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Neuroticism of Physically Challenged Viz. Hearing Impaired and Speech Impaired Secondary School Students of Kashmir Division

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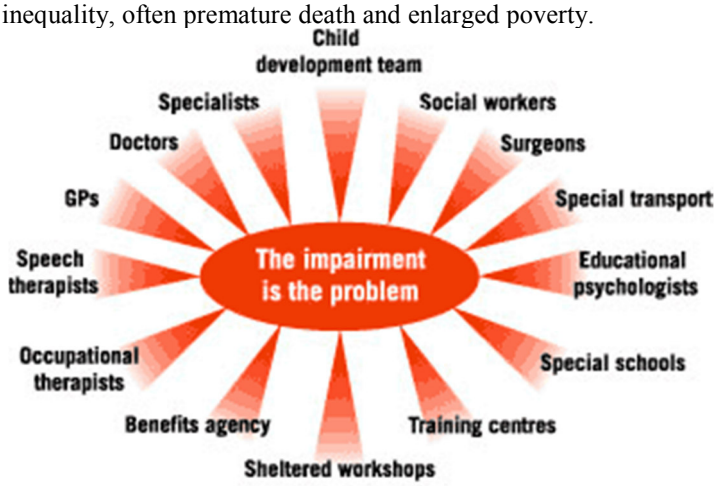
1. Introduction

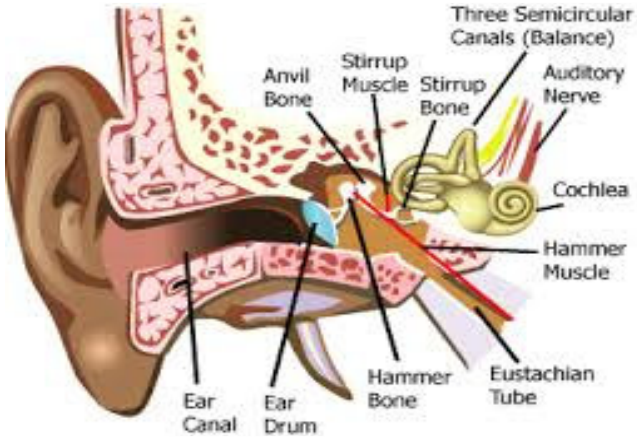
Education is the reflection of a high-quality growth and development. Human civilization has progressed as a result of innovation in education since the times immemorial. It removes cover of ignorance, assists and help people in knowing them their basic and deep-seated rights. It plays a significant role in the life of every individual. In fact, people become civilized and cultured if better educated. As it plays such a rudimentary role in our society that we make our dreams practical and colorful. Culture of the human society is based on education, not merely it helps us build up healthy atmosphere but it in addition creates progressive and productive society. As it is a matter of fact that modern societies are labeled as knowledge based societies, education works as a tool in order to reshape and reconstruct these institutions as per the human need and value. Therefore more developed life becomes, the more obligatory becomes education for everyone. It is a trustworthy tool of social reconstruction, initiates upward movement in the social structure, thus, serving to bridge the gap between the diverse sections of society. 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.



Flow Diagram 01: Treatment Services

The sense of hearing provides a background, which gives a feeling of social security, safety and involvement in social environment. It plays a decisive role in the growth of communication. The hearing mechanism is a multifaceted, but flimsy structure considered to carry out a number of roles: 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 injure to the sensory mechanism. The injury or defect might occur in various parts of the ear. It leads to hearing impairment or loss of hearing. 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 function of living. These people do not have capacity to distinguish sound at all even with improved vocalizations. The various sensory defective subjects included in this class 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 from side to side the ear. As such sensory hearing defect leads to various other social and psychological problems. These hearing defective persons are prescribed to use hearing aids in order to overcome the various problems. In persistent hearing loss, the someone can not to discriminate any sounds. There are four types of sensory hearing defects such as Conductive hearing defect, neural defect, varied hearing defect and innermost hearing defect. Conductive sensory hearing defect is resulted by ailment or hindrance in the outer and middle core of ear that by and large affect all frequencies of hearing. A hearing aid normally helps a person with a conductive hearing loss. Sensory neural defect crop up from damage to the interior ear and the defect can vary from meek to deep and regularly affect certain frequencies as compared to 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 sensory hearing defects are meek hearing defect, temperate sensory hearing defect, rigorous hearing defect and deep sensory hearing defect. 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 40/70 dB. Individuals experience from restrained hearing defect has difficulty 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 /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 94 dB and additional. The individuals undergo as of deep hearing defect are exceptionally hard of hearing and naturally learn through lip-reading, and sign verbal communication. As such Rehabilitation Council of India Act (1992), has defined, hearing handicapped person is one who has the hearing loss of 70 dB.and more, in better ear or whole hearing loss in mutually 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 variety of frequencies". So for the world health organization grades of hearing impairment description: a) no impairment 25 dBHL (Decibels Hearing Level) or less (better ear) no or very slight hearing problems able to hear whispers. b) Slight impairment 26/40 dBHL (better ear) able to hear and replicate terms vocal in normal voice at 1 meter. c) Moderate impairment 41-60 dBHL (better ear) able to hear and repeat words using elevated voice at 1 meter. d) Severe impairment 61/80 dBHL (better ear) can hear some terms when holler into better ear. v) Profound impairment as well as 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 sensory hearing defect. The frequency of deafness in South-east 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) calculated 1,261,722 individuals in sensory hearing defect subsisted (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 huge % age of these, are children aged from 1 to 14 years. As such an uncountable number of sensory hearing defective adolescent Indians, it results severe loss of productivity, including material and financial.

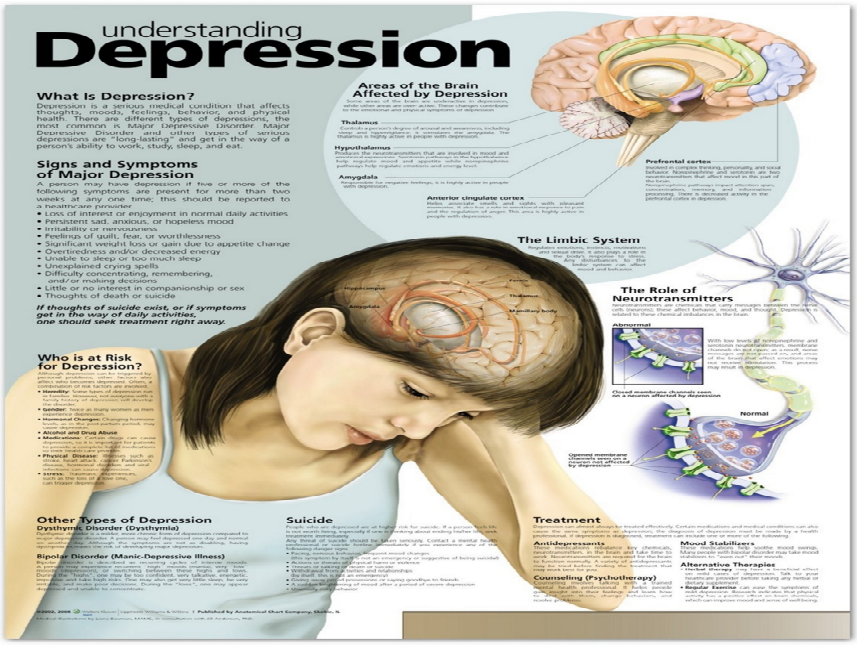


Flow Diagram 02: Ear Anatomy

Speech impairment refers to problem in communication and related areas such as verbal motor actions. These setback and deformities vary from simple sound substitutions to the inability to understand and use the oral-motor mechanism for functional speech and feeding. A child's communication is considered delayed when the child is markedly behind his or her peers in the acquisition of speech and language skills. According to the Van Riper (1978) "speech may be considered defective when it is not easily audible to the listener. Speech is defective if it is vocally repulsive and inappropriate to the individual in regard to his/her mental and chronological age, gender and bodily growth. Present there are three basic types of speech impairments: Voice, articulation and fluency disorder. Voice disorder is related to variation in pitch, high intensity of voice and difficulty with excellence of voice for example the level of speech may either be too low or too high as compared to the level of normal speech. It may be so loud that it hurts the human ear or so low that it cannot be heard. The quality of the voice is affected if a child has a rough and harsh voice or wheezy and husky voice. Articulation is related to the production of speech or what is commonly known as pronunciation. The most widespread problems are substitution, omissions, additions and distortions for example the child says wabbit for rabbit, ischool for school, cree for tree, at for cat etc. Fluency disorders is related to breaking of rhythm and timing of speech characterized by hesitation, repetition, or prolongation of sounds, syllables, words and phrases. Such as stuttering and cluttering. Stuttering means rapid-fire repetitions of consonant or vowel sounds particularly at the inauguration of words, prolongations, hesitations, interjections, and complete verbal blocks. Cluttering means excessively fast and jerky speech. The vocal cord damage, brain damage, muscle weakness, respiratory weakness, strokes, abnormal growth of tissues, vocal cord paralysis, learning deformities, hearing loss, early birth, birth defects, nervous system disorders and extreme environmental deprivation are all possible causes of speech impairment. The speech impairment isolates children from their social and educational surroundings. Research evidences Meds cape multispecialty report (2008) and WHO (2012) however, indicates that while most persons with speech disorders have educational, vocational, social, and personal problems because of their impaired speech and because of their own and other people's reactions to it. The United States Office of Education has variously estimated that 3% to 4%, or roughly 2,500,000, of school-age children in the United States have speech disorders. For the rest of the population, an extremely conservative figure is 3%, or close to 5,000,000. This gives a national total of approximately 7,500,000 speech impaired persons. As reported by Meds cape multispecialty report (2008) Speech-language deficits are the most common of childhood disabilities and affect about 1 in 12 children or 5% to 8% of preschool children. The consequences of untreated speech-language problems are significant and lead to psychological problem like neuroticism, including academic failure, in-grade retention and high school dropout. As per the census report (2011) there are 1998535 or approximately 7.5% speech impaired persons in India. It is essential to find proper timely intervention, as many speech and language patterns can be called "baby talk" and become a part of young child's normal development. The speech thrypiast and pathologist may assist vocational teachers and counselors in establishing communication goals related to the work experiences of students and suggest strategies that are effective for the important transition of school and their life.

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 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 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. 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. Treatment usually centers on gradually exposing the patient to the source of the fear and reducing anxiety.



Flow Diagram 03: Neuroticism characterized by depression

These special children suffer a wide range of disabilities – physical, intellectual, emotional and social. A recent world health organization report said children with physical impairments or any other disabilities are four times more likely to experience violence or abuse and for more prone to physical and other type of violence, humiliation, shame, dishonor and neglect than normal children. The strong feelings of frustration, anger, sadness, or shame can lead to psychological difficulties such as anxiety, depression, or low self-esteem of all physically challenged children. Due to physical impairment, these children are less accepted, and often rejected by their peers. Society also may tend to have negative views of children with physical impairments." Such social rejection can result in loss of self-esteem and negative views of oneself. In addition, social rejection can result in feelings of loneliness, fear, insecurity, lack of confidence and other behavioral, emotional and self-related problems.

The primary objective of this study is to know whether hearing impaired students differ from speech impaired secondary school students on neuroticism.

Flow Diagram 04: Treatment Services

1.2: An overview of review

Nameem, M. (2013) point out a significant positive correlation between depression and anxiety. The result indicated that depression, and anxiety among person with physically handicapped had significant differences on the bases of gender and age. 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. Frank Lin (2011) 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. Rose (2008) denotes positive relationship between Physical disability and depression or Psychological distress. People with disability find very difficult to fit them in environment and attain a psychological wellbeing. J. Abiola, A. (2007) showed that postlingually hearing disabled students were superior to their prelingually hearing-disabled colleagues, male students did better than female students and student with high self-concept/self-confidences out classed those with low self-concept/self-confidences. Anne, M.T. (2006) signifies that child who becomes deaf post-lingual that is after acquiring speech and language is likely to have reduced problems in academic performance. Greater the hearing loss the more difficulties the child experiences.

1.3 Hypothesis

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

2. Materials and Method

The study was to designed to compare hearing impaired and speech impaired secondary school students on neuroticism. As such, descriptive method of research was employed.

2.1 Sample

The sample of this study collected from 189 secondary schools of Kashmir division. The sample consists of 200 students of which 100 hearing impaired and 100 speech impaired secondary school students were selected from 10 district of Kashmir division. Both the categories viz. hearing impaired and speech impaired students were identified on the basis of information obtained from the offices of several secondary school institutions using purposive sampling technique.

2.2 Tools used

For the measurement of neuroticism of hearing impaired and speech impaired secondary school students, R.N.Kundus Neurotic Personality Inventory was administered.

2.3 Statistical treatment

The data collected was subjected to the fallowing statistical treatment

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

3. Analysis and interpretation of data

In order to achieve the objective formulated for the study, the data was statistically analyzed by employing t-test.

Table 1.0: Showing the mean comparison of hearing impaired and speech 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	0.83	Insignificant
Speech impaired	100	167.53	42.42		

The Table 1.0 shows the mean comparison of hearing impaired and speech impaired secondary school students on neurotic personality inventory. The calculated t-value (0.83) 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 speech impaired secondary school students on neuroticism. A quick look at the means of the above table clearly represents that both hearing impaired and speech impaired secondary school students have similar neurotic problems such as being worried about possible misfortunes, feeling unnecessarily angry and sulky and troubled with sense of inferiority complex. 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 hearing impaired and speech impaired secondary school students on neuroticism", stands accepted.

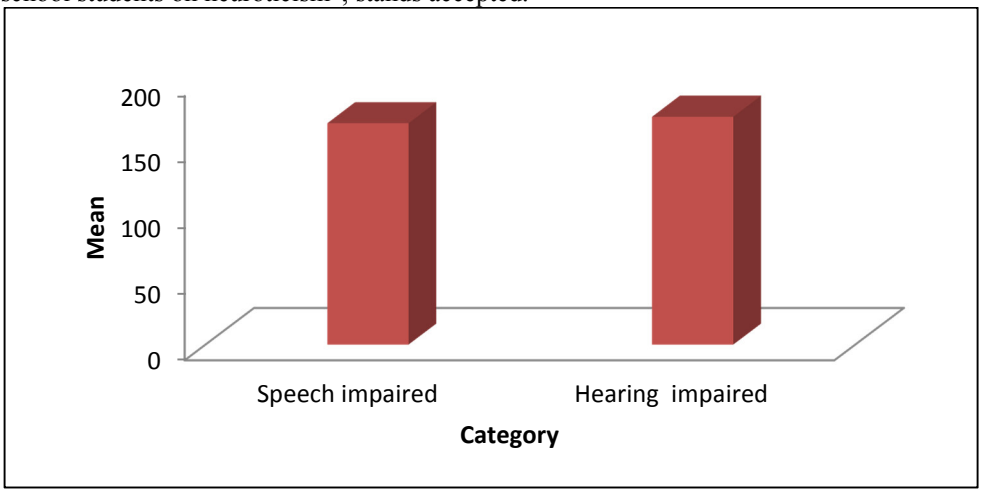


Fig. 1.0 Showing the mean comparison of hearing impaired and speech impaired secondary school students on Neurotic Personality Inventory.

4. Conclusion

The two categories of physically challenged secondary school students viz., hearing impaired and speech impaired were compared on neuroticism personality inventory. It was found that there is no significant difference between hearing impaired and speech impaired secondary school students on neuroticism. Both the categories with neuroticism tend to have more depressed moods and they commonly suffer from emotional and mental conflicts as aggression, anger, hatred, jealousy more severely and more profoundly. It interferes with their daily lives, causing restlessness, sleeplessness. They have inability to learn in school and also fail to build or maintain good relationships at school or social environment. These students display difficulties with feelings or overall behavior, and usually feel unhappy and sad. Sometimes, neuroticism becomes so severe that they feel unable to function in major areas of their life, which lead to feelings of helplessness and hopelessness.

5. Suggestions for Further Research

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

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

studies.

3. 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.

References

Alvarez E. *et al*. (2012). Broadening of Generalized Anxiety Disorders Definition Does not Affect the Response to Psychiatric Care: Findings from the Observational ADAN Study. *Clin Pract Epidemiol Ment Health*. 8:158-68. doi: 10.2174/1745017901208010158. Epub. 2012 Nov 16.

Ananya Ray Laskar, (2005). Psychosocial disorders (neuroticism) among disabled/physically challenged and normal children and some epidemiological correlates. *The Indian Journal of Pediatrics* 77(5): 529-33.

Anita, B.K. (2000). Village Caste and Education. Jaipur: Rawat Publications.

Bader, D. (2012). The relationship between neuroticism as a psychological hardiness and achievement motivation amongst the physically disabled athletes in the west bank. *Journal of Psychology* 32(5): pp. 586–597.

Balasubramanian, K. (2004). The Helping Hand (A Short Story about a Disabled Child). Hyderabad: Spark-India.

Banks, C. (2004). All kinds of flowers grow here: The Child's Place for children with special needs at Brooklyn Public Library. *Children and Libraries*,V. 2, Spring: pp.5-10.

Baquer, A. and A. Sharma (1997). Disability: Challenges vs. Responses. New Delhi: CAN.

Birmaher B, Heydl P. (2001). Biological studies in depressed children and adolescents. *International Journal of Neuro psychopharmacology* ;4:149–157.

Boulton *et al* (2006). A comparative study of neuroticism and dependency among partially sighted and normal children. *Journal of Experimental Psychology*, Vol. 34(6) Mar, pp.365-372.

Buch, M. B.(1983). *A Third Survey in Education,* NCERT, New Delhi

Buch, M. B.(1988). *A Fourth Survey in Education*, NCERT, New Delhi

Bunevicius A. *et al*. (2013). Screening for anxiety disorders in patients with coronary artery disease. Health Qual Life Outcomes. Mar. 11;11:37. doi: 10.1186/1477-7525-11-37.

Burmedi *et al.* (2002). Impact of neuroticism as a group of negative traits on visually impaired and normal children a comparative study. *Psychological Science (China),* Vol. 29(28) Mar, pp.266-271.

Calhoun, M.L.,& Hawisher, M. (1979). *Teaching and Learning Strategies for the Physically Handicapped Student.* Baltimore: University Park Press.

Clancy and Anne (2003). Study of neuroticism characterized by depression and other psychological problems among orthopedically impaired children with spina-bifida. *Journal of Behavioral psychology*, Vol. 15(5) Oct., pp. 2987-301.

Clare, B. (2006). A cross-sectional study investigating the impact of visual impairment/macular degeneration (M.D.) with relation to neuroticism such as emotional distress and depression among visually impaired and normal people. . *Educational Psychology journal, 18*, 112–119.

Comer J. S.; (2012). *Generalized anxiety disorder and the proposed associated symptoms criterion change for DSM-5 in a treatment-seeking sample of anxious youth. Depress Anxiety*. Dec;29(12):PP. 994-1003. Epub 2012 Sep 5.

Denise *et al.* (2012). A comparative study of depression, anxiety as a neuroticism attributes and achievement motivation and life satisfaction of physically handicapped and normal healthy persons. *Psychology Review* 44 (15). pp.801-892.

Department of Education (2003). Inclusive Education Scheme (Draft). New Delhi: MHRD, GOI.

DPEP (2000). Empowerment through Education: Identification and Enrolment of children with Special Needs in DPEP. New Delhi: Education Consultant of India Limited.

DPEP (2001). Towards Inclusive School in DPEP. NOIDA; Ed.CIL.

DPEP (2003). In India, 2005, Publication Division, Ministry of Information and Broadcasting, Government of India.

Encephale, (2003). A comparative study of neuroticism as a psychopathological problem of hearing impaired and normal adolescents. *Journal of clinical Psychology Practice* ,Vol. 5(6), pp.41-50.

Flook *et al*. (2005). A longitudinal study on depression, anxiety, and self-confidences/self-concept of hearing impaired and normal children. *Journal of Psychopathology*, Vol. 5(7): pp. 55-59.

Frank Lin (2011). A comparative study of neurotic reactions with special reference to anxiety, depression, frustration, social isolation and dementia among hearing impaired and normal students at Johns Hopkins University. *Journal of clinical*, psychology Vol. 31(6) Aprl, pp.225-232.

Fu, T. *et al.* (2005). Depression, Confidence, and Decision: Evidence Against Depressive Realism: *Journal of Psychopathology and Behavioral Assessment*, Vol. 27(4) Dec.,pp. 243-252.

Hans, W. (2013), Neuroticism as a psychological confront faced by visually impaired Students of Heidelberg University Germany. *Journal of experimental psychology ,* Vol. 5(5): pp.201-225

Hegarty, S. and M. Alur (eds) (2002). *Education and Children with Special Needs*. New Delhi: Sage.

Herring MP, *et al*. (2012). Feasibility of exercise training for the short-term treatment of generalized anxiety disorder: a randomized controlled trial. *Psychother Psychosom*; 81(1): p.21

Hettema J. M., *et al.,* (2006). "A population-based twin study of the relationship between neuroticism and internalizing disorders". *American Journal of Psychiatry* 163: 857–864.

Hettema, J.M. *et al*. (2006). A population-based twin study of the relationship between neuroticism and internalizing disorders. AmJ Psychiatry. 163: 857–64.

Hirsh J. B., Inzlicht, M. (2008). "The devil you know: Neuroticism predicts neural response to uncertainty". *Psychological Science* 19: 962–967.

Hodgins S, Ellenbogen M. (2003). Neuroticism and depression. *British Journal of Psychiatry*; 182:79–80.

Hoge, E.A. (2012). Generalized anxiety disorder: diagnosis and treatment. BMJ. 27: p.345

Hornby, A.S. (2005). *Oxford Advanced Learners' Dictionary of Current English*, New York: Oxford University Press.

Jennifer R. E., (2007). A study of the neuroticism with special reference to depression and anxiety of visually impaired and normal people of Britain a population based cross-sectional study. *A Journal of Neuroscience*, Vol. 12(6) Jan,pp.28-51.

Jeronimus, B. e*t al.* (2013). "Negative and positive life events are associated with small but lasting change in neuroticism". *Psychological Medicine* 43 (11): 2403–15.

Jex, S., & Britt, T. (2008). Organizational Psychology: A scientist-practitioner approach. Hoboken, NJ: John Wiley & Sons, Inc

Jha, A. S. (2010). *Research Methodology*, New Delhi: APH Publishers

Jha, M.M. (2002). School Without Walls: Inclusive Education for All. Oxford: Heinemann

John, M. G., (2008). A study of neuroticism characterized by anxiety and poor self-related health of visually impaired people with relation to suicide risk. *A Journal* of Neurobiology, Vol. 12, pp.71-82.

Kendall PC, *et al.* (2006). Behavioral and emotional disorders in adolescents. Nature, assessment and treatment. In: Wolfe DA, Mash EJ, editors. Anxiety disorders. New York: Guilford Press; . pp. 259–99.