



Emotional Intelligence of Orthopedically Challenged and Non-Challenged Adolescents

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Abstract

Adolescence is described as a time of great stress and storm than other period of life. Adolescents face many conflicting physical, emotional and social pressure and failure. To successfully handle such pressure resulting in withdrawal, complete destruction of self, mental illness, drug abuse or enormous hostility. Like Non challenged adolescents Orthopedically Challenged adolescents are also social being. They also want to live life like normal adolescents. In such a competitive world Orthopedically Challenged adolescents also face much more problem than normal being. They face the cruel, physical, emotional and mental challenges in every way of their lives. So, 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. In this situation Emotional Intelligence can play a important role. Emotional Intelligence has paramount importance in adolescent phase due to rapid emotional growth as compared to physical and mental growth in human being. Such observations have encouraged researcher to undertake the problem of orthopedically challenged adolescents. Rightly has been said, **'If you have to judge people, judge them based on what they can do, not on what they cannot.** The purpose of this study is to compare the Orthopedically Challenged and Non-Challenged adolescents on Emotional Intelligence and its various dimensions. The study was conducted on 120 orthopedically challenged and 120 non-challenged adolescents from different rural/urban area of Uttar Pradesh. On the basis of t-test the results shows that there is a significant difference among orthopedically challenged and non-challenged adolescents on Emotional Intelligence and its dimensions.

Key Words: Disability,Orthopaedically Challenged,Emotional Intelligence,Adolescents

Introduction

Belief divide us, Emotions unite us.

What doesn't feel good to us normally doesn't feel good to others.

But to understand the importance of this,

We must first be in touch with our own feelings.

Emotion plays very crucial role in our lives. It is "like Vitamin and Calcium for our personality, positive development and growth. The three terms - emotions, feelings and perception are closely linked with each other.

- **Emotions:** Strong feelings of any kind - love, joy, hate, fear and jealousy are all emotions.
- **Feelings:** Awareness of experience, sensations and impressions — 'a feeling of hunger, well- being and discontent'.
- **Perception:** Ability to see, hear or understand; quality of understanding and way of seeing things.

With perception and feelings, there are hundreds of emotions, along with their blends, variations, mutations and nuances. Researchers continue to argue over precisely which emotions can be considered primary the blue, red and yellow of feelings from which all blends come - or even if there are primary emotions at all.

Emotional Intelligence

Emotional intelligence as a type of social intelligence that involves the ability to monitor one's own and others' emotions and to discriminate among them and to use this intelligence to guide one's thinking and actions.

According to **Goleman, 1998** EQ is “the capacity of recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in us and in our relationships”

Goleman, 1995 says that as much as 80% of adult success comes from Emotional Quotient (EQ). Goleman has categorized Emotional Intelligence into five domains-

Self Awareness: Knowing what we are feeling at the moment, and using those preferences to guide our decision making; having a realistic assessment of our own abilities and a well-grounded sense of self confidence.

Managing Emotions: Handling our emotions so that they facilitate rather than interfere with the task at hand; being conscientious and delaying gratification to pursue goals; recovering well from emotional distress.

Self-Motivation: Using our deepest preferences to move and guide us towards our goals, to help us take initiative and strive to improve, and to persevere in the face of setbacks and frustrations.

Empathy: Sensing what people are feeling, being able to take their perspective, and cultivating rapport and attunement with a broad diversity of people.

Handling Relationships: Handling emotions in relationships well and accurately reading social situations and networks; interacting smoothly; using these skills to persuade and lead, negotiate and settle disputes, for cooperation and teamwork.

Emotional Intelligence and Adolescents

Emotional Intelligence has paramount importance in adolescent phase due to rapid emotional growth as compared to physical and mental growth in human being. Studies shows that the adolescents who have high Emotional Intelligence in the area of self -awareness, self- management, social awareness and relations management tend to be very cooperative, Supportive, resilient inside the family and outside as well .Researches shows that Adolescents having educated parents expressed high Emotional Intelligence as compared to those who have illiterate parents. **Sindhu &Jaya Kumari (2003)** found that there is a significant difference between orthopedically handicapped and non-handicapped students of both sexes in social adjustment. **Ojha (2002)** found that handicapped were more concerned with the fear of negative evaluation and social avoidance and distress in comparison to normal control.

Developing Emotional Intelligence skills among adolescents will enhance the academic achievements, self -awareness emotional control, self-motivation, empathy and most importantly handling relationship at different levels of life. There are four basic areas where a lack of emotional Intelligence provokes or facilitates the appearance of behavioral problem in adolescents-

- Emotional Intelligence and Interpersonal relationship
- Emotional and Psychological well- being
- Emotional and Academic achievement
- Emotional and the appearance of disruptive behavior

Disability

“Disabled people are not only the most deprived human beings in the developing world, they also the most neglected.”-Amartya Sen

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occur during a person's lifetime.

Disabilities are an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an *activity limitation* is a difficulty encountered by an individual in executing a task or action; while a *participation restriction* is a problem experienced by an individual in involvement in life situations. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives. The World Health Organization (**W.H.O. 1976**) draws on a three-fold distinction between impairment, disability and handicap:

- **Impairment** is any loss or abnormality of psychological, physiological or anatomical structure or function.

- **Disability** is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

- **Handicap** is a disadvantage, for a given individual, resulting from impairment or a disability, which prevents the fulfillment of a role that is considered normal (depending on age, sex and social and cultural factors), for that individual.

Methodology

Objective

To Compare Orthopedically Challenged and Non-Challenged Adolescents on Emotional Intelligence and its dimensions.

Hypothesis

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

Sample

The sample of the present research is comprised of 240 adolescents. In which 120 were orthopedically challenged and 120 were non-challenged adolescents. Orthopedically challenged and non-challenged adolescents of 13-18 years were selected from hospitals, N.G.Os, Schools of rural and urban area of Uttar Pradesh. Only those orthopedically challenged adolescents were selected for the present study, who have difficulty with walking or movement (using/require wheel-chair).

Tool

- **Emotional Intelligence Test**

This test is developed by Dr. Ekta Sharma. The emotional intelligence test constitutes of 60 items from five domains of E I i.e., Self awareness, Managing emotions, Motivating one self, Empathy and Handling relationships. The response pattern in the scale is of Likert type i.e. On a five point continuum from always (5), most often(4), occasionally(3), rarely(2) and never(1).

Results and Interpretation

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

S.no.	Variable	Mean of group-I	Mean of group-II	Difference	t-value	Level of significance
1.	Emotional Intelligence total	193.31	193.43	0.12	0.03	NS
a.	Self-Awareness	44.82	40.86	3.96	4.08	.00
B.	Managing Emotions	24.01	23.35	0.66	1.05	.00
C.	Motivating Oneself	43.82	40.04	3.78	3.23	.00
D.	Empathy	30.22	30.86	0.36	0.80	NS
e.	Handling Relationship	50.45	58.32	7.87	4.32	.00

Interpretation

Table 1 reveals that there is no significant difference in group- I and II on total EI and its one dimension i.e. empathy. But there is significant difference in four dimensions of EI i.e. SA ($t=4.08, p<.00$) ME ($t=1.05, p<.00$) MO ($t=3.23, p<.00$) HR ($t=4.32, p<.00$). Orthopedically challenged adolescents are higher on self-awareness, managing emotions, motivating oneself while non- challenged adolescents are higher on handling relationship. In the light of these results hypothesis-one stating “Orthopedically challenged adolescents will be lower on emotional intelligence and its dimensions as compared to non-challenged adolescents” is rejected. The probable explanation of this finding can be stated as under-

Orthopedically challenged children witness around their society that they are being treated as weak so they have no other option left i.e. to be aware of their skills and abilities manage their emotions and to take charge of themselves. Self- Awareness means being aware of both our mood and our thoughts about that mood .On one hand self-awareness can be a non-reactive, non-judgmental attention to inner-state, but on the other hand, it can also be less equanimous. Self-awareness may have powerful effect on strong aversive feelings. Only after being aware of one’s bad emotions (i.e. anger, jealousy etc.), one can work on them to modify or change and substitute them with positive ones. It seems that by developing self-awareness, managing emotions and motivating oneself, orthopedically challenged adolescents try to adjust with the challenges of their lives. Media exposure, electronic communication and motivating videos and movies give new ways that how challenged adolescents can self adapt themselves, this also boosts up the morale of the orthopedically challenged. They get a feeling “if they can do why can’t me.” They are now aware of their potentials and along with it they get motivation from their parents and

teachers and also high intrinsic motivation to do something on their own. Different types of movies, documentary, serials on T.V., internet etc. plays a vital role in motivating and making the challenged people aware about their potentials.

According to Goleman (1995) self-aware people have clarity about their emotions, and this may under gird other personality traits. They are autonomous and sure about their boundaries, are in good psychological health, and tend to have a positive outlook on life when they get into bad mood; they do not ruminate and obsess about it, and are able to get out of it sooner. In short their mindfulness helps them to manage their emotions. It seems that orthopedically challenged adolescents of the present study have clear boundaries about their autonomy and dependence on others, whereas the non-challenged adolescents are not so much clear about their role and identify in life. The challenged adolescents are aware of their physical limitations which cannot allow them to engage in every desired pursuit. Perhaps, this difference is the reason of higher self-awareness among orthopedically challenged adolescents. The findings of the present study are in line with the results of **Sethi and Sen (1981)** in which the self-concept of the handicapped was found to be significantly better than that of normal. The results indicated that the handicapped children do not view themselves as inferior to others, and they were found to hold a firm belief that they are as capable as anyone else, in the private and social sphere. One more study supports the findings of present study i.e. **Singh & Akhtar (1971)** found that the better self concept of the handicapped children could be attributed to the provision of the special care and education available to the handicapped child in the day training Centre.

Conclusion

There is no significant difference in Overall Emotional Intelligence and its one dimension i.e. empathy in orthopedically challenged and non-orthopedically challenged adolescents. But there is a significant difference on some EI subscale (self-awareness, managing emotions, motivating oneself and handling relationship) among the groups. Orthopedically challenged adolescents are higher in Self-awareness, Managing emotions and motivating oneself as compared to non-challenged adolescents. Non-orthopedically challenged adolescents are higher in Handling relationship than orthopedically challenged adolescents.

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