

# A COMPARATIVE STUDY OF EMOTIONAL DEVELOPMENT OF BLIND AND LOW VISION ADOLESCENTS

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## 1. INTRODUCTION

In the world God has created many creatures. Out of these human being is the most unique creature. The human being can express their thought and feelings unlike other creatures. For example when one gets something he/she likes, he/she feels happy and when loose something or someone whom he/she love, they feel sad. The feelings are shown itself in their facial expression and other body language. For example when a baby smiles, the mother understands that he/she is happy. And when the baby is in discomfort the mother understands it even if the baby is not crying. When an individual is sitting in a group, if a person is not cheerful as usual it is said that he/she might be having some thoughts that is disturbing them.

### 1.1 EMOTIONAL DEVELOPMENT

The word Emotion, reflect experiences and actions in our social lives. William James presented a provocative idea of emotion as a peculiar experience. Some modern philosophers continue that tradition. The biological elements of emotion experience are obvious. Theories and research explore the possibilities of emotions as inherited, adaptive expressions, as fundamental body processes, and as systems of brain function.

A traditional exploration into emotion is through children, charting the appearance of emotion as life experiences are acquired. From there, it is an obvious step to" consider the bigger picture of emotional expressions and their role in the progress of emotional experiences.

Emotional dimensions form most of our social interactions. Most emotion has a social context that defines each emotional experience. The social context is no better illustrated than in the different gender roles of emotion.

### 1.2 EDUCATION FOR DISABLED

Although our education policy emphasize, on 'education for all', education of children with different disabilities is of great concern. National policy on Education (1986), Plan of Action (1992) for be disabled seeks to achieve universal enrolment of handicapped children by the end of 9<sup>th</sup> plan, in general schools whenever possible and in special sections of general schools of children who require special education.

Right to education for all people is one of the most widely held concept all over the world. We cannot and should not debar anybody simply because he/she is a handicapped. Instead, special provision and facilities have to be provided so that they can continue with their studies.

### **1.3 PROBLEMS FACED BY VISUALLY HANDICAPPED PERSONS**

In this era where competition can be felt in every sphere of life even for normal persons, the plight of the disabled population is much more grimmer. They have to confront with several problems in their day to day life, be the work/job very simple otherwise.

The various problems faced by the visually hand capped persons can be listed out as follow.

- Lack of Medical facilities and rehabilitation
- Problems of mobility
- Educational problems
- Problems of employment.
- Psychological Problem
- Attitudinal Difficulties
- Social Integration

### **EFFECT OF BLINDNESS ON EMOTIONAL DEVELOPMENT**

Sudden and severe loss of sight can be an overwhelmingly distressing experience for the sufferer and, equally, that dose at hand. This is particularly true when the individual has enjoyed normal or near normal vision for most of their life and as a result has taken their sight completely for granted. Although, a slow, progressive deterioration in sight can be compensated for to a large extent by minor adjustments to expectations and behaviour, there eventually comes a point at which the individual realizes that their visual impairment is severely handicapping them in daily activities such as shopping, cooking, feeding, dressing, house-work and mobility; not to mention leisure activities and hobbies through which they might otherwise obtain some respite from the irritations of visual impairment.

If someone visit them with an offer of rehabilitation they may well have made their minds up that rehabilitation may work for other people, but that in their case, since nothing can be done to restore their They need to be convinced that life without sight is not the living death which they may imagine it to be, before one even begin to give them the independent skills.

Once an individual has been registered as a visually impaired or blind person, there is a period of time during which the initial shock accompanying such a radical change of status is gradually replaced by a realization that life will never be the same again. Since loss of sight affects the individual on a number of levels simultaneously, demanding that the ways in which the person perceives, behaves, thinks and feels about things must change, the process

of adjustment can be a protracted one, and it may take a number of different courses, depending upon the person's temperament, their previous experiences of setbacks, and their ways of coping with a crisis (Dodd's, 1991a). A good account of the practical challenges in adjusting to sight loss is given by Conyers (1992), and the following presents a theoretical model which is intended to provide a balance to more traditional views.

## 2. REVIEW OF RELATED LITERATURE

Both social acceptance and socio-psychological adjustment are considered to be the prerequisite of successful rehabilitation of visually handicapped persons. These qualities are related to the competence of an individual. The competence and the usefulness of a person need to be developed through programmes of formal education and training. In the latter part of eighteenth century in France Valentin Havy encountered several cases of visually handicapped person, which further convinced him of the necessity organizing formal education for visually handicapped children. Motivated by these considerations he started the first school for the blind in Paris in 1784. In due course of time this was followed by several educational experiments. In 1934 Luis Braille simplified Charles Barbiers system of embossed dots and gave a new script to visually handicapped. These with standing these and various similar innovations took several decades to appreciate the potentialities of visually handicapped persons and their capacities for participation in purposive activities. Studies undertaken in present century relate not only to the questions of evolving new techniques of teaching the visually handicapped but are also provide insight into a variety of educational and Psycho-social problems of these persons. The centrally sponsored scheme of integrated Education is one such innovation. It has however raised the controversies in many countries. These and similar issues indeed have attracted considerable research attention, while several studies have been conducted about the problem in western countries on the relative efficiency of programme. A proper evaluation is yet to be done in our country.

### 2.1 STUDIES CONDUCTED IN INDIA

**Lata (1985)** studied the effect of parental attitude on social, emotional and educational adjustment of normal and handicapped students. The sample consisted of .150 subjects (75 normal ana 75 handicapped) of the 75, 46 were boys and 29 were girls. The Adjustment Inventory (developed by A.K. Sinha and R.P. Singh) was used to measure the adjustment of the sample. The Parent Judgment Scale regarding to a particular child (was developed by Irwin) was translated in Hindi and was used to measure the parent's reaction to their child. They found that the adjustment of the normal differ significantly than handicapped -children. Normal boys and handicapped girls showed better emotional adjustment than normal girls and handicapped boys. Normal students do not differ from the handicapped in the field of social adjustment but differed significantly from the disabled in the field of educational adjustment. It was found that attitude of parents did not affect the adjustment of handicapped boys but affected the handicapped girls.

**Mathur (1985)** made a comparative study of adjustment problems, level of aspiration, self concept of crippled children and normal children. The sample comprised of 50 crippled ranging in age from 13 years to 16 years, studying in high school and intermediate colleges of Allahabad city and 50 normal children, matched with crippled children in age, sex, IQ, Socio Economic status, institution and class. Self Concept Inventors' by U.P.Singh, Personal interview, school records of the students and the educational problem checklist prepared by investigator were used as tools. The finding of study revealed that crippled differed significantly from normal children in school adjustment, emotional adjustment and total adjustment. However, when the comparison was made separately for boys and girls. It was found that crippled boys differed significantly from girls in social adjustment only. While crippled girls differed significantly from normal girls in social adjustment, emotional adjustment.

**Ray (1986)** has examined the relationship between academic achievement, home, health and social and emotional adjustment in 101 female colleges students through a battery of tests, including 16PF and a questionnaire. He conclude that adjustment factor have some impact on the academic achievement of the students.

**Mittal (1988)** did significant work on the comparative study of personality traits of educated blind and sighted youth. Cattell 16 PF was administered and it was found that there was no qualitative difference between the two groups.

### 3. METHODOLOGY

In this chapter the method employed by the researchers, the sample and the sampling procedure, the hypothesis, tools, data collection procedures and the statistical techniques used for analyzing the data are briefly discussed.

#### 3.1 SAMPLE AND SAMPLING PROCEDURE

Total sample consisted of 120 subject drawn from different Integrated school and residential school, sample comprised of equal number of male-female adolescents. There is no particular area to collect the sample. Sample selected from different integrated and special schools in random order.

Distribution of sample in each category.

Disability Group	Integrated	Special	Total
Low vision	30	30	60
Total Blind	30	30	60
Total	60	60	120

### 3.2 HYPOTHESIS

The following hypotheses were formulated and tested:

1. There is no significant difference between the emotional development of blind and low vision adolescent.
2. There is no significant difference in the emotional development of male and female adolescents with blindness and low vision.

### 3.3 TOOL USED

The following tool was used to study the emotional development of the blind and low vision adolescents:

#### EMOTIONAL MATURITY SCALE

Manual for Emotional Maturity Scale (EMS) is made by Dr. Yasvir Singh, dept. Of psychology, St. Johann College, Agra & Mahesh Bhargava, Agra, published by National psychological Corporation . This test is standardized test.

Emotional Maturity scale has a total of 48 items under the five categories given below:

##### A) Emotional instability- (s.a)

This is a broad factor representing syndrome of lack of capacity dispose off problems, irritability, needs constant help one's day –to-day vulnerability, stubbornness and temper tantrums. This group of factors has a high correction (JS) with the total score obtained on the scale. On the Interco relation, matrix, syndrome of emotional instability has high inter correlation with social maladjustment (s.k.) but low correlation with emotional regression (s.d.), personality disintegration (k.v.) and lack of independence (n.h.). This factor has low correlations with the two factors analyzed in factor of emotional immaturity.

##### B) Emotional regression-(s.d)

Emotional regression is also a broad of factors representing such syndromes as feeding of inferiority restlessness, hostility, aggressiveness and self-centre ness, This factor has high coloration with total score on the scale on Interco relational matrix, it is highly inter correlation with other two factor, that of personality disintegration (k.v.) and lack of independence (n.h.), but has low inter correlations with these of emotion instability and social maladjustment factors this has emerged as the most broad factor in the scale as revealed by the factorial analysis (Tableno-7) it has high inter-correlation with (k.v.) (.47) n.h.(.45) and low inter correlations with s.k. (.27)and s.d. (.18). It also has a high correlation (.63) with the total score on all the five factors of the scale.

**C) Social maladjustment (s.k.)**

Such a person shows lack of social adaptability shows hatred successive but boosting, tier and shirker.

**D) Personality disintegration-(k.v)**

It includes all those symptoms, which represent disintegration of personality, like reaction, hobbies formation, rationalization, pessimism in morality etc. Such person suffers from inferiority and hence react to environment through aggressiveness distraction and has distorted sense of reality. In brief such a person shows varied degrees of neuroticism which could be put as below.

**D) Lack of independence (n.h.)**

Such person shows parasitic dependence on others, egoistic and lacks objective interest people think of him on unreliable person.

**Description and scoring:-**

Emotional Maturity scale has a total of 48 items under the five categories given below:-

	<u>Areas</u>	<u>Total No. of Items</u>
A) Emotional instability	S.A.	10
B) Emotional Regression	S.D.	10
C) Social Maladjustment	S.K.	10
D) Personality disintegration	K.V.	10
E) Lake of independence	N.H.	8
<b>Total</b>		<b>48</b>

EMS is a self-reporting five point scale item of the scale are in question from demanding information for each in either of the five options mentioned below :

**ATYADHIK, BAHDHA, ANISCHIT, PRAYA, KABHI NAHI.**

The items are so stated that if the answer is positive say (ATYADHIK) a score of 5; BAHUDHA is given for 4; ANISCHIT for 3; PARAY for 2; and for negative answer

of KABHI NAHI a score of 1 is to be awarded. Therefore, the higher the score on the scale, greater the degree of the emotional immaturity and vice-versa.

The investigator used measures of central tendency and the t test to compare the emotional development of the blind and the low vision adolescents. The data collected are being presented in the fourth chapter

## **DISCUSSION**

Loss of vision either fully or partially is a major form of disability. Our country has the dubious distinction of having the largest number of potentially blind people in the world. In absolute numbers, as per the figure of World Health Organization survey (1981-84) nearly 12 million people were blind -- a considerable 1.49 percent of the total population. No age group has been spared from the extent of blindness. Roughly more than 70% of the aged population of the country fall victim to different forms of visual impairments, primarily of cataract and glaucoma.

Pre school children are also very vulnerable to blindness. Vitamin 'A' deficiency is still the major cause of blindness among children, accounting for 0.04% of blindness.

Generally speaking, by the term 'blind' we mean those individuals whose vision is of no practical value of them for the purpose of education in general and general business in particular. For the integrated and general school settings, the special schools can be a principal resource for providing technical assistance, diagnostic and evaluation services and support of and to local efforts to serve visually impaired children.

Findings of my study support these observations. In my study, results revealed that favourable social adjustment lead to good academic achievement in special school, which is gradually decreasing from special to integrated then general school.

Though the population of blind and low vision adolescence is high but very little comparative study of emotional development of blind and low vision adolescence has been done.

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