

Anxiety disorder characterized by anxiety, Obsessive-compulsive thoughts, posts traumatizing experiences, frustration with special reference to disability

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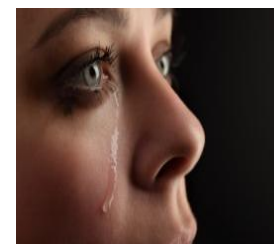
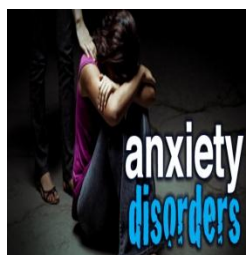
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Abstract:

This study was assumed to study the anxiety disorder characterized by anxiety, Obsessive-compulsive thoughts, posts traumatizing experiences, frustration of disabled students. The sample for the study was 40 students including 20 fluency disorder and 20 hearing disorder teenagers, selected from various secondary schools by using purposive sampling technique. The result of the study revealed that both fluency disorder and hearing disorder teenagers do not differ in anxiety disorder characterized by anxiety, Obsessive-compulsive thoughts, posts traumatizing experiences, frustration. The physical impairment is accountable for inferiority complex in the society and this inferiority complex results anxiety disorder characterized by anxiety, Obsessive-compulsive thoughts, and posts traumatizing experiences, frustration among both fluency disorder and hearing disorder disabled students.

Key words: Anxiety disorder characterized by (anxiety, Obsessive-compulsive thoughts, posts traumatizing experiences, frustration), fluency disorder and hearing disorder.

An anxiety disorder is a condition characterized by persistent feelings of nervousness, tension, or restlessness. Symptoms of anxiety disorders include overwhelming feelings of panic and fear, uncontrollable obsessive thoughts, and painful, unpleasant memories. Physical symptoms of this condition include increased heart rate, sweating, muscle tension, and other uncomfortable physical reactions. The individual is very much ego centric, fails to maintain friendly interpersonal affiliation with others in the society.

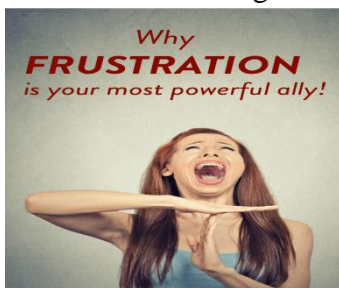


Anxiety is a common neurotic disorder almost 5% of the general population being affected as per the reports of American psychiatric association (APA). The frequent and known symptoms of anxiety includes excess amount of sweating, numbness, muscle tension, tremors and hypertension. The benzodiazepines 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.

Obsessive-compulsive disorder is a common neurotic disorder marked by the reappearance of interfering or disturbing thoughts, impulses, images or ideas accompanied by repeated attempts to suppress these thoughts through the performance of certain irrational and ritualistic behaviors or mental acts (compulsions) for example, a sufferer with a fear of germs or illness may wash his hands countless times each day, even to the point of making them bleed. Medications and psychological treatment, including behavior modification, are generally successful methods for many obsessive-compulsive patients.

Post traumatic disorder (PTSD) affects those individuals who have been exposed to traumatizing experiences, as commonly neurotic disorder is seen in soldiers who return from war situations. The patients often relieve the trauma through flash backs and dreams, which can lead to paranoia, insomnia and social withdrawal. Somatization disorder causes individuals to display fears as physical symptoms. Somatic symptoms are physical symptoms that a patient feels, but that cannot be medically authenticated through testing and other diagnostic procedures. Psychological treatment is the best course of action for people suffering from this, though many people with the condition resist psychiatric intervention because they believe their symptoms to be truly physical in nature.

The word frustration has been derived from a Latin word 'Frusta' means 'obstruct'. The term frustration refers to the blocking of behaviour directed towards the goal. The course of motivation does not always run



smoothly. Things that happen prevent us from reaching the goals toward which we are driven or pulled. People who cannot achieve their important goals feel depressed, fearful, anxious, guilty or angry.

Miller and Dollard (1939) have defined frustration as that condition which exists when a goal response suffers interference. The obstacle may be famine, earthquake, war, floods, etc., or it may be people such as parents or society who obstruct the fulfillment of wants. For example, Inter-caste marriage, change of religion, etc. Even the social norms, codes of conduct may cause frustration. Other major external obstacles are economic depression, excessive competition and rivalry,

lack of opportunity, racial and religious intolerance, rapid social change and general social uncertainty. All these separately or taken in combination put a great deal of stress and produce feelings of inadequacy, discomfort, isolation, insecurity, anguish and pain. Nameem, M. (2013) 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) 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. Vikas, B. (2010) denotes that hard of hearing subjects showed normal levels of anxiety. Rose (2008) People with disability find very difficult to fit them in environment and attain a psychological wellbeing. 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. Ananya, R.L. (2005) reveals that 37% of the disabled children had psychosocial problems according to the CPMS scale, while among the children without disability it was 17%. Encephale (2003) The study revealed that hearing impaired adolescents have high rates of neurotic reactions such as depression, anxiety disorders, particularly social phobias as compared to the normal ones. Hutchinson (2002) denotes that children who are born deaf or experience a significant hearing loss in the first several years of life usually do not develop normal speech and language.

Need and importance:

Education has assumed a place of paramount importance in modern society which is becoming, more scientific and technological. It is now regarded as a potent instrument and effective development through which the standard of living of the people, their prosperity and security can be considerably improved. It furnishes the individual with basic knowledge and technical skills essential for work, productivity economic survival. It serves as the base for the exercise of all rights and privileges of a citizen and also a precondition for the effective discharge of his duties.

In India, education of masses is one of the most crucial concerns. In post-independence era, a two-pronged drive has been started to combat ignorance, illiteracy and economic insecurity of the masses and also to ensure their increasing participation in social and political life. The figures available on literacy percentage indicate that there has been some success in our attempt of eradicating mass illiteracy, but still a sizable

proportion of the total population has not been benefitted from the programme and as such dark clouds of illiteracy and ignorance are still hovering over humanity and posing threat to the very Social order.

The education of exceptional children represents an attempt on the part of the school to furnish equal opportunity to individuals who differ from the general population of students in their physical, mental and social characteristics.

There are individuals who learn very fast. There are others who do not learn very fast, but with reasonable teaching learning inputs, can learn prescribed tasks, may be over a relatively long time segment. There are some individuals who find it difficult to learn without special inputs. These are the individuals who have special learning needs which arise out of sensory, intellectual, psychological or socio-cultural deficits. For example, persons with visual, hearing, speech or neuro-muscular impairments have learning problems. So have persons with a low level of intellectual functioning and those with disorders in psychological processes. These conditions, impairments or disabilities, impede the normal development of individuals intellectually, socially, emotionally and physically. There are however, ways to reduce the discrepancy through restorative and rehabilitative techniques, including education. The significant developments in medical science, technology and education, have resulted in normalizing the lives of disabled persons through special inputs. These persons can also be educated using special instructional methodology, instructional material, learning aids and equipments specific to special learning needs. It also requires additional teaching competencies in general teacher and in some cases special teachers are indispensable.

In a civilized society, all children need to be given opportunity to learn, irrespective of their being average, bright, dull, retarded, blind, deaf, crippled, speech impaired emotionally disturbed and other similarly deformed in one way or the other. In a legitimate effort to achieve this goal, different types of schools – normal schools, special schools etc. have come into being over a period of time.

The early history of special education started with the hearing handicapped as early as (1555) A. D. When the Spanish Monk Pedro Ponce De Leon (1520-1584) taught a small number of deaf children to read, write, speak and learn academic subjects. The first school for the deaf in Great Britain was established in (1767) A.D. Edinburgh by Thomas Braidwood, Braidwood's method combined oral and manual method of teaching alphabets and signs. Samuel Hinicke (1729-1784) developed the oral method emphasizing lip reading and speaking skills in Germany at Leipzig in (1778) A.D which was further developed by F. M. Hill (1805-1874). In France, Michel Del Epee (1712-1789) who established the first school in Paris in (1755) A. D. Education of

deaf children was started with Gallaudet (1787-1851) using the French method Gallaudet established the first school of the deaf in (1847) A.D. in the New York. In (1863) A.D. there were 22 schools for deaf in USA. The first oral school of the deaf in Massachussets was established in (1867) A. D. Thomas Hopkins Yallaudet established the first American residential school for deaf in (1817) A. D. in Hartforal. The Gallaudet College in Washington D. C., which is the only college for the deaf was named in his honour. .

In India the first attempt to educate handicapped children were made in the last two decades of the nineteenth century with the establishment of the first school for the hearing impaired in Mumbai in (1885) A. D., followed by the first school for the visually impaired in Amritsar in (1887) A. D. The present figure of schools for the hearing impaired and speech impaired is about 478 as per the rehabilitation council of India (RCI) directory of which 97 are secondary schools. The largest number are in the state of Maharashtra contains 139 schools. According to the estimates of national survey organization, the number of disabled persons is about 120 lakhs. The government of India has established several special institutes for the handicapped such as, national institute for visually handicapped at Dehradun, national institute of handicapped at Mumbai, national institute of orthopedic at Kolkata and national institute of mentally retarded at Hyderabad.

It is estimated that there are two million disabled children needs special care viz. improvement of health serviced, nutritional standards, mother care, and effective measures to prevent disability. The National Policy of Education (1986) A. D. planed to establish 10, 000 schools for these children with 150 to 200 children in each.

The students suffering from any physical defect which impedes their educational, vocational, emotional and social adjustment. A physical defect may be congenital, it may be on the other hand acquired through diseases or accident. The group of physically handicapped children includes those children who are crippled, blind or partially sighted, deaf, hard of hearing, defective in speech epileptic, vitally low, cardiac allergic, diabetic and malnourished.

For the purpose of the present investigation physically challenged students includes the following categories i.e. hearing disorder, fluency disorder. Hearing disorder / impaired are those in whom the sense of hearing is nonfunctional 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).

Hearing impaired children are recognized by various symptoms such as, frequent pain in the ears, discharge from the ear, scratching the ear frequently, turning the head frequently towards the speaker and restlessness.

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.

Objectives: 1 to identify deferentially abled viz. fluency disorder and hearing disorder adolescents.

2 To compare fluency disorder and hearing disorder on anxiety disorder characterized by anxiety, Obsessive-compulsive thoughts, posts traumatizing experiences, frustration with special reference to disability.

Hypotheses:1. there is no significant difference between fluency disorder and hearing disorder adolescents on anxiety disorder characterized by anxiety, Obsessive-compulsive thoughts, post traumatizing experiences, frustration with special reference to disability.

Materials and Method:the study was designed to compare the fluency disorder and hearing disorder disabled students on anxiety disorder characterized by anxiety, Obsessive-compulsive thoughts, post traumatizing experiences, frustration with special reference to disability.

Sample:the sample of this study collected from various secondary schools of Kashmir division. The sample consists of 40 students of which 20 fluency disorder and 20 hearing disorder disability students. The purposive sampling technique was used by the investigator.

Tool used:anxiety disorder scale by R. N. Kundu characterized by anxiety, Obsessive-compulsive thoughts, post traumatizing experiences, frustration.

Statistical treatment: the data collected was subjected to the following statistical treatment: Mean, S.D & t-test.

Analysis and interpretation of data: in order to achieve the objectives formulated for the study, the data was statistically analyzed by employing t-test.

Table 1.0: Showing the mean comparison of fluency disorder and hearing disorder disabled students on anxiety disorder characterized by anxiety, Obsessive-compulsive thoughts, posts traumatizing experiences, frustration (N=20 in each group).

| Group | N | Mean | S.D | t-value | Level of significance |
|------------------|----|--------|------|---------|-----------------------|
| Fluency disorder | 20 | 115.17 | 7.11 | 1.77 | Insignificant |
| Hearing disorder | 20 | 119.45 | 8.12 | | |

The table 1.0 shows the mean comparison of fluency disorder and hearing disorder disabled students on anxiety disorder scale characterized by anxiety, Obsessive-compulsive thoughts, posts traumatizing experiences, frustration. The calculated t-value (1.77) is less than the tabulated t-value (1.98) at 0.05 level of significance, which depicts that there is no significant difference between fluency disorder and hearing disorder disabled students on anxiety disorder scale. A quick look at the means of the above table clearly shows that both the categories viz. fluency disorder and hearing disorder disabled students are prone to psychological problems. Thus defective sensory organs are liable for psychological problems such as anxiety, phobias, stress, anger, frustration and depression, etc. 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 fluency disorder and hearing disorder disabled students on anxiety disorder characterized by anxiety, Obsessive-compulsive thoughts, posts traumatizing experiences, frustration. , Stands accepted.

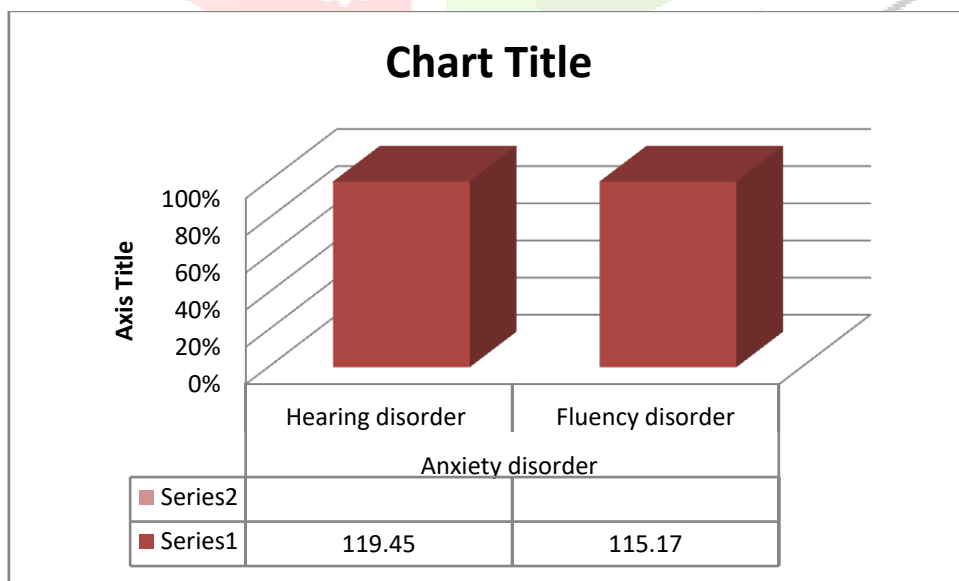


Fig.1.0: Showing the mean comparison of fluency disorder and hearing disorder disabled students on anxiety disorder scale characterized by anxiety, Obsessive-compulsive thoughts, posts traumatizing experiences, frustration.

Conclusion:

The two groups' viz. fluency disorder and hearing disorder disabled students were compared with each other anxiety disorder characterized by anxiety, Obsessive-compulsive thoughts, posts traumatizing experiences, frustration. It was found that both the categories viz. fluency disorder and hearing disorder teenagers are prone to psychological problems. The disability is accountable for their stress, depression, inferiority complex, shyness, anger etc. The disability becomes a challenging and demanding factor for them to lead a happy and prosperous life. They may perceive every day situation as threatening which leads to depression, hopelessness.

Suggestions for Further Research:

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

1. 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.
2. Parental attitudes and their socio-economic background of the students can also be considered in further studies.
3. 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.
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.
5. 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.

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