

# Neuroticism of Physically Challenged Viz. Visually Impaired, Hearing Impaired and Orthopedically Impaired Secondary School Students of Kashmir Division.

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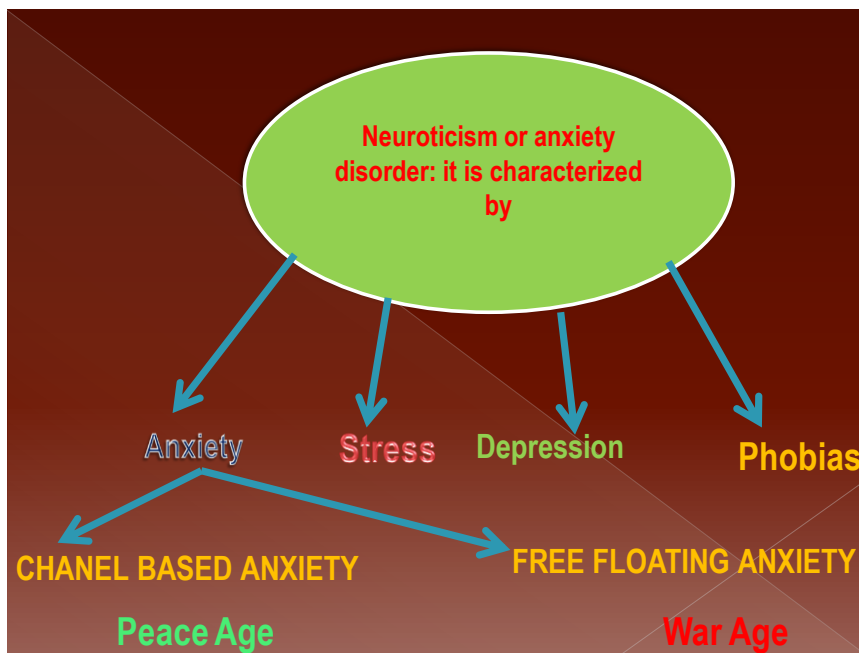
## Abstract:

This study was undertaken to study the Neuroticism of Physically Challenged Viz. Visually Impaired, Hearing Impaired and Orthopedically Impaired Secondary School Students of Kashmir Division. The sample for the study was 300 physically challenged secondary school students viz. (visually impaired N= 100, hearing impaired N= 100 and orthopedically impaired N=100) by using purposive sampling technique. R.N.Kundus Neurotic Personality inventory was administered for the collection of data. The result of the study highlight that there is no significant difference among visually impaired, hearing impaired and orthopedically impaired secondary school students on neuroticism. All the categories relatively have high level of neuroticism. They tend to have more depressed moods and they commonly suffer from feelings of guilt, envy, anger and anxiety, more frequently and more severely. Neuroticism negatively affect their ability to function effectively in the activities of daily living, such as going to work and school, and taking care of basic needs. Side by side with those main symptoms there are other morbid 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 achievement motivation.

**Keywords:** Neuroticism, visually impaired, hearing impaired, orthopedically impaired students,

## Introduction:

Neuroticism 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 neuroticism may perceive and interpret every situation as irritating, threatening and problematic, which may lead helplessness and hopelessness. Neuroticism 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 Cullen 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 neuroticism 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.

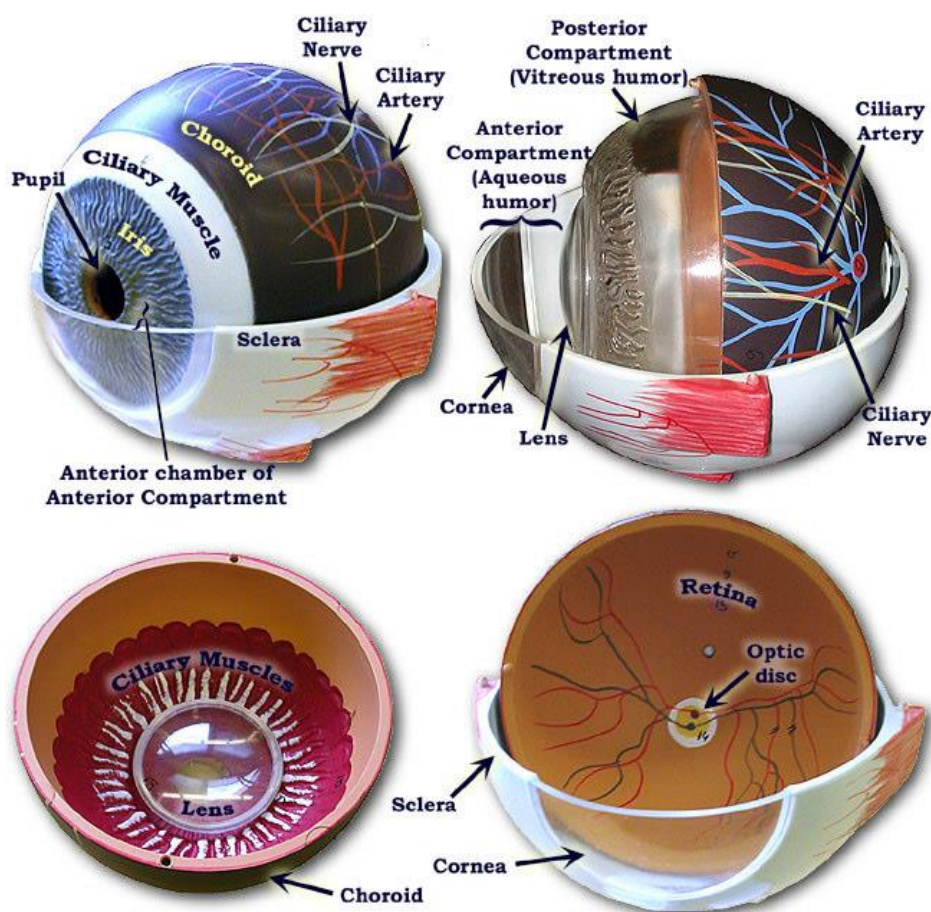


The infographic is titled "understanding Depression" and features a central image of a woman's head with a brain diagram overlaid. It contains several informational sections:
 

- What is Depression?**: Defines depression as a serious medical condition affecting thoughts, mood, feelings, behavior, and physical health.
- Signs and Symptoms of Major Depression**: Lists symptoms such as persistent sadness, loss of interest, and changes in sleep and appetite.
- Areas of the Brain Affected by Depression**: Identifies the Thalamus, Hypothalamus, Amygdala, and Prefrontal cortex.
- The Limbic System**: Describes its role in emotion and memory.
- The Role of Neurotransmitters**: Explains how chemical messengers like serotonin and dopamine affect mood.
- Who is at Risk for Depression?**: Lists factors like family history, stress, and physical illness.
- Other types of Depression**: Mentions Dysthymic Disorder and Bipolar Disorder.
- Suicide**: Provides information on recognizing suicidal thoughts and seeking help.
- Treatment**: Discusses antidepressants, mood stabilizers, and counseling.

Visual impairment is a condition in which an individual's vision is deficient to such an extent that it considerably affects his/her working. There are four major categories of visually impaired children such as partially sighted, low vision, legally blind and totally blind. A partially sighted child is the child who has some complication in seeing and in overall impression, requires special assistance with learning. Low vision indicates a more serious problem, where reading at normal distances is not possible. Children with low vision have to use supportive tools to read and see in their environments. They may even learn through the use of Braille. Legally blind refers to a vision less than 20/200. Children who are legally blind cannot see things clearly, whether it is near or far. They haven't lost their sight completely but have lost enough vision that they'd have to stand 20 feet from an object to see it as well as someone with perfect vision could from 200 feet away. Thoroughly blind means that the person has no vision at all. Their eyes are not able to process images, and they learn through non-visual resources, including Braille. Vision is normally measured using a Snellen chart. A Snellen chart has letters of different sizes that are read, one eye at a time, from a distance of 20 ft. People with normal vision are able to read the 20 ft line at 20 ft-20/20 vision or the 40 ft line at 40 ft, the 100 ft line at 100 ft, and so forth. If at 20 ft the smallest readable letter is larger, vision is designated as the distance from the chart over the size of the

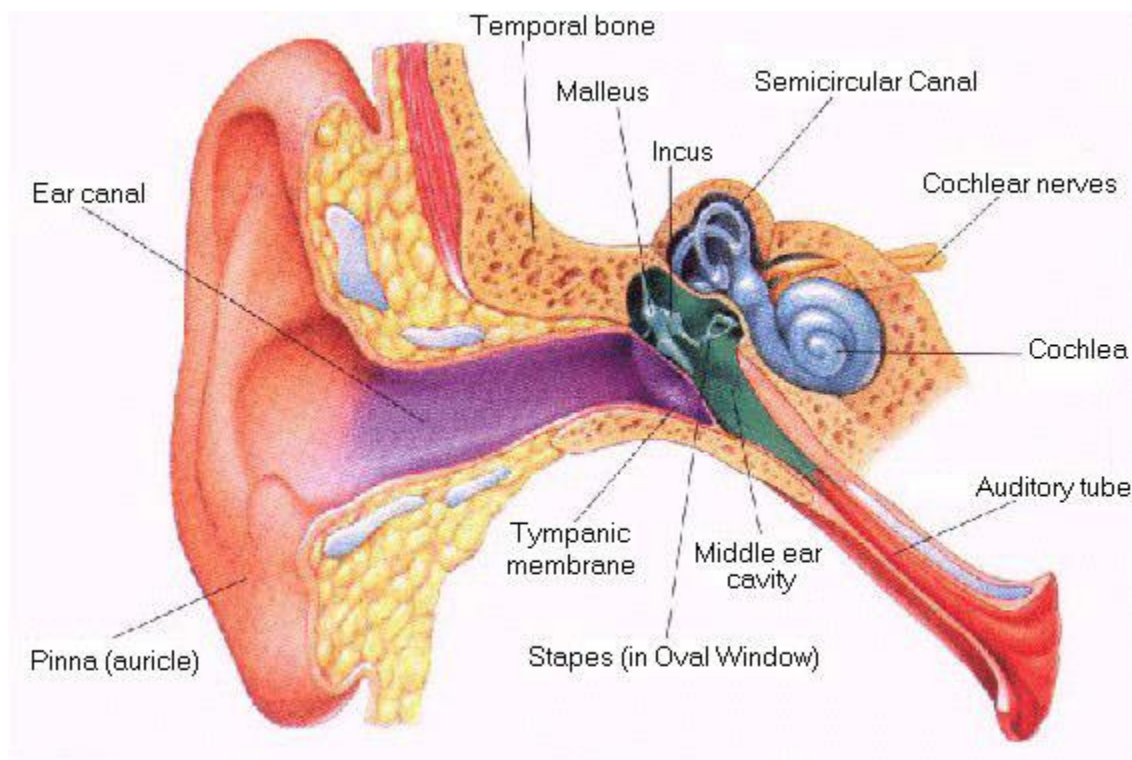
smallest letter that can be read. The visually impaired children can be recognized by various symptoms such as crossed eyes, enlarged eye lids, watery eyes, itching, lethargy, headaches, rubbing eyes markedly, blinking frequently and holding substance or books close to the eyes. Visual impairment can be caused by numerous types of eye disorders such as cataracts, infection, glaucoma, albinism, diabetic retinopathy etc. The government made enlightening provisions for visually impaired children from nationwide to the worldwide such as provision of close circuit television; magnify eyeglasses, large print materials, Braille System talking calculators and tape recordings. Seeing that per official reports of WHO (2012), the 285 million people are estimated to be visually impaired worldwide: 39 million are blind and 246 have low vision. The 90% of the world's visually impaired population live in developing countries. According to the report of World Intellectual Property Organization (WIPO 2008), there are about 39 million people across the globe that are blind, out of these India is a home to about 15 million of them. If we include the partially sighted ones and persons with other visual disabilities, then it would make it to be around 285 million persons. India has a big size of people of the blind community and the majority of them live in the poorest parts of the nation with small or no right of entry to even basic health care facilities. The 80 per cent of them (9.6 million) could have been prevented from going blind if they had received time-honored treatment? But poverty – which is both a cause and effect of blindness – can be very hard to smash and shatter, especially in the rural areas where most visually impaired people live.



### Flow Diagram: Eye anatomy

The sense of hearing provides a background, which gives a feeling of security, safety and participation in life. It plays a critical role in the development of speech and language. The ear is a complex, but delicate structure designed to perform a variety of functions: to be able to hear very soft sounds over a wide frequency range as well as withstand the very loud sounds, to differentiate between sounds that vary in pitch and loudness; to be able to locate the direction of arrival of a sound and in the presence of noise, to be

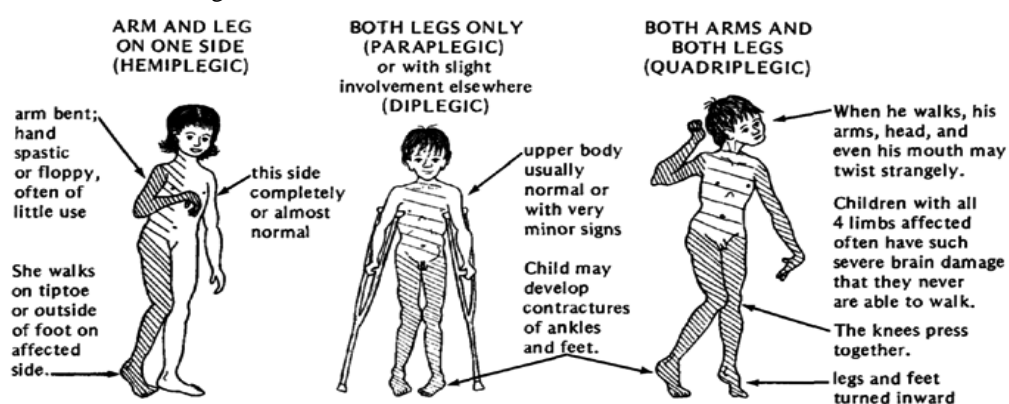
able to switch on and off a sound of interest. The human ear perceives simple tones in the range of 20 to 20,000 Hz and also complex signals such as speech and music. Both types of signals are used in the assessment of hearing loss. Hearing impairment refers to a defect in or damage to the hearing mechanism. This defect or damage may occur in any part of the ear such as outer ear, middle ear or inner ear. It leads to hearing impairment or loss of hearing. It may range in severity from mild to moderate and to profound. A person may become deaf or hard of hearing depending upon the nature of impairment and the degree of hearing loss. Hearing impaired are those in whom the sense of hearing is non-functional 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). A hearing impairment is a hearing loss that prevents a person from totally receiving sounds through the ear. If the loss is mild, the person has difficulty hearing faint or distant speech. A person with this degree of hearing impairment may use a hearing aid to amplify sounds. If the hearing loss is severe, the person may not be able to discriminate any sounds. There are four types of hearing loss such as Conductive hearing loss, sensor neural hearing loss, mixed hearing loss and central hearing loss. Conductive hearing loss is caused by diseases or obstructions in the outer or middle ear that by and large affect all frequencies of hearing. A hearing aid normally helps a person with a conductive hearing loss. Sensor neural loss occurs from damage to the inner ear. This loss can range from mild to profound and frequently affects certain frequencies more than others. Sounds are often unclear and hazy, even with a hearing aid. Mixed loss occurs in both the inner and outer or middle ear. Central loss results from damage to the central nervous system. These children are identified by means of various symptoms such as, regular pain in the ears, discharge from the ear, scratching the ear repeatedly, turning the head frequently towards the speaker and restlessness. The most common categories of hearing loss are mild hearing loss, moderate hearing loss, severe hearing loss and profound hearing loss. Mild hearing loss is that in which the nearly all sounds that people can hear with their better ear are between 25 and 40 dB. People who are ill with from mild hearing loss have some difficulties keeping up with conversations, especially in noisy surroundings. Moderate hearing loss is that in which a usual sounds heard by people with their better ear are between 40 and 70 dB. People who suffer from moderate hearing loss have complexity keeping up with conversations when not using a hearing aid. Severe hearing loss is that an average sounds heard by people with their better ear are between 70 and 95 dB. People who suffer from severe hearing loss will benefit from powerful hearing aids, but often they rely a great deal on lip-reading even when they are using hearing aids. Some also use sign language. In profound hearing loss the most quiet sounds heard by people with their better ear are from 95 dB or more. People who suffer from profound hearing loss are dreadfully hard of hearing and rely typically on lip-reading, and sign language. The Rehabilitation Council of India Act, (1992) has defined "hearing handicapped person is one who has the hearing loss of 70 decibels and above, in better ear or total loss of hearing in both ears. The legal definition of "hearing impairment" in India as per the Persons with Disability Act PWD (1995) – "a hearing disabled person is one who has the hearing loss of 60 decibels or more in the better ear for conversational range of frequencies". As per WHO grades of hearing impairment description: i no impairment 25 dBHL or less (better ear) no or very slight hearing problems able to hear whispers ii Slight impairment 26-40 dBHL (better ear) able to hear and repeat words spoken in normal voice at 1 meter iii Moderate impairment 41-60 dBHL (better ear) able to hear and repeat words using raised voice at 1 metre iv severe impairment 61-80 dBHL (better ear) able to hear some words when shouted into better ear v Profound impairment including deafness 81 dBHL or greater (better ear) unable to hear and understand even a shouted voice. According to the estimates of WHO (2005), 278 million people have disabling hearing impairment. The frequency of deafness in Southeast Asia ranges from 4.6% to 8.8%. In India, 63 million people (6.3%) suffer from significant auditory loss. As on 1st March 2001, India's population stood at 1,027,015,247 and projected Population in 2016 would be 1,263,543,000 (Census of India, 2001). With the present set of concept of hearing disability, the Census of India, (2001) counted 1,261,722 people in whom hearing disability existed (Males 53.4% and Females 46.59%)." As per NSSO (2001) there are 291 persons per one lakh population who are suffering from severe to profound hearing loss. A large percentage of these, are children aged from 0 to 14 years. With such an outsized number of hearing impaired young Indians, it amounts to a severe loss of productivity, both physical and economic.



### Flow Diagram: Ear anatomy

The orthopedically impaired children are those who have a physical defect or deformity, which causes a hindrance with the normal functioning of the bones, muscles and joints." According to the Individuals with Disabilities Education Improvement Act (IDEA), orthopedic impairment is defined as a severe orthopedic impairment that adversely affects a child's educational performance. The term includes those born with dislocated hips, club feet, spina bifida (a congenital deformity of the spinal cord), and children who are victims of such crippling diseases as polio and osteomyelitis. Orthopedic impairment may be caused by: inherited defects, metabolic errors, nutritional deficiencies, infections, physical trauma, toxins, poisons, gross brain disease and environmental factors. These children have poor motor control coordination, are unable to coordinate two or more muscle groups for performing any task. They walk awkwardly or with a limp, show signs of pain during physical exercise, difficulty in picking and holding things. These children fall frequently, jerking movement in walking, complicatedness in sitting and standing. They are of many types as: Osteomyelitis is a chronic bacterial bone and joint infections that more and more destroy the bone and may also affect the joints. When the bone is infected, pus is produced within the bone, resulting in a foul-smelling discharge. The condition often causes severe physical impairment if left untreated. Polio paralysis is a condition that causes paralysis of muscles without loss of sensation. Contractures deform joints and hamper with the patient's ability to walk. The initial disease, polio (poliomyelitis), is a viral disease that can damage the nerves in the spinal cord, causing paralysis of the arms, legs, or trunk. Polio mainly affects children under the age of three. Polio is caused by a virus that enters the body through the mouth. The polio virus lives in the throat and intestinal region of infected persons. It is usually contracted from hands or eating utensils contaminated with the stool of an infected person. Initial polio attacks are preventable by vaccination. Tuberculosis of the spine is an infection of the spinal column and the disease progressively destroys the backbone and causes severe physical impairment and may lead to death if left untreated. Tuberculosis can be identified by a sharp bend in the middle section of the backbone that goes along with shortening and thickening of the chest. The disease is caused by the tubercle bacillus. Pulmonary tuberculosis, an infection of the lungs, is the most common presentation. Tuberculosis of them, spine occurs when a tubercular infection of the lungs spreads to the spinal bones. This frequently happens in children. Cerebral palsy describes a group of chronic conditions affecting body movement, muscle coordination, and often mental capability. The conditions are characterized by rigid muscles and a loss of control

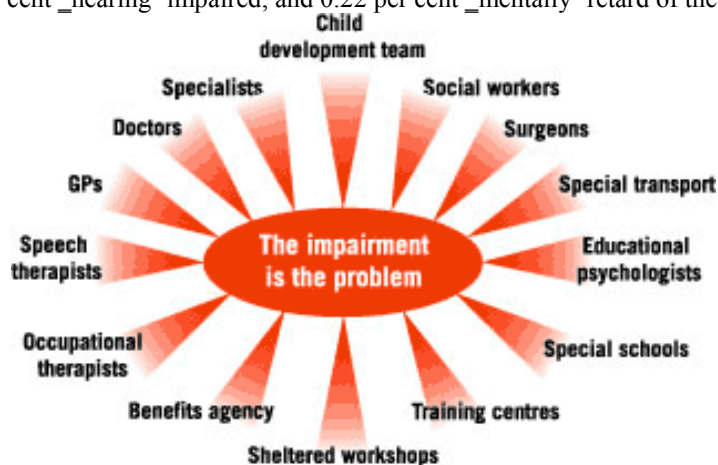
and coordination of movements. This often makes walking impossible or even causes difficulties in sitting. Hydrocephalus translates as "water on the brain" and describes a condition characterized by excess cerebrospinal fluid in the brain. This leads to pressure build-up under the skull, causing the head to swell and possibly brain damage. Clubfoot, also known as 'congenital talipes equinovarus' (CTEV), is a condition in which the child is born with the foot turned inwards and pointing down; either one or both feet may be affected. Cleft lip and palate is a common inborn deformity. It occurs when the separate areas of the face that develop individually and then join together, do not join accurately. A cleft lip is an opening between the upper lip and the nose and looks like a split in the lip. A cleft palate occurs when the roof of the mouth has not joined from top to bottom. The conditions may occur separately or be combined. Pointed bone deformities or bent bones, most often occurring just above or just below the knee. The condition causes severe knock knees (genu valgus) or bow legs (genu varus) that develop and degenerate with growth. The deformities make walking difficult and may damage the joints, resulting in arthritis. Burn contractures describe a permanent shortening of burn scar tissue that pulls joints out of position and results in physical impairment. Burn contractures may occur after thermal injury. Not every burn results in burn contractures but when burn wounds are left untreated or exposed to dirt, the chances of the condition occurring increases.



### Flow Diagram : orthopedic impairment

The educational prospect in the country has undergone major change over the years, resulting in improved condition of education and better educational practices. In (1944) the Central Advisory Board of Education (CABE) prepared a report called the Sargent report on the post-war educational development of the country. According to this report, education is the birth right of every individual, therefore every individual should keep in the stream of education for that reason report emphasized on education of handicapped children should considered part of our society and need to be a make comprehensive, diversified educational provision for all types of disabled children such as physically challenged, mentally retarded, learning disabled. As per the directive principles of constitution, education should be fair without the any regional or communal bias and should make justice with every individual more than ever for all marginalized groups including visually, hearing, orthopedically and speech impaired. This would permit community participation in education at the basic level and would introduce deep-seated change, leading to the empowerment of learners with Special Educational needs such as visually, hearing, orthopedically and speech impaired. Until the 1970s,

the policy encouraged isolation because the majority of educators thought that children with physical, sensory, or intellectual disabilities were so dissimilar and unusual that they could not take part in the activities of a common school (Advani, 2002). The majority of disabled population is deprived and experience difficulties in accessing essential health as well as rehabilitation services. This costs immobility, isolation, dependency, inequality, often premature death and enlarged poverty. Inclusive Education Scheme (MHRD, 2003) which addresses the needs and requirements of learners with disabilities focuses on the following categories of disability: visual, hearing, orthopedic, speech impairments, together with neurological disorders. Christian missionaries, in the (1880s,) started schools for the disabled. The first school for the blind was established in (1887). An institute for the deaf and mute was set up in (1888). Different five year plans also took physically challenged children into their proposals. The First Five-Year Plan laid emphasis on establishing training centers for children with visual impairments. During Second Five-Year Plan a National Advisory Council for the Physically Challenged started functioning to look after the educational issues of the handicapped. Third Five-Year Plan: Attention was given to rural areas. To make easy the guidance and rehabilitation of the physically challenged, the government formulated policies around some services like job reservations, job facilities and provision of work facilities in the home, recreation facilities for the physically challenged. Fourth Five-Year Plan: More stress was given to precautionary work for people with visual, speech and hearing impairments. National centers for the physically challenged were instituted to serve as demonstration projects in various parts of the country and provide necessary guidance services. Sixth Five-Year Plan: National policies were made around provision of community-oriented disability avoidance and rehabilitation services to promote economic independence, social integration and wide-ranging prime health care for physically challenged children. The three national/apex-level institutes were set up for physically challenged children: National Institute for the Visually Handicapped (NIVH 1982), in Dehradun, National Institute for the Orthopedically Handicapped (NIOH 1982), in Calcutta and Ali Yavar Jung National Institute for the Hearing Handicapped (NIHH 1983), in Mumbai. There was also sustained safety approach provided by voluntary organizations for the establishment of model schools for the physically challenged as well as other disabled children. According to the national census (2001) there are 21.9 million disabled people in India— that constitutes about 2.13 per cent of the total population - 1.03 per cent are visually impaired, 0.59 per cent ‘orthopedically impaired 0.16 per cent speech impaired, 0.12 per cent \_hearing‘ impaired, and 0.22 per cent \_mentally‘ retard of the total national population



### Flow Diagram : Treatment service for special children

#### Objectives:

1. To study the visually impaired, hearing impaired and orthopedically impaired secondary school students on neuroticism.
2. To compare the visually impaired and hearing impaired secondary school students on neuroticism.
3. To compare the visually impaired and orthopedically impaired secondary school students on neuroticism.
4. To compare the hearing impaired and orthopedically impaired secondary school students on neuroticism.

#### Hypothesis:

1. There is no significant difference between visually impaired and hearing impaired secondary school students on neuroticism.
2. There is no significant difference between visually impaired and orthopedically impaired secondary school students on neuroticism.

3. There is no significant difference between hearing impaired and orthopedically impaired secondary school students on neuroticism.

**Methodology and procedure:**

This study was designed to compare visually impaired, hearing impaired and orthopedically impaired secondary school students on neuroticism. As such; descriptive method of research was employed.

**Sample:** The total sample for the present investigation consists of 300 physically challenged secondary school students of Kashmir Division. These students were identified on the basis of information obtained from the offices of various secondary school institutions. Further, the investigator categorized them into three main categories viz. visually impaired N= 100, hearing impaired N= 100 and orthopedically impaired N=100. All the three categories of physically challenged students were taken from 189 secondary schools institutions of Kashmir Division. However the whole population (N=300) was taken for sample by the investigator by using the purposive sampling technique.

**Tool used:** For the measurement of neuroticism of visually impaired, hearing impaired and orthopedically impaired secondary school students R.N.Kundus Neurotic Personality Inventory was administered.

**Statistical treatment:** The data collected was subjected to the following statistical treatment:

1. Mean
2. S.D
3. t-test

**Analysis and interpretation of data:**

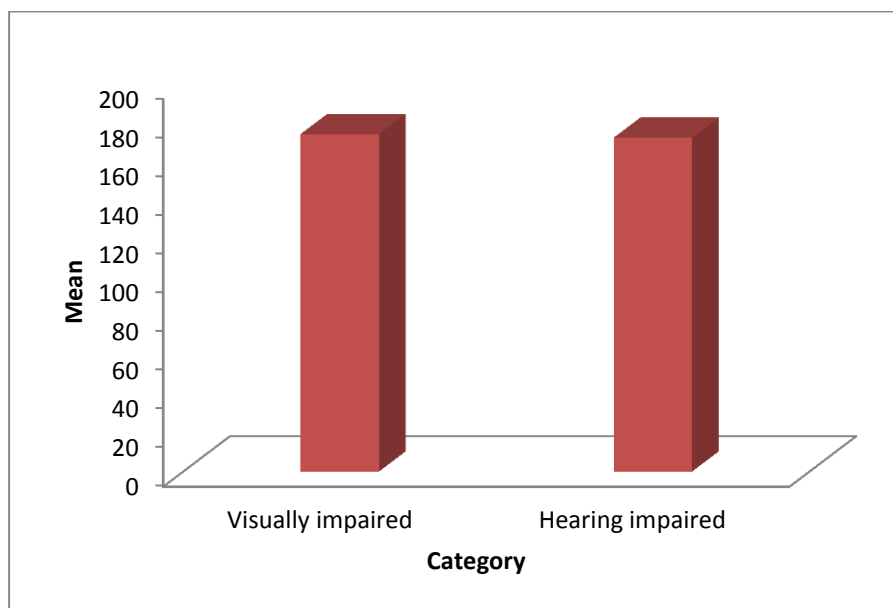
In order to test the hypotheses formulated for the present investigation, the data collected through the administration of the selected tool was statistically analyzed by employing t-test. As a result of this, the visually impaired, hearing impaired and orthopedically impaired students, were compared on neuroticism.

**Table 1.1: Mean comparison of visually impaired and hearing impaired secondary school students on Neurotic Personality Inventory (N=100 in each group).**

Group	N	Mean	S.D	t-value	Level of significance
Visually impaired	100	174.31	41.63	0.32	Insignificant
Hearing impaired	100	172.43	40.59		

The Table 1.1 shows the mean comparison of visually impaired and hearing impaired secondary school students on neurotic personality inventory. The calculated t-value (0.32) is less than the tabulated t-value (1.97) at 0.05 level of significance, which depicts that there is no significant difference between visually impaired and hearing impaired secondary school students on neuroticism. A quick look at the means of the above table clearly depicts that both visually impaired and hearing impaired secondary school students have similar neurotic problems like worriness, restlessness and thinking to have an unsatisfactory adjustment in life. 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 visually impaired and hearing impaired secondary school students on neuroticism”, stands accepted.



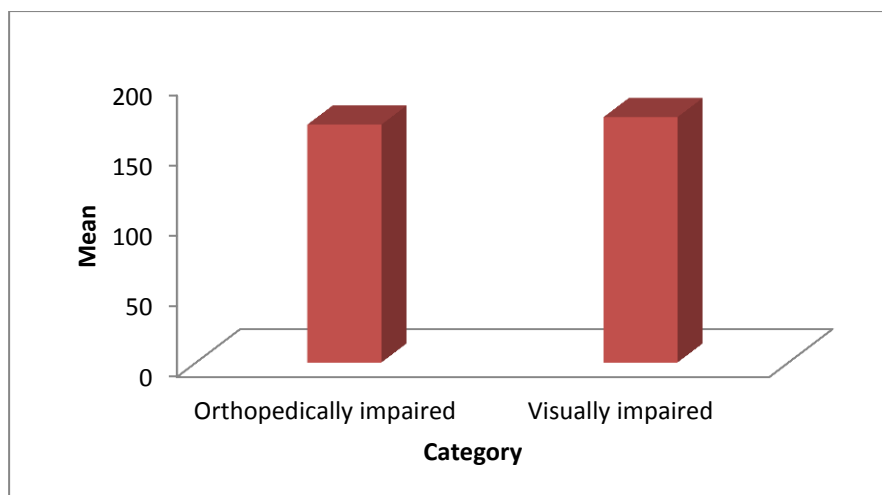


**Fig. 1.1:** Mean comparison of visually impaired and hearing impaired secondary school students on Neurotic Personality Inventory.

**Table 1.2:** Showing the mean comparison of visually impaired and orthopedically impaired secondary school students on Neurotic Personality Inventory (N=100 in each group).

Group	N	Mean	S.D	t-value	Level of significance
Visually impaired	100	174.31	41.63	0.91	Insignificant
Orthopedically impaired	100	168.96	41.02		

The Table 1.2 shows the mean comparison of visually impaired and orthopedically impaired secondary school students on neurotic personality inventory. The calculated t-value (0.91) is less than the tabulated t-value (1.97) at 0.05 level of significance, which depicts that there is no significant difference between visually impaired and orthopedically impaired secondary school students on neuroticism. A quick look at the means of the above table denotes that both visually impaired and orthopedically impaired secondary school students have common neurotic problems like feeling inwardly disturbed, restless, being hurt easily and nervous to feel quarrelsome situations. 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 visually impaired and orthopedically impaired secondary school students on neuroticism”, stands accepted.

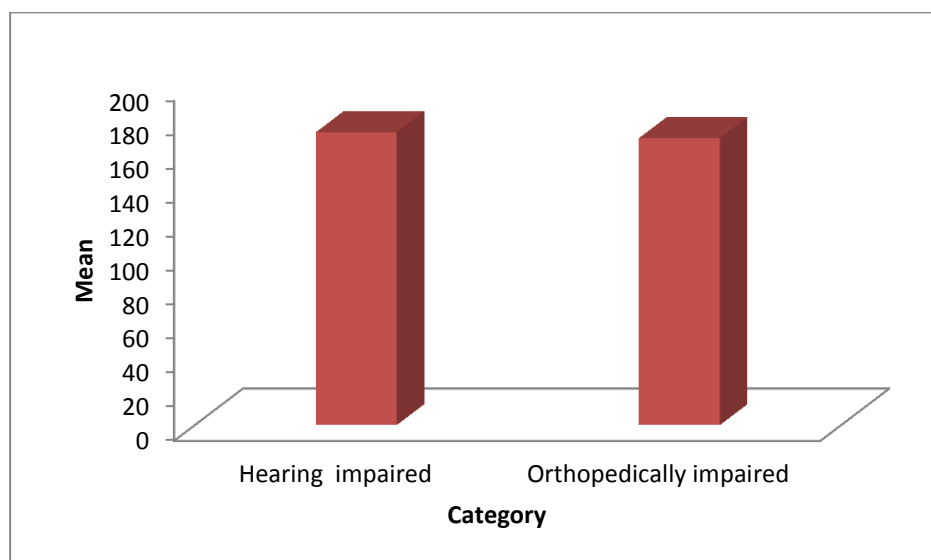


**Fig. 1.2: Showing the mean comparison of visually impaired and orthopedically impaired secondary school students on Neurotic Personality Inventory (N=100 in each group).**

**Table 1.3: Showing the mean comparison of hearing impaired and orthopedically impaired secondary school students on Neurotic Personality Inventory (N=100 in each group).**

Group	N	Mean	S.D	t-value	Level of significance
Hearing impaired	100	172.43	40.59	0.60	Insignificant
Orthopedically impaired	100	168.96	41.02		

The Table 1.3 shows the mean comparison of hearing impaired and orthopedically impaired secondary school students on neurotic personality inventory. The calculated t-value (0.60) 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 neuroticism. A quick look at the means of the above table clearly signifies that both hearing impaired and orthopedically impaired secondary school students are oversensitive, unhappy, nervous and feeling inconvenient due to uncontrollable blushing. Thus from the confirmation of the results from the above table, the null hypothesis no. 3, which reads as, “There is no significant difference between hearing impaired and orthopedically impaired secondary school students on neuroticism”, stands accepted.



**Fig. 1.3: Showing the mean comparison of hearing impaired and orthopedically impaired secondary school students on Neurotic Personality Inventory (N=100 in each group).**

**Conclusions:**

The analysis and interpretation of data has revealed some of the major conclusions are reported as under:

- I. The two groups of students viz. visually impaired and hearing impaired secondary school students have not shown any significant difference on neurotic personality inventory. This indicates that both the groups of students experience feelings like stress, fear, jealousy and guilt. They respond more poorly to stress, are more probable to interpret normal situations as hostile and are often self-critical, sensitive to the criticism.
- II. The two groups of students’ viz. visually impaired and orthopedically impaired secondary school students have not shown any significant difference on neurotic personality inventory. This point out that both the groups of students have a threat of mental disorders such as phobia, depression, panic disorder, and other anxiety disorders. The consistent anxiety and fearfulness lead to terrible tension, impatience, irritation and displeasure. The continued emotional mobilization also leads to an increase in general body tension which itself is unpleasant and distressing.

- III. The two groups of student's viz. hearing impaired and orthopedically impaired secondary school students have not shown any significant difference on neurotic personality inventory. This specifies that both the groups of students have depression by which they feel discouraged, sad, hopeless, not keen, or disinterested in life in general. They tend to be withdrawn, apathetic, lazy, overly sensitive to criticism, doubting, and pessimistic. They don't feel good about themselves and often they feel like disappointment and distastification.

### 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 on secondary school students. Further studies can be conducted on these variables at the higher secondary and higher education
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 schools at national level.
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. A comparison can also be made between those physically challenged children who study in special school and those who study in other schools with normal children.

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