

Resilience of Orthopaedically Challenged and Non-Challenged Adolescents

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Abstract

The problem is not how to wipe out the differences but how to unite with the differences intact.

- Rabindranath Tagore

According to Census of India, 2011 approximately 20.3% disability is due to movement, which is higher than all disabilities. If the person is adolescent and orthopedically challenged too, then the problems related to different areas like personal, social, emotional and vocational etc. become more complex. Such pressures may result in withdrawal, complete destruction of self, mental illnesses, drug abuse or enormous hostility etc. Resilience is the positive capacity of people to cope with stress and catastrophe. The researcher decided to work on adolescents especially who have difficulty in movement. The purpose of this study is to compare the Orthopedically Challenged and Non-Challenged adolescents on resilience and its various dimensions. The study was conducted on 120 orthopaedically challenged and 120 non-challenged adolescents (11-18 years) from different rural/urban area of Uttar Pradesh. Hindi version of the Resilience scale for children and adolescents (Sandra, Prince & Embury 2006) was used to assess resilience having three dimensions i.e. sense of mastery, sense of relatedness, emotional reactivity. The results show that on the basis of t-test there is a significant difference among orthopaedically challenged and non-challenged adolescents on resilience and its dimensions.

Key Words: *Disability, Orthopaedically Challenged, Resilience, Adolescents.*

Introduction

Disability

What is possibly be common among Einstein, Mozart, Newton, Darwin and Michael Angelo except that they are all great men, the probable answer may be that they were autistic. What about Beethoven? He was deaf. Blindness could not stop John Milton from becoming a great poet. Byron 'walked with difficulty but roamed at will' to give the world some of the finest literary gifts. Stefan Hawking? Hellen Keller? The list would be endless. Disability affected their bodies but their spirit triumphed against all odds to achieve success for themselves and contribute to a better world. Indeed, disability is less of a

bodily deprivation and more of a social-psychological construct that denies a person the human right to realize his full potential. This, however, does not mean that disability is not a serious issue or it does not impact the individual or society significantly.

Orthopedically Challenged

“Orthos” means straight and “Paidios” means child, which means the prevention of deformed adults lies in the development of straight children. Orthopedic impaired children are those children who suffer from such impairments of their muscle and skeletal and nervous system that may interfere with their normal functioning and adjustment to the general and specified demand of their environment and thus making them orthopedically disabled to the extent of requiring special measures for their well-being, adjustment and educational progress. Orthopedic impairment, in general, constitute as one of most common or more prevalent physical impairment in the human being. In this way, all orthopedic impairments fall in the definition or category of physical impairments.

Resilience

Resilience refers to human’s amazing ability to bounce back and even thrive in the face of serious life challenges. Resilience has been defined as a dynamic process of maintaining positive adaptation and effective coping strategies in the face of adversity (**Luthar et. al. 2000**). “A universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity.” (**The International Resilience Project, 2005**).

Orthopaedically challenged face many problems related to mobility, social relationships, emotional adjustment, finances, education, etc. The physical deficits may cause negative physical self- perception. It is well known that self is the core of the personality. If any damage is done to the self the whole psychological functioning undergoes a change. Sense of mastery and relatedness are the two important dimensions of resilience which are developed with the opportunities for people to interact with others and enjoy cause and effect relationship in the environment. So, due to physical restrictions, less mobility, dependence on others (for their own work, emotional, social, financial, etc.) and less opportunity to interact with others, there is a possibility of orthopedically challenged adolescents to be lower on sense of mastery and relatedness. On the other hand, because of above problems they may be less mature emotionally having lesser capabilities to recover from emotional upheavals.

In the light of above view, the present study has been planned to answer the question “How orthopaedically challenged and non- challenged adolescents differ from each other in terms of their capacity to bounce back from adversities, i.e. resilience and its various dimensions?”

Objective-

To compare Orthopedically Challenged and Non-Challenged Adolescents on Resilience and its dimensions.

Hypothesis-

There is a significant difference among Orthopedically Challenged and Non-Challenged Adolescents on Resilience and its dimensions.

Sample-

The sample of the present research is comprised of 240 adolescents. In which 120 were orthopaedically challenged and 120 were non-challenged adolescents. Orthopedically challenged and non-challenged adolescents of 11-18 years were selected from hospitals, N.G.Os, Schools of rural and urban area of Uttar Pradesh. Only those orthopaedically challenged adolescents were selected for the present study, who have difficulty with walking or movement (using/require wheel-chair).

Tool-

Resilience scale (RSCA) for children and adolescents by Sandra Prince and Embury was used. This scale includes, Sense of Mastery (Optimism, Self- efficacy, and adaptability), Sense of Relatedness (Trust, perceived social support, comfort, and Tolerance), and emotional Reactivity (Sensitivity, Recovery, and Impairment) subscales that consists of a total of 64 items (Prince- Embury, 2006, 2007).

Results-

Table-1 Showing the t-value of Orthopedically Challenged and Non-Challenged Adolescents on Resilience

S.no.	Variable	Mean of group-I	Mean of group-II	Difference	t-value	Level of significance
1.	Resilience Total	130.45	143.62	13.17	4.02	.00
	Sense of mastery	37.28	48.83	11.55	5.47	.00
a.	Optimism	12.10	17.70	5.60	5.29	.00
b.	Self-efficacy	19.03	23.33	4.30	4.67	.00
C.	Adaptability	6.38	7.87	1.49	3.82	.00
	Sense of	39.43	51.83	12.40	5.32	.00

	relatedness					
a.	Trust	10.55	13.53	2.98	4.94	.00
b.	Support	8.67	11.79	3.12	4.88	.00
c.	Comfort	10.18	13.88	3.70	5.19	.00
d.	Tolerance	10.17	12.70	2.53	3.50	.00
	Emotional reactivity	53.74	42.96	10.78	5.32	.00
a.	Sensitivity	20.10	13.96	6.14	7.49	.00
b.	Recovery	11.54	9.24	2.30	4.73	.00
c.	Impairment	22.10	19.51	2.59	2.50	.02

Interpretation-

Ghai (1980) found that the handicapped were less independent, less well-adjusted but more satisfied than the able bodied normal. According to above table there is a significant difference has been found in total resilience ($t=4.02, p<.00$) and all its dimensions i.e. sense of mastery ($t=5.47, p<.00$), optimism ($t=5.29, p<.00$), self-efficacy ($t=4.67, p<.00$), adaptability ($t=3.82, p<.00$), sense of relatedness ($t=5.32, p<.00$), trust ($t=4.94, p<.00$), support ($t=4.88, p<.00$), comfort ($t=5.19, p<.00$), tolerance ($t=3.50, p<.00$), emotional reactivity ($t=5.32, p<.00$), sensitivity ($t=7.49, p<.00$), recovery ($t=4.73, p<.00$) and ,impairment ($t=2.50, p<.02$). On the basis of mean value resilience data shows that group II(N) is higher on total resilience and its two dimensions i.e. sense of mastery (optimism, self-efficacy, adaptability) and sense of relatedness (trust, support, comfort, tolerance). But group-II is higher on emotional reactivity (sensitivity, recovery, impairment). In the light of these results hypothesis-two stating “Orthopedically challenged adolescents will be lower on sense of mastery and sense of relatedness dimension and higher on emotional reactivity dimension of resilience” is accepted.

There are many studies available which support these findings. Handicapped people highlight that the attitude of family and society is not supportive for the development of self-mastery within the disabled adolescents. Adolescents particularly those with more visible disabilities are frequently assumed to be in poor health, and are unlikely to survive into adulthood. In many countries the significantly disabled child is referred to as “an innocent” or a “little angel” (UNICEF, 2000). In addition, sending these children to school and preparing them for participation in adult role seems unnecessary. Bjarnason (2002) also holds the similar views about disabled people who are not expected to move towards adulthood rather remain involved in segregated services. Where no services exist, the disabled person usually continues to live as children to their parents’ household. In addition, disabled children are considered to be incapable of learning, no matter what their disability is. A disabled child is considered a distraction to other students and simply not motivated to study with them. This lack of schooling in disabled children reflect the belief that such children cannot learn, that such children should not be put through the stream of learning or that such children are an embarrassment (evidence of bad lucks,

incest or divine disfavor) and should not, regularly be seen in public. Perhaps due to this attitude of the society, the children with disability remain far behind in education and skill levels than their non-disabled counterparts. Disabled high school students are not allowed to be enrolled in the full range of academic courses. As it is felt that the degree would be wasted of the individual who would never be able to find future in the field. Due to the social stigma and discrimination, which a disabled person faces the level of aspiration for future goals also become very low (**Kumar, 2005**). They need to learn not only to accept the limitations placed upon them by their handicapped status, but also to meet the demands as posed by the society. Due to such stigma prevailing in society, the disabled people are not able to experience sense of relatedness (trust, support and comfort with others).

Another reason for low resilience in orthopedically challenged adolescents may be their lesser capacity to manage frustrating situations, although the trait of ego-defensiveness, imputiveness of the respondents was not studied in the present study. It seems that they are lower on it. A study by **Sethi & Sen (1981)** indicated that handicapped group scored lower on ego-defensive imputiveness as compared to normal. **Bhatt (1963)** reported that factors like inferiority complex, introversion etc. affect the psychological adjustment of physically handicapped. Every physical disability is accompanied by some sort of psychological disturbances. The results reveal that the orthopedically challenged adolescents are higher in self-reported sensitivity & ability to be aroused; need more time to recover when emotionally aroused; and their level of impairment associated with the sensitivity or the arousal is significantly higher than the non-challenged adolescents.

Svetaz et.al (2000) found that adolescents with learning disabilities had twice the risk of emotional distress and females were at twice the risk of attempting suicide for violence involvement than their peers. While their educational achievement was lower than that of their normal peers, connectedness to school is comparable. Connectedness to parents and school was identified as most strongly associated with diminished emotional distress, suicide attempts, and violence involvement among adolescents with learning disabilities. Pagdiwalla, kashmira and pestonjee (1988) also found the highest anxiety level in orthopedically handicapped. Research by Richman and Harper (1978) reveal that males with cleft lip & palate are higher on maturity & inhibition while orthopedically challenged males are higher on aggression and activity level. Another study by **Richardson et.al. (1964)** also found handicapped adolescents to be more aggressive than non-handicapped.

In the context of total resilience scale **Turner (1987)** examined the relationships of mastery, social support, life events and chronic strains to depressive symptomatology among physically disabled persons residing in the community. Results show that the disabled were at dramatically elevated risk for depressive symptoms and this high level of depression characterized both men and women. Longitudinal analysis shows that eventful stress, chronic strains, mastery and social support were significant determinants of depression in this population.

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