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Differentially abled viz. orthopedically impaired and hearing impaired secondary school students with special reference to their level of aspiration and neurosis

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Abstract
This study was undertaken to study the level of aspiration and neurosis of differentially abled secondary school students of Kashmir Division. The sample for the study was 50 including 25 hearing impaired and 25 orthopedically impaired students, identified from various secondary schools by using purposive sampling technique. The result of the study highlight that both orthopedically impaired and hearing impaired students do not differ in level of aspiration and neurosis. The physical impairment is accountable for inferiority complex in the society and this inferiority complex results high neurotic level and low aspiration level among both hearing and orthopedically impaired students.

Keywords: level of aspiration, neurosis, hearingimpaired, orthopedically impaired

Introduction

The term level of aspiration was first used by a German psychologist namely Hoppe. There are different tasks in the world, that different students do, or there are different tasks that they desire to do. The standard that they want to achieve in any task is described by psychologists as their level of aspiration.

Aspiration determines how much curious one is to achieve the goal. It determines the enthusiasm to perform a task. A person with low level of aspiration does not perform any task with curiosity and interest. A person with high level of aspiration interestly puts every effort into practice to achieve the goal.

The success of a person in any task is determined by his degree of work to achieve the goal. The degree of work is determined by the degree of his aspiration. The degree of his aspiration is determined by his self-image. Lexicographically the word aspiration means, "pure up word desire for excellence, steadfast desire or longing for something above".

Frank (1935) altered Hoppe's concept of level of aspiration and defined it as "level of future performance in a familiar task which an individual, knowing his level of past performance in that task, explicitly undertakes to reach".

Gardner (1940) defined as "level of aspiration as a truly quantitative concept, which has two requirements that the subjects make some public indication of his aims and that, he makes this in quantitative terms".

Backer and Seigal (1957) referred level of aspiration, "as individual strives for a particular goal or level of achievement".

Hurlock (1967) aspiration means "a longing for what is above one's achieved level with advancement on it as its end. In other words, aspiration means the goal an individual sets for himself in a task, which has intense personal significance for him or in which he, is ego-involved".

When individual's desires, demands etc. are not fulfilled or failure in life results psychological problems such as anxiety, aggression stress more over other neurotic tendencies. 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. They have capacity to manage and deal with all disturbances effectively as compared to those who score high on neurotic personality inventory. 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 neuroticism includes anxiety, phobias, worry, anger, depression, stress and meager frustrations. All of which commonly called neurosis or anxiety disorder. The term was first coined by Scottish doctor William Cullan in (1769) refer to "disorders of sense and motion" caused by a general affection of the nervous system"" therefore various nerve disorders and symptoms that could not be explained psychologically. It derives from the Greek word "νεῦρον" (neuron, "nerve") with the suffix-osis (diseased or abnormal condition). 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. Anxiety is a common neurotic disorder almost 5% of the general population being affected as per the reports of American psychiatric association (APA). The frequent and known symptoms of anxiety includes excess amount of sweating, numbness, muscle tension, tremors and hypertension. The benzodiazepines and anti-depressants are the basic medications and psychological treatments to help individuals with anxiety disorders. Individuals with phobias experience intense and irrational fears of objects or situations that usually lead them to avoid that particular thing. While many fears do not interfere with daily life, excessive phobias that dominate a person's life usually require psychological treatment. Obsessive-compulsive disorder is a common neurotic disorder marked by the reappearance of interfering or disturbing thoughts, impulses, images or ideas accompanied by repeated attempts to suppress these thoughts through the performance of certain irrational and ritualistic behaviors or mental acts (compulsions) for example, a sufferer with a fear of germs or illness may wash his hands countless times each day, even to the point of making them bleed. Medications and psychological treatment, including behavior modification, are generally successful methods for many obsessive-compulsive patients. Post traumatic disorder (PTSD) affects those individuals who have been exposed to traumatizing experiences, as commonly neurotic disorder is seen in soldiers who return from war situations. The patients often relieve the trauma through flesh backs and dreams, which can lead to paranoia, insomnia and social withdrawal. Somatization disorder causes individuals to display fear as physical symptoms. Somatic symptoms are physical symptoms that a patient feels, but that cannot be medically authenticated through testing and other diagnostic procedures. However, many physically challenged people continue to report difficulty in accessing such services including – no recognition of their needs in relation to their physical impairment, negative attitudes to disability held by some staff, lack of personal support and Physical unapproachable buildings and facilities. The Community based assessment and treatment services should be developed to provide assessment and treatment of people with a physical impairment. Some people with physical impairment are at increased risk of challenging behaviors and mental illness. Health and Social Care Trusts should ensure that protocols are agreed so that a proactive approach can be taken to systematic intervention should there be signs of recurrence. Article 2 asserts that children should never be discriminated on grounds of physical impairment or any other type of disability. Article 23emphasizes the rights and freedoms of children with physical impairments and other disabilities plus importance of promoting their full enjoyment of life experiences and of exercising their independence to the greatest extent possible. These children may need additional support and resources to fulfill their potential including rehabilitative care, surgical intervention, assistive devices such as crutches, wheelchairs, and environmental modifications like ramps and accessible transport. In more developed countries, medical and surgical advances have brought significant improvements to the health and well-being of many children with disabilities. This is reflected in significant decreases in morbidity and death rates among children with physical impairments or any other disability.

For the purpose of the present investigation physically challenged students includes the following categories i.e. hearing impaired and orthopedically impaired. Hearing impaired are those in whom the sense of hearing is nonfunctional for ordinary purposes of life. They do not hear or understand sound at all even with amplified speech. The cases included in this category will be those having hearing loss of more than 70 decibels (Graham Bell's Scale) in the better ear (profound) loss of hearing in both ears (ministry of social welfare 1987). Hearing impaired children are recognized by various symptoms such as, frequent pain in the ears, discharge from the ear, scratching the ear frequently, turning the head frequently towards the speaker and restlessness.

The term crippled refers to a kind of orthopedic handicap in which the child's legs are deformed or even the child loses his limbs and becomes lame. The crippled child can be recognized by various symptoms such as deformity in limbs, feeling of pain in the joints. Loss of any part of the body, polio effects, crippled body and difficulty in working or running.

Need and importance

Education show the way to empowerment as it is essential for a nation like India, even though after 65 years of sovereignty has not been able to eradicate illiteracy in spite of the constitutional mandate given by way of Article 45 of the Persons with Disabilities (Equal chances, protection of rights and full membership) Act, (1950). This widespread Act covers seven disabilities namely visual impairment (blindness and low vision) hearing impairment, orthopedic impairment, mental retardation, leprosy and intellectual sickness. As we know that Act, which covenant with education, mentions that the appropriate Governments and the local authorities shall ensure that every child with a disability has access to free education in an appropriate environment till he/she attains the age of eighteen years. Endeavour to promote the integration of students with disabilities in the normal schools; even though countries all over the world have made laws relating to imparting of education, these laws have not been created in a vacuum. There are various international commitments by way of convention, treaties etc., which have compelled governments all over the world to enact provisions relating to education and its establishment as a human right. Disability is not merely a physical fact, but also involves a normative, cultural, and legal concept. The society's perception of disabled person also reflects its idea of a normally functional human being and definition as considered by the society gives us an insight in to the society's self-image. The recognition by the society of the term physically challenged also implies a responsibility of the society towards the people who fit that description. Society with deep ethos of social responsibility is likely to be more open in its definition of disability. The Kothari Commission (1964–66), the first education commission of independent India, observed: "the education of the handicapped children should be an indivisible part of the education system." The commission recommended

experimentation with integrated programmes in order to bring as many children as possible into these progrommes. The National Policy on Education (1986) brought the fundamental issue of equality for children with special needs (CSN) to the forefront. It stated that the "objective should be to integrate physically challenged people with the general community as equal partners, to prepare them for normal growth and to facilitate them to face life with courage and confidence." It is clearly mentioned in the document that wherever it is feasible, the education of children with orthopedic impairment and other mild handicaps will be common with that of others; Special schools with hostels will be provided, as far as possible at district headquarters, for the severely handicapped children; Adequate arrangements will be made to give vocational training to the handicapped children. Teachers' training programmes shall be reoriented in order to deal with the special difficulties of the handicapped children and Voluntary effort for the education of the challenged/disabled will be encouraged in every possible manner". In the present scenario in spite of technological and scientific advancement, the country of India failed to fulfill the dreams of physically challenged children epically visually, orthopedically, hearing, and speech impaired children. The life of these children became unhappy, sad, depressed, dejected, gloomy, miserable, and dreadful. Elsevier (2005). According to the Australian Institute of Health and Welfare (2008) People with physical impairment appear to be at greater risk of neurotic problems than the general population. A Statistical Overview Report (2004) cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: any physical impairment like visual, hearing, orthopedic, speech etc. results psychological disturbances like neuroticism and other emotional problems. Both hospital and community mental health services are covered under the Disability Discrimination Act (i.e. service providers must make reasonable adjustments to policies, practices and procedures to ensure service accessibility for disabled service users). Denise *et al*. (2012) signifies depression is approximately two to three times commonly occur in patients with a physically handicapped than in people who are physically healthy that occurs in about 20% of people with a chronic physical health problem. Mohammed, Z., Radi, E. (2012) symbolizes negative correlation between neuroticism as a psychological hardiness and level of aspiration /achievement motivation. Frank Lin (2011) [24] found a strong link between degree of hearing loss and risk of developing dementia. Individuals with mild hearing loss were twice as likely to develop dementia as those with normal hearing, those with moderate hearing loss were three times more likely, and those with severe hearing loss had five times the risk. Lindsay, S, Danielle (2011) refers to that rate of depression and post-traumatic stress was higher among hearing impaired respondents as compared to the normal. Meier (2010) reveals physical and motor disability may lead to social isolation and social degradation. Vikas, B. (2010) denotes that hard of hearing subjects showed normal levels of anxiety. The orthopedically disabled children gained much popularity among their peer and non-peer groups while the least was gained by hearing impaired children. On contrary to our beliefs blind were found much popular than partial blind children. The happiness and satisfaction were highest in sensory disabled children like groups of blind and deaf while were least in orthopedically impaired children. Sumera, H. (2009) denotes significant differences in anxiety and anger in children with orthopedic impairment as compared to their healthy matched siblings, while no-significant difference in shyness in children with orthopedic impairment as compared to their healthy matched siblings was found. The findings further suggest that there is positive correlation between anxiety, anger and shyness. Bunmi, O (2009) [18] depicts that sex status, disability and ability does not significantly affect self-esteem and level of aspiration/achievement motivational needs of people. Louise, C. (2007) represents that people who had orthopedic impairment (arthritis), diabetes, angina, or asthma often to suffer from depression than normal people.

Objectives

1. To identify deferentially abled viz. orthopedically impaired and hearing impaired secondary school students of Kashmir Division.
2. To compare hearing impaired and orthopedically impaired secondary school students on level of aspiration and neurosis.
3. To find relationship between aspiration and neurosis of hearing impaired and orthopedically impaired secondary school students.

Hypothesis

1. There is no significant difference between orthopedically impaired and hearing impaired secondary school students on level of aspiration and neurosis.
2. There is no significant relationship between orthopedically impaired and hearing impaired secondary school students on level of aspiration and neurosis.

Materials and Method

The study was designed to compare the hearing impaired and orthopedically impaired secondary school students on level of aspiration and neurosis. As such, descriptive method of research was employed.

Sample

The sample of this study collected from various secondary schools of Kashmir division. The sample consists of 50 students of which 25 hearing impaired and 25 orthopedically impaired secondary school students were selected from 10 district of Kashmir division. Both the categories viz.hearing impaired and orthopedically impaired students were identified on the basis of information obtained from the offices of several secondary school institutions using purposive sampling technique.

Tools Used

The investigator adopted the Level of aspiration scale by M. Bhargava, M. A.Shah, and Neurotic scale by R.N. Kundu,).

Statistical treatment:

The data collected was subjected to the fallowing statistical treatment: Mean S.D, t-test and Correlation.

Analysis and interpretation of data

In order to achieve the objectives formulated for the study, the

data was statistically analyzed by employing t-test and correlation.

Table 1: Showing the mean comparison of orthopedically impaired and hearing impaired secondary school students on level of aspiration scale (N=25 in each group).

Group	N	Mean	S.D	t-value	Level of significance
Orthopedically impaired	25	90.22	7	0.61	Insignificant
Hearing impaired	25	88.92	8		

The Table 1 shows the mean comparison of orthopedically impaired and hearing impaired secondary school students on level of aspiration scale. The calculated t-value (0.61) is less than the tabulated t-value (1.98) at 0.05 level of significance, which depicts that there is no significant difference between orthopedically impaired and hearing impaired secondary school students on level of aspiration scale. The above table clearly reveals that both the categories viz. orthopedically impaired and hearing impaired students have low level of aspiration. Due to defective sensory organs both the categories experience intensive fear, helplessness and feeling insecure, which reduce their level of aspiration. 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 level of aspiration", stands accepted.

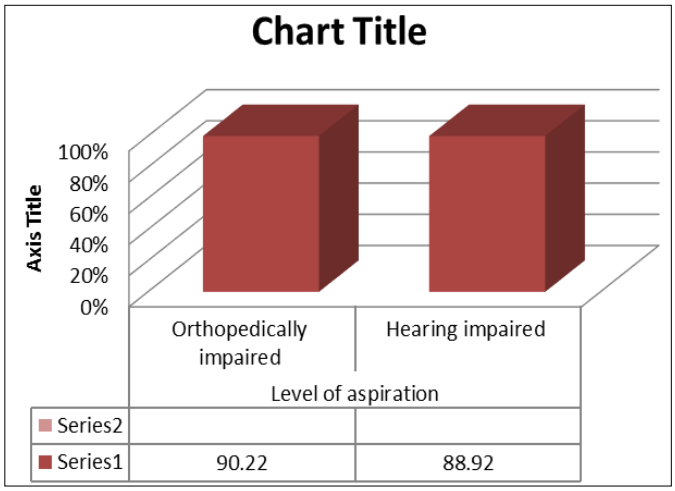

Fig 1: Showing the mean comparison of orthopedically impaired and hearing impaired secondary school students on level of aspiration scale.

Table 2: Showing the mean comparison of orthopedically impaired and hearing impaired secondary school students on neurotic inventory (N=25 in each group).

Group	N	Mean	S.D	t-value	Level of significance
Orthopedically impaired	25	77.67	7	1.37	Insignificant
Hearing impaired	25	75.14	6		

The Table 2 shows the mean comparison of orthopedically impaired and hearing impaired secondary school students on neurotic inventory. The calculated t-value (1.37) is less than the tabulated t-value (1.98) at 0.05 level of significance, which depicts that there is no significant difference between orthopedically impaired and hearing impaired secondary school students on neurotic inventory. A quick look at the means of the above table clearly shows that both the categories viz. orthopedically impaired and hearing impaired secondary school students are prone to psychological problems. Thus defective sensory organs are accountable for neurotic behavior such as anxiety, phobias, stress, anger and depression, etc. 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 orthopedically impaired and hearing impaired secondary school students on neurosis, Stands accepted.

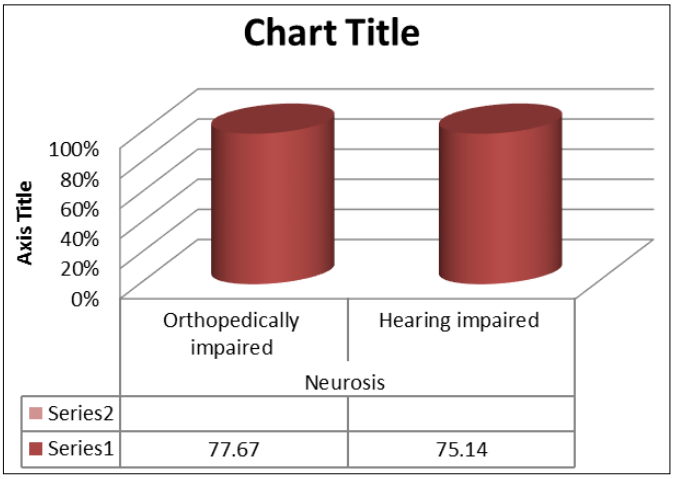

Fig 2: Showing the mean comparison of orthopedically impaired and hearing impaired secondary school students on neurotic inventory.

Table 3: Correlation between level of aspiration and neurosis of differentially abled secondary school students.

Group	Level of aspiration	Neurosis
Level of aspiration		
Neurosis	-0.056	

The table 3: shows the correlation between level of aspiration and neurosis of physically challenged secondary school students. The table reveals that there is a low negative correlation between "level of aspiration and neurosis" (r=-0.056) This suggests that the variables "level of aspiration and neurosis" moves in opposite direction and that means higher the "level of aspiration; lower will be neurotic level and vice versa. Neurosis is the cluster or mixture of negative traits such as anxiety, fear, hopelessness, irritability etc. Those who score high on neurosis are more likely to experience number of problems like psychic, emotional tension and behavioral disturbances. As a result, feelings of worthlessness or inappropriate guilt, difficulty in thinking or concentrating and fail to build satisfactory interpersonal relationships with family members, peers, teachers etc. which adversely affect their educational performance and level of aspiration. The low level of aspiration halts their steps and paralyzes both the body and mind at the time of decision making. They lack the inner belief in their ability to be successful and be likely to withdrawn, unmotivated, lazy, overly sensitive to criticism,

distrustful, and pessimistic.

In the light of the empirical evidences discussed above, the hypotheses numbers 2 stands rejected.

Conclusion

The two groups' viz. orthopedically impaired and hearing impaired secondary school students were compared with each other on level of aspiration scale and neurotic inventory. It was found that both the categories viz. orthopedically impaired and hearing impaired secondary school students are prone to psychological problems. The disability is accountable for their stress, depression, inferiority complex, shyness, anger and above all low level of aspiration. The impairment becomes a challenging and demanding factor for them to lead a happy and prosperous life. They may perceive every day situation as threatening which leads to depression and hopelessness.

The significant negative correlation was found between "level of aspiration and neurosis. This suggests that the variables "level of aspiration and neurosis" moves in opposite direction and that means higher the "level of aspiration; lower will be neurotic level and vice versa. The low level of aspiration halts their steps and paralyzes both the body and mind at the time of decision making. They lack the inner belief in their ability to be successful and be likely to withdrawn, unmotivated, lazy, overly sensitive to criticism, distrustful, and pessimistic.

Suggestions for further research

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

1. Parental attitudes and their socio-economic background of the students can also be considered in further studies.
2. 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.
3. 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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