

# Neuroticism and Self-Confidence of Physically Challenged Viz. Hearing Impaired and Speech Impaired Secondary School Students of Kashmir Division

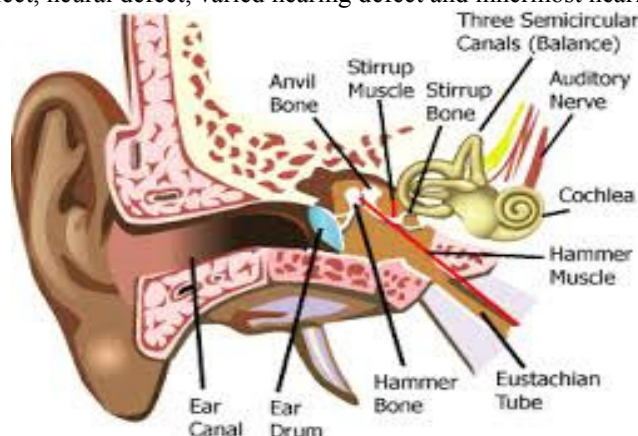
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## 1. Introduction

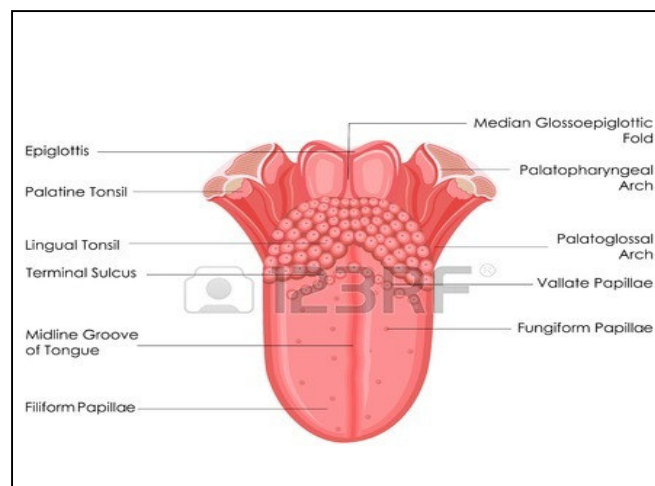
As per the directive principles of constitution, education should be fair without the any regional or communal bias and should make justice with every individual more than ever for all marginalized groups including visually, hearing, orthopedically and speech impaired. This would permit community participation 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. 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. 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.



**Flow Diagram : Ear anatomy**

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.

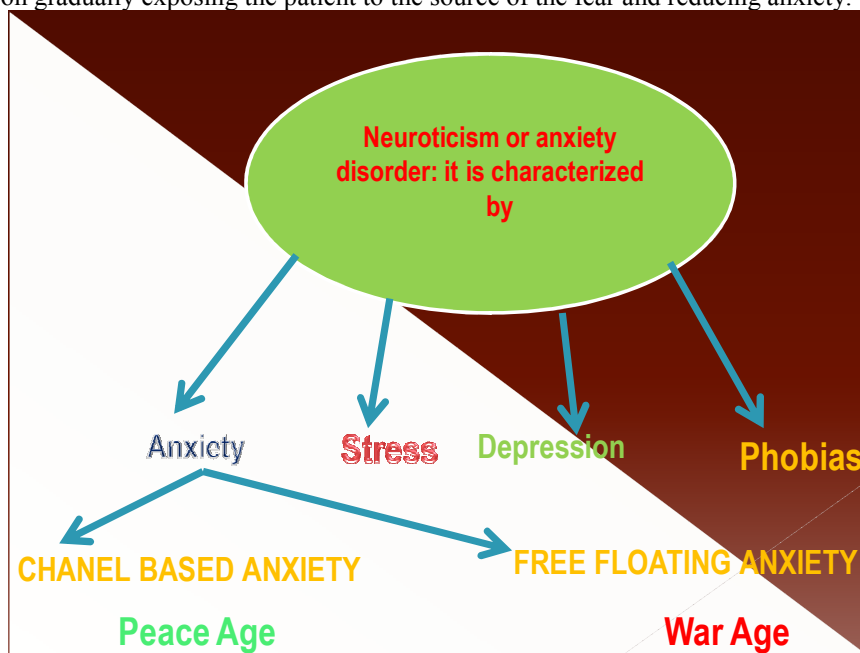
The most widespread problems are substitution, omissions, additions and distortions for example the child says wabbit for rabbit, ischool for school, cree for tree, at for cat etc. Fluency disorders is related to breaking of rhythm and timing of speech characterized by hesitation, repetition, or prolongation 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 Medscape 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 Medscape 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 therapist 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.



**Flow Diagram : Classification of tongue**

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. 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 : Neurotic attributes**

Self-confidence does not mean that an individual can achieve anything and everything, even meaningless goals. It simply means that the person will have a sense of power over his/her own destiny, a positive frame of mind is likely to make the best use of talents and skills in achieving positive outcomes. In order to achieve a goal you need skills, power, determination, regularity, competence and self-confidence. Self-confidence comes from having the accurate kind of skills and clarity of goals to be achieved, therefore clearer the goal, better the center of attention of mind and self-confidence. Nothing great was ever achieved by people who lacked confidence. A capable body and mind will not function to their greatest potential if not backed by self-confidence. Self-confidence, hence, is the pivot on which all the innovative and analytical abilities of the mind rest on. Low self-confidence can impair the functioning of both the body and mind, resulting in crash and failure. Self-confidence is the measure of one's collective ability to march right ahead to achieve a said goal. Great things cannot achieve without confidence. All the skills and hard work possible are ineffective if confidence is lacking. Low confidence halts your steps and paralyzes both body and mind at the time of making decision. Confidence isn't genetic nor is it inborn. It is acquired, learned, enhanced, practiced and can be created. You need to first realize the importance of confidence before you can make any efforts to get better with it. It's very much in your hands to develop a self-confident behavior. The self-confident persons are being ready and enthusiastic to face new situations and carry out difficult tasks. Self-confident people are by and large eager, excited, thrilled, assertive, motivated, and willing to accept criticism, emotionally mature, optimistic, and productive.



**Flow Diagram Self-confidence cycle**

The physically challenged children reportedly becoming more and more passive, inert, inactive and dependent. Most of them were very hopeless of their future career. We know that physically challenged children are those who suffer from a physical defect and for these children physical defect becomes a challenging factor to live a happy, thriving, flushing, and prosperous life. The inferiority complex is the main problem of physically challenged children by which they feel depressed, unhappy and alienated. Due to the physical impairment, these

children also fail to maintain the equilibrium in the personality, which results dissatisfaction, disappointment, regret and disturbance in whole life. The primary objectives of this study are to know whether hearing impaired differ from speech impaired secondary school students on neuroticism and self-confidence.

### 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. , K. Fariba. (2012) represents relation to self-efficacy, self-confidence and self-esteem a significant difference was found between physically handicapped and normal male/female students. Bradley, D.P. (2008) establishes that significant positive correlation between confidence and achievement motivation. 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. Pramod, K.T. (2007) observed that physically challenged males participating in competitive sports possess more self-confidence as compared to physically challenged male non-sportspersons. 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. Dan, E. *et al.* (2000) revealed that physically challenged children have low self-confidence and self-esteem; this can be increased by providing appropriate remedial measures like magic tricks. Nancy J.C. (2000) Children with previously identified and unsuspected language impairments were similar with respect to receptive and expressive language and on measures of cognitive processing. Although both groups of children with language impairments exhibited poorer academic achievement than children with normal language. Mulambula, M.S. (2000) depicts that physically challenged children usually develop poor self-concept due to isolation, which deprives them of social interaction.

### 1.3 Hypothesis

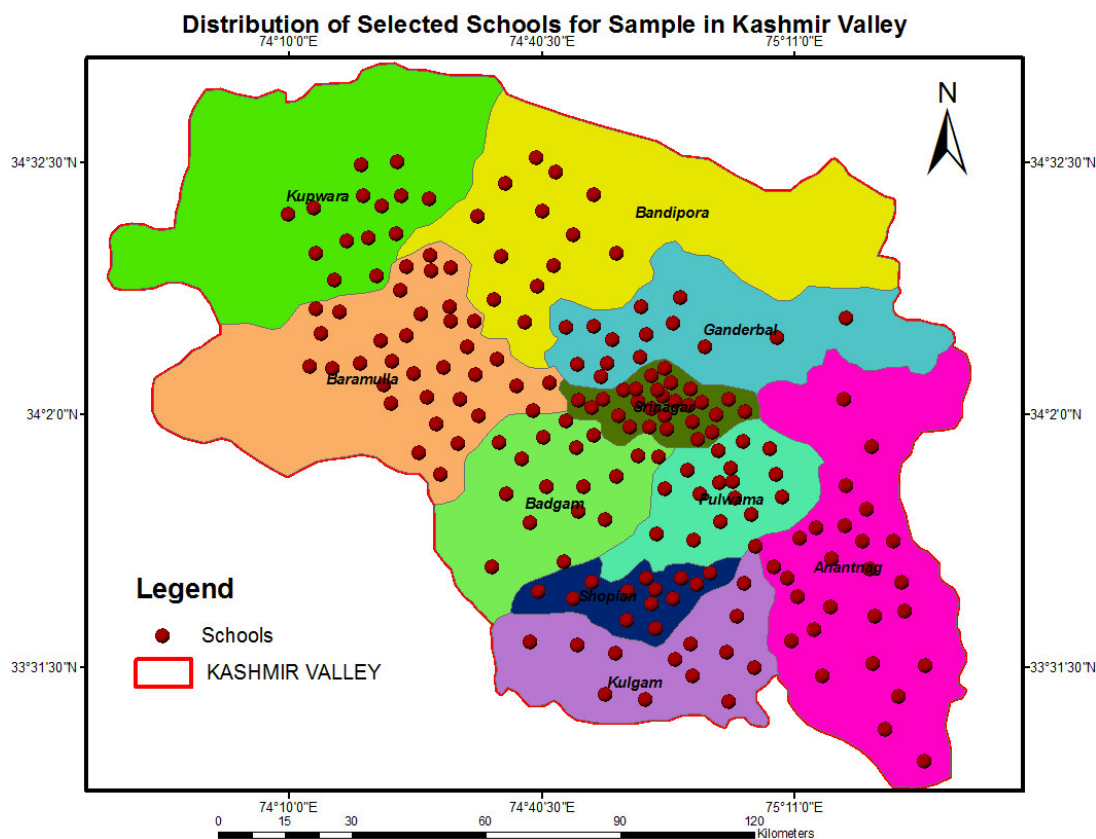
1. There is no significant difference between hearing impaired and speech impaired secondary school students on neuroticism.
2. There is no significant difference between hearing impaired and speech impaired secondary school students on self-confidence.
3. There is no relationship between neuroticism and self-confidence of secondary school students.
4. There is no relationship between neuroticism and self-confidence of physically challenged secondary school students.

## 2. Materials and Method

The study was to designed to compare hearing impaired and speech impaired secondary school students on neuroticism and self-confidence. 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.



### 3. Tools used

The investigator adopted the following tools for the collection of data: Neurotic Personality Inventory by R.N. Kundu,) and Self-Confidence Inventory by Rekha Gupta.

### 4. Statistical treatment

The data collected was subjected to the following statistical treatment

2. Mean
2. S.D
3. t-test
4. Correlation

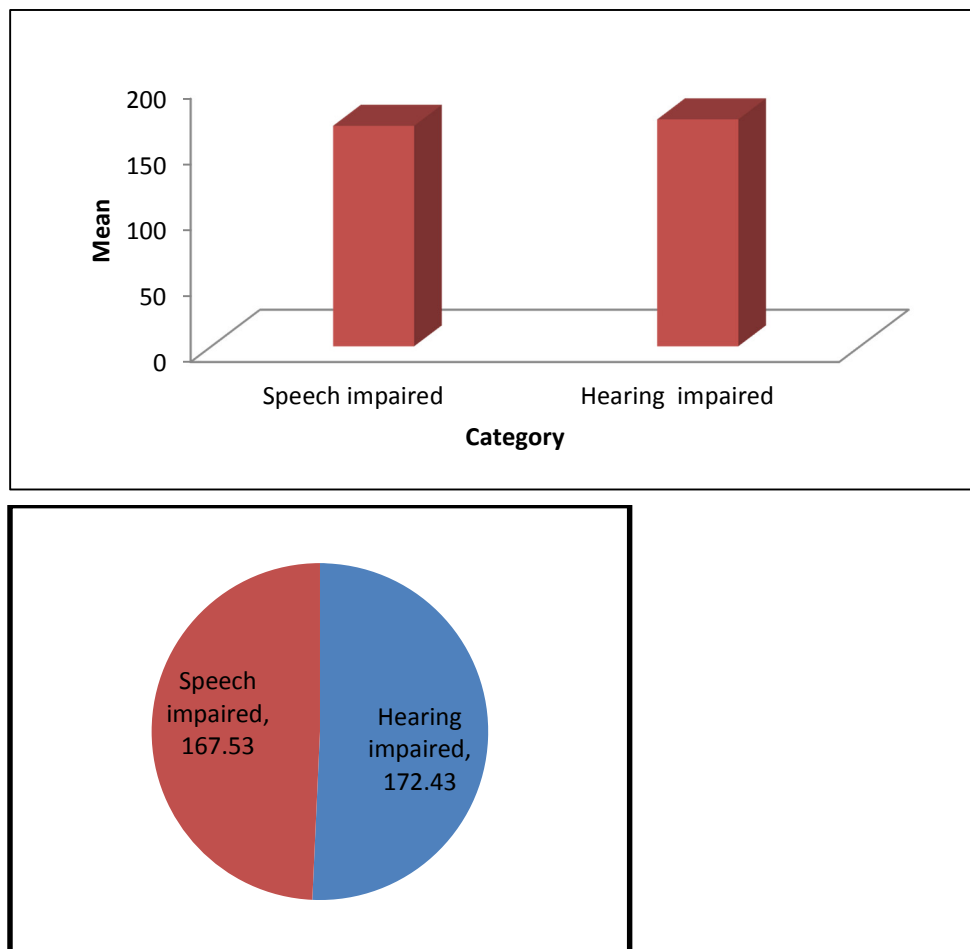
### 5. Analysis and interpretation of data

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

**Table 1.1:** 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 1.1 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.

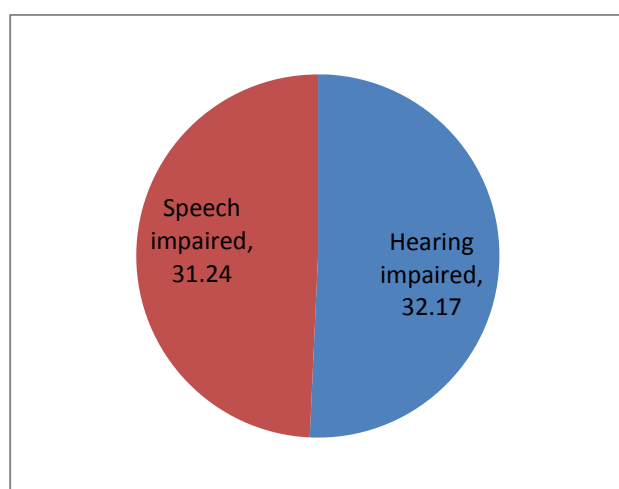
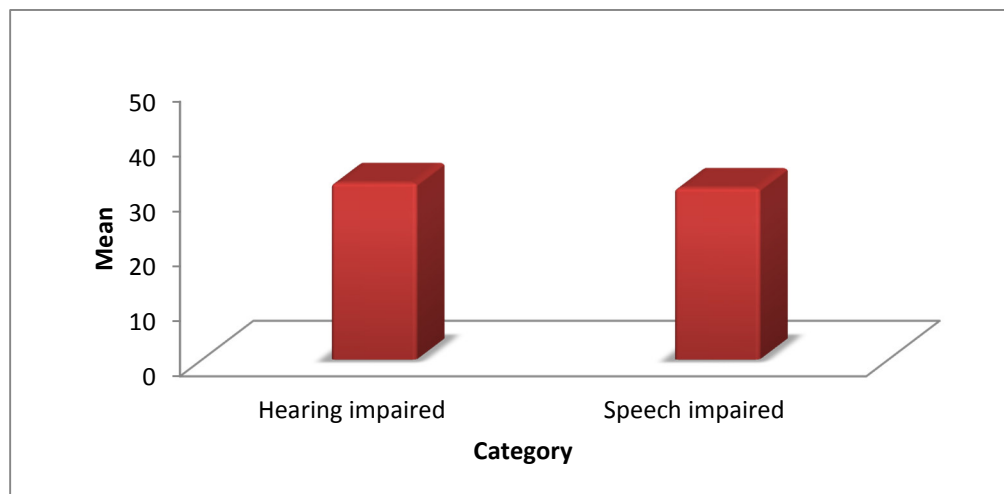


**Fig. 1.1** Showing the mean comparison of hearing impaired and speech impaired secondary school students on Neurotic Personality Inventory.

**Table 1.2: Showing the mean comparison of hearing impaired and speech impaired secondary school students on Self-confidence Inventory (N=100 in each group).**

Group	N	Mean	S.D	t-value	Level of significance
Hearing impaired	100	32.17	11.06	0.55	Insignificant
Speech impaired	100	31.24	12.63		

The Table 1.2 shows the mean comparison of hearing impaired and speech impaired secondary school students on self-confidence inventory. The calculated t-value (0.55) is less than the tabulated t-value (1.97) at 0.05 level of significance, which shows that there is no significant difference between hearing impaired and speech impaired secondary school students on self-confidence. A quick look at the means of the above table clearly confirms that hearing impaired and speech impaired secondary school students have low self-confidence. Both the categories feel isolated, sad, helpless, hopeless and confused when any serious situation is over. Thus from the confirmation of the results from the above table, the null hypothesis which reads as, “There is no significant difference between hearing impaired and speech impaired secondary school students on self-confidence”, stands accepted.



**Fig. 1.2:** Showing the mean comparison of hearing impaired and speech impaired secondary school students on Self-confidence Inventory (N=100 in each group).

**Table 1.3:** Correlation between neuroticism and self-confidence of secondary school students.

Group	Neuroticism
Self confidence	-0.50

The table 1.3 shows the correlation between neuroticism and self-confidence of secondary school students. The table reveals that there is a negative correlation between “neuroticism and self-confidence ( $r = -0.50$ ). This suggests that the variables “neuroticism and self-confidence” moves in opposite direction that means higher the self-confidence; lower will be neurotic problems. Neuroticism is mixture of negative tendencies or characteristics such as anxiety, shyness, worriness, fear and irritability. Those who score high on neuroticism may perceive and interpret life situation as irritating, threatening and problematic while as on the other hand those who score low on neuroticism to be found emotionally sound and stable, as a result of neurotic characteristics individuals feel difficulty in thinking or concentrating and fail to build satisfactory relation with teachers, friends, family members, etc. which adversely affects their self-confidence. The low confidence halts their steps and paralyzes both the body and mind at the time of decision making. They lack the inner belief in their ability to be successful and be likely to withdrawn, unmotivated, lazy, overly sensitive to criticism, distrustful, and pessimistic.

**Table 1.4: Correlation between neuroticism, self-confidence of physically challenged secondary school students.**

Group	Neuroticism
Self confidence	-0.047

The table 1.4 shows the correlation between neuroticism and self-confidence of physically challenged secondary school students. The table reveals that there is a low negative correlation between “neuroticism and self-confidence” ( $r=-0.047$ ) This suggests that the variables “self-confidence and neuroticism” moves in opposite direction and that means higher the self-confidence; lower will be neurotic problems. The Neuroticism is the cluster or mixture of negative traits such as anxiety, fear, hopelessness, irritability etc. Those who score high on neuroticism are more likely to experience number of problems like psychic, emotional tension and behavioral disturbances. As a result, feelings of worthlessness or inappropriate guilt, difficulty in thinking or concentrating and fail to build satisfactory interpersonal relationships with family members, peers, teachers etc. which adversely affect their educational performance, self-confidence. The low confidence halts their steps and paralyzes both the body and mind at the time of decision making. They lack the inner belief in their ability to be successful and be likely to withdrawn, unmotivated, lazy, overly sensitive to criticism, distrustful, and pessimistic.

In the light of the empirical evidences discussed above, the hypotheses numbers 3, and 4 stands rejected.

## 6. Conclusion

i 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.

ii The two categories of physically challenged secondary school students viz., hearing impaired and speech impaired were compared on self-confidence inventory. It was found that there is no significant difference between hearing impaired and speech impaired secondary school students on self-confidence. Both the categories relatively do not having the accurate kind of skills and clarity of goals to be achieved. They are not being ready and enthusiastic to face new situations and carry out difficult tasks, and generally are withdrawn, unmotivated, lethargic, indolent, overly sensitive to criticism, distrustful, and pessimistic. Low confidence bring to an end their steps and paralyzes both the body and mind at the time of making decision. Due to physical impairment both the categories are flooded with negative thoughts such, as psychic, emotional tension and behavior disturbances which adversely effects their self-confidence.

iii The significant negative correlation was found between “neuroticism and self-confidence” of secondary school students. This suggests that the variables neuroticism and self-confidence moves in opposite direction that means higher the self-confidence; lower will be neurotic problems

iv The significant negative correlation was found between “neuroticism and self-confidence” of physically challenged secondary school students. This suggests that the variables neuroticism and self-confidence moves in opposite direction that means higher the self-confidence; lower will be neurotic problems

## 7. Suggestions for Further Research

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

1. Parental attitudes and their socio-economic background of the students can also be considered in further studies.
2. A study on inter-institutional differences as affecting the Psychological make-up of the physically challenged children may also be attempted. This may bring out the institutional climate as affecting the total development of these children.
3. Further research may be conducted on physically challenged children by taking into account other variables like personality characteristics, adjustment, interest, attention and motivation, attitude of parents and teachers etc.



4. 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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