in the different places in India.

✔ School for the Deaf-Mutes at Ahmadabad in 1908.
✔ Bhonsla Deaf & Dumb School at Nagpur in 1915.
✔ C.S.I.School for the Deaf at Madras in 1912.
✔ Little Flowers Convent at Madras in 1926.
✔ Government Lady Noyce School for the Deaf at Delhi in 1931.

Growth of Schools for the Hearing Impaired in the Sixty Years until the advent of Independence was extremely slow and Skporadic, by 1947 India had just 38 Special Schools for the Hearing Impaired. But had risen to 180 by 1980. The present figure of Special Schools for the hearing impaired in our Country is more than 500. The largest number is in the State of Maharastra.
a. Establishment of AYJNIHH

In 1983, Ali Yavar Jung National Institute for the Hearing Impaired Handicapped (AYJNIHH) was started under the Ministry of welfare Government of India as an apex body for the hearing handicapped. It is located at Mumbai and it is regional centers are in New Delhi, Hyderabad and Kolkatta, and a State Collaborated centre in Bhuvaneswar. They have taken-up large scale man power development, research, training, early identification and assessment etc.

b. Establishment of RCI

Rehabilitation Council of India (RCI), New Delhi was set up as a Registered Society in May, 1986 and become statutory body on June, 1993 under Ministry of Social justice and empowerment, Government of India. The Council has been established to regulate training programmes in the field of rehabilitation

Objectives of the Council

i. To regulate the training policies and programmes in the field of rehabilitation of people with disabilities.

ii. To prescribe minimum standards of education and training of various categories of professionals dealing with persons with disabilities.

iii. To Recognize Institutions/Universities running degree/diploma / certificate course in the field of Rehabilitation of the disabled and to withdraw recognition, wherever the facilities are not satisfactory.

iv. To maintain Central Rehabilitation Register to register persons possessing the recognized rehabilitation qualifications.
1.19 Need and Importance of the present Study

Adjustment is a continuous process by which an individual varies his behaviour to produce a more harmonious relationship between himself and his environment. It is a condition in which the behaviour of an individual conforms to the needs of the individual and demands of the environment. In adjustment, both personal and environmental factors work side by side. An individual is adjusted if he is adjusted to himself and to his environment.

Having all the natural tendencies and capacities but being defective, the hearing impaired has to struggle more in life. But human life is a continuous process of adjustment and readjustment. It should not, therefore, be forgotten that this process is bipolar concerning both the individual and the society. It is a process that takes us to lead a happy and well contended life. Adjustment helps in keeping balance between the needs and the capacities to meet these needs. The hearing impaired children suffer from a physical defect either congenital or acquired to an extent that their educational, social, vocational pursuits are some way impeded. These individuals encounter emotional, social and educational problems of adjustment.

The children with hearing difficulty show problems in their personal and social development. Because, the handicap in the development of their language creates a barrier for normal communication with others and this barrier, obviously, plays an important role in personal and social development of these children as of any other human being. One of the most significant aspects of the social handicap from which the deaf or the partially deaf begin to realize their inadequacy, which leads to some sense of inferiority or guilt.
A study of the hearing disabilities are extremely essential to understand and help the hearing impaired children, because this disability deprives of language which, in turn, leads to serious educational backwardness or causes certain adjustment problems in the individual. It is not wise to leave a large number of frustrated children as a burden to society, especially when a majority of them can become, with a little assistance, well adjusted and economically productive. Therefore, a special study of the hearing impaired and their adjustment problems are very essential.

1.20 Organization of the report

The study culminated in the presentation of a consolidated research report consisted in SIX chapters. They are:

Chapter - I

Highlighting the concepts of the title with its significance, reason for selection the present problem and its need and importance.

Chapter-II

Reviews related to literature with stress on studies having more proximity with the present one. It provides the researcher an opportunity to justify this endeavour.

Chapter-III

Organizes the details of the present study i.e. statement of the problem, objectives of the study and hypotheses, limitations of the study.
Chapter-IV

Throws light on how the variables are taken and measured with their scoring, validity, reliability procedures.

Chapter-V

Details of the data collected with suitable statistical techniques. The interpretation of the results is also given in this chapter.

Chapter-VI

Presents the Summary of the study, its major findings conclusions and suggestions as to how best these findings are to be used and offers suggestions for future research.

Bibliography and Appendices are given at the end of the thesis.