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Difference in self-concept and neurosis of orthopedically and hearing impaired students of secondary level schools

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Abstract
The present endeavor was meant to highlight the difference in the psychological constructs of self-concept and neurosis among secondary school going children suffering from orthopedic and hearing impairments. For the attainment of this objective, a group of 100 secondary school going children having orthopedic and hearing impairments were selected purposively from different secondary schools of the Kashmir valley. The tools used for collecting the data were Self-Concept scale by Sagar and Sharma (1971) and Neurotic Personality Inventory by R. N. Kundu (1987). Frequency distribution method and t-test were used to obtain the results. The results showed no significant difference in these two variables across the samples. In other words, it can be said that mean scores of the samples in self-concept and neuroticism were same.

Keywords: neurosis, self-concept, hearing impairment, orthopedics, secondary school children

Introduction: Self-concept

Since the dawn of the human history, human beings get birth with the most capacious thing known as mind which is associated with five sense organs. After the birth of an individual, these sense organs are continuously stimulated either by external stimuli or by internal stimuli, mind reacts to these stimuli and thereby comes into existence the core of the personality known as self. Cooley C. H. and Mead G. H. have stated that the self develops out of child's communicative contact with others. Allport (1961) has described the self concept as, "*The self is something of which we are immediately aware, we think of it as the warm, central private region of our life. 'As such it plays a crucial part in our consciousness' (a concept broader than self) in our personality (a concept broader than consciousness) and in our organism (a concept broader than personality) thus it is some kind of core in our being*".

Combs and Syngg (1964) refers self concept as, "The individual's perception or view of himself". It can be concluded that self-concept is the sum total of all that the individual can call "I" or "Me". It refers to those perceptions, beliefs, feelings, attitudes and values which the individual views as part or characteristics of himself. Thus self-concept refers to individual's perception or view of himself. Self-concept includes the person's abstractions and evaluations about his physical abilities, appearance, intellectual capacities, social skills, psychological self image, self-confidence, self-respect and self adequacy. Thus self-concept deals with self perceptions of the person. A person's self-perceptions will in turn affect his social interaction, level of aspiration, psychological health, and school achievement and indirectly his popularity and approval by other people in his environment.

Neuroticism

Neurosis is the cluster and mixture of negative personality characteristics such as anxiety, worry, moodiness, shyness, anger and aggression. The individuals show sensitivity to the environmental disturbances such as stress and other emotional negative traits. Those who score high on neurosis may perceive and interpret every situation as irritating, threatening and problematic, which may lead helplessness and hopelessness. Neurosis as a mental disorder is characterized by high medium and low scores. Individuals with low scores are to be found psychologically sound and stable. The individuals with low scores are usually calm, cool and having a less chance to become disturbed and nervous as compared to high scores. The term was first coined by Scottish doctor William Cullan in (1769) refer to "disorders of sense and motion" caused by a general affliction of the nervous system". The term was however most significantly defined by Carl Jung and Sigmund Freud over a century later. The Sigmund Freud later used the term anxiety neurosis to describe mental illness or distress with high level of anxiety as an apparent feature. It arises from clash between different drives, impulses, and motives held within various components of the mind. The unconscious part of the mind which, among other functions, acts as a storehouse for repressed thoughts, feelings, and memories. Anxiety as a center of neurosis arises when these improper and repressed drives threaten to enter in the conscious part of the mind (ego). The American Psychiatric Association (APA) reports that neurotic disorders are the most common mental disorders such as anxiety, phobias, obsessive-compulsive disorder, stress, fear, and mere frustrations.

Self-Concept and Physical Impairments

The impairments commonly associated with hearing and

orthopedics may cause difficulties in everyday functional activities, such as walking, climbing steps or stairs, dressing, and other tasks of personal care (Haris, 1981 and Thompson & Hoffer, 1991) [52]. These difficulties may reduce a child's ability to interact with others and their environment which could impact on their self-concept (Cherry, 1991, Skellern, 1978 and Stevens, Steele, Jutai, Kalnins, Bortolussi, Biggar, 1996) [28, 50, 51]. Because self-concept is a fundamental aspect of psychological health, if specific domains of self concept are impaired in children then it may affect their health and functioning (Bandura, 1986). Knowledge about how young people with disability feel about themselves would assist health care professionals to provide optimal management. If self-concept is indeed impaired in this group then greater awareness about how they feel about themselves may contribute to and enhance the development of a supportive and understanding child–clinician relationship (Cherry, 1991) [28]. It would also help clinicians to identify children who are at risk of having a low self-concept and, thereby, facilitate appropriate referral. In addition, clinicians who are often given the role of educators on disability would be able to educate parents, teachers, and other clinicians, on the psychological as well as the physical implications of a disability. If self-concept is unimpaired in children with physical impairments then clinicians can concentrate on treating the presenting physical problems rather than placing emphasis on the effect of disability on self-concept.

An altered self-concept in children with physical impairments, therefore, can have clinical consequences but clinicians' and parents' views may be based on an assumption of impaired self-concept rather than on actual evidence.

Neuroticism and Physical Impairments

A plethora of studies have shown that children with disabilities have a greater chance of developing mental health problems than children without disabilities (Dix, 2010) [31]. High rates of mental health difficulties have also been found in young people who are hearing impaired, have cerebral palsy, epilepsy or chronic illness. The level of the child's impairment and support and attitudes from others are key factors that influence the mental health and wellbeing of children with disabilities. When those around them take effective steps to include children with disabilities and ensure their needs are met, they can help foster positive mental health and wellbeing. However, when this does not occur, mental health difficulties are more likely to develop in some children. Some children with disabilities may have difficulties in forming and maintaining relationships because the impairments caused by the disability limit or restrict them from participating in everyday activities with their peers. Children with disabilities are also more likely to experience situations that negatively affect their mental health, such as bullying.

Some children with disabilities have difficulty in picking up social cues that allow them to participate cooperatively with others. Children with physical disabilities may find it hard to participate in games that other children play. Some children may find it difficult to approach their peers to engage in social activities. As a result, children with disabilities may lose confidence in their ability to make friends or to participate in activities that other children their age enjoy.

The combination of these sorts of factors can lead children with a disability to be at risk of developing mental health difficulties, such as low self-esteem, and mental health disorders, such as depression. However, when families, schools and communities take steps to understand the child's individual needs, build on their strengths, and provide supportive and respectful environments, children with additional needs can experience good mental health and their potential for learning can be maximized. The above discussion clearly shows that children and adolescents suffering from disabilities are vulnerable to many psychological and social problems. Therefore in regard to this evidence, the present study will be conducted with the following objectives.

Objectives

- To assess the level of neurosis and self-esteem in orthopedically impaired and hearing impaired secondary school students of Kashmir Division.
- To compare the orthopedically impaired and hearing impaired secondary school students on self-concept.
- To compare the orthopedically impaired and hearing impaired secondary school students on neurosis.

Hypothesis

1. There is no significant difference between orthopedically impaired and hearing impaired secondary school students on self-concept.
2. There is no significant difference between orthopedically impaired and hearing impaired secondary school students on neurosis.

Sample

The sample of this study was collected from 105 secondary schools of Kashmir division. The sample consists of 100 students of which 50 orthopedically impaired and 50 hearing impaired secondary school students were selected from 10 district of Kashmir division. Both the categories viz. orthopedically impaired and hearing impaired students were identified on the basis of information obtained from the offices of several secondary school institutions using purposive sampling technique.

Tools used

Self- concept Inventory (Sharma & Sagar, 1971) [47]

The data for was collected with help of self-concept inventory (Real Self and Ideal Self) by Sagar and Sharma, 1971 [47]. The test consists of many items which require the subject to give his own individual feelings. Validity The content validity of self-concept inventory was established by Sagar and Sharma and the validity co-efficient of this inventory were found to be 0.682.

Kundu Neurotic Personality Inventory (1987)

The test was developed according to Indian socio-cultural pattern. To minimize faking effect nonaggressive types of items were included. In order to check the subjects who have a tendency to respond to the middle most categories from a

pattern of systematic presentation, the arrangement of the response pattern from 1 to 5 was not made according to the decreasing degree of symptom. To avoid suspicion as to the real purpose of the inventory the abbreviated name K.N.P.I. (Kundu's Neurotic Personality Inventory) was used. The inventory is self administering in nature. The result depends on the truthfulness of answers and through co-operation of the subject.

Statistical treatment

The data collected was subjected to the fallowing statistical treatment frequency Distribution and t-test.

Results

Table 1: Frequency distribution of levels of neuroticism and self concept of children with hearing impairments (N=50).

Neuroticism			Self-concept		
Levels	N	%age	Levels	N	%age
High	21	42%	High	24	48%
Average	18	36%	Average	17	34%
Low	11	22%	Low	9	18%
Total	50	100%	Total	50	100%

The above table showing the frequency distribution of the variables of neuroticism and self concept of children with hearing impairments shows that out of the total sample of 50, 21 (42%) fall in the high level while as 11 (22%) fall in the low level of neuroticism. With respect to self-concept, the table shows that out of the total sample of 50, 24 (48%) fall in the high level while as 9(18%) fall in the low level of elf-concept.

Table 2: Frequency distribution of levels of neuroticism and self concept of children with Orthopedics (N=50).

Neuroticism			Self-concept		
Levels	N	%age	Levels	N	%age
High	26	52%	High	23	46%
Average	16	32%	Average	19	38%
Low	8	16%	Low	8	16%
Total	50	100%	Total	50	100%

The above table showing the frequency distribution of the variables of neuroticism and self concept of children with orthopedics shows that out of the total sample of 50, 26 (52%) fall in the high level while as 8 (16%) fall in the low level of neuroticism. With respect to self-concept, the table shows that out of the total sample of 50, 23 (46%) fall in the high level while as 8(16%) fall in the low level of self-concept

Table 3: Showing the mean comparison of orthopedically impaired and hearing impaired secondary school students on self-concept inventory (N=50 in each group).

Groups	N	Mean	S.D	t-value
Orthopedically imp.	50	66.52	10.14	0.94^{NS}
Hearing impaired	50	67.86	10.20	

The Above Table shows the mean comparison of orthopedically impaired and hearing impaired secondary school students on self-concept inventory. The calculated t-value (0.94) is less than the tabulated t-value (1.97) at 0.05 level of significance, which depicts that there is no significant difference between orthopedically impaired and hearing impaired secondary school students on self-concept. Thus from the confirmation of the results from the above table, the null hypothesis no. 1 which reads as, "There is no significant difference between orthopedically impaired and hearing impaired secondary school students on self-concept", stands accepted.

Table 4: Showing the mean comparison of orthopedically impaired and hearing impaired secondary school students on neurotic inventory (N=50 in each group).

Groups	N	Mean	S.D	t-value
Orthopedically impaired	50	75.22	8.10	0.49^{NS}
Hearing impaired	50	73.96	7.84	

The Above Table shows the mean comparison of hearing impaired and orthopedically impaired secondary school students on neurotic personality inventory. The calculated t-value (0.49) is less than the tabulated t-value (1.97) at 0.05 level of significance, which depicts that there is no significant difference between hearing impaired and orthopedically impaired secondary school students on neurosis. Thus from the confirmation of the results from the above table, the null hypothesis no. 2 which reads as, "There is no significant difference between hearing impaired and orthopedically impaired secondary school students on neurosis", stands accepted.

Conclusion

The two categories of physically challenged secondary school students' viz., hearing impaired and orthopedically impaired secondary school students were compared with each other on self-concept inventory and neurotic personality inventory. It was found that there is no significant difference between orthopedically impaired and hearing impaired secondary school students on self-concept and neurosis. Both the categories commonly suffer from emotional disturbances such as shyness, over sensitivity, guilt, worriness, more strongly and more harshly. Neuroticism negatively affects their ability to function effectively in the activities of daily living, such as take part in any social activity. Side by side with those main symptoms there are other severe indications, such as irritability, sudden bursts of anger, aggressiveness and fickleness found commonly in them. The psychic, emotional tension and behavior disturbances also adversely effects their self-confidence and self-concept.

Suggestions for Further Research

The present study implies various suggestions to do further research on the following problems:

1. The present study has been conducted at secondary school students. Further studies can be conducted on these variables at the higher secondary and higher levels of education as well.
2. The present study confirms itself to drawing the sample of the physically challenged students from various secondary schools of Kashmir division. A similar study should be conducted by drawing the samples from special

and inclusive settings of these areas.
3. Parental attitudes and their socio-economic background of the students can also be considered in further studies.
4. A study on inter-institutional differences as affecting the Psychological make-up of the physically challenged children may also be attempted. This may bring out the institutional climate as affecting the total development of these children.
5. Further research may be conducted on physically challenged children by taking into account other variables like personality characteristics, adjustment, interest, attention and motivation, attitude of parents and teachers etc.

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