

Fluency Disorder and Hearing Disorder Teenagers with special reference to their Academic Performance and Neurosis

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Abstract:

The study was aimed to study the academic performance and neurosis of differentially abled teenagers of Kashmir Division. The sample for the study was 50 students including 25 fluency disorder and 25 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 academic performance and neurosis. Both the two group's viz. fluency disorder and hearing disorder teenagers seems to be identical on level of neurosis.

Key words: Academic Performance, Neurosis, Fluency Disorder and Hearing Disorder.

Introduction

When individual's desires, demands etc. are not fulfilled or failure in life results psychological problems such as anxiety, aggression stress more over other neurotic tendencies. Neurosis 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 neurosis may perceive and interpret every situation as irritating, threatening and problematic, which may lead helplessness and hopelessness. Neurosis 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 neurosis 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. 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. However, many physically challenged people continue to report difficulty in accessing such services including – no recognition of their needs in relation to their physical impairment, negative attitudes to disability held by some staff, lack of personal support and physical unapproachable buildings and facilities. The Community based assessment and treatment services should be developed to provide assessment and treatment of people with physical impairment. Some people with physical impairment are at increased risk of challenging behaviors and mental illness. Health and Social Care Trusts should ensure that protocols are agreed so that a proactive approach can be taken to systematic intervention should there be signs of recurrence. Article 2 asserts that children should never be discriminated on grounds of physical impairment or any other type of disability. Article 23 emphasizes the rights and freedoms of children with physical impairments and other disabilities plus importance of promoting their full enjoyment of

life experiences and of exercising their independence to the greatest extent possible. These children may need additional support and resources to fulfill their potential including rehabilitative care, surgical intervention, assistive devices such as crutches, wheelchairs, and environmental modifications like ramps and accessible transport. In more developed countries, medical and surgical advances have brought significant improvements to the health and well-being of many children with disabilities. This is reflected in significant decreases in morbidity and death rates among children with physical impairments or any other disability.

It has been commonly experienced by teachers that good and healthy relationship amongst the students of a class are conducive to efficient learning, only when teacher is well acquainted with the personality traits of the students. It is due to this fact that now-a-days educators are more concerned not only with the student's class achievement but also with the factors related to his personality development.

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 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. Ediburgh by Thomas Braidwood, Braidwood's method combined oral and manual method of teaching alphabets and signs. SamulHinicke (1729-1784) developed the oral method emphasizing lip reading and spearing skills in Germany at Leipzig in (1778) A.D which was further developed by F. M. Hill (1805-1874). In France, Michel Del Epee (1912-1789) who established the first school in Pairs in (1755) A. D. Education of deaf children was started with Gallandet (1787-1851) using the French method Gallandet 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.

Students are real assets of nation, they are the heirs of national resource, development and technology, as for their physical aspect is concerned they are of two types viz. physically challenged and normal. The former means 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 impaired, visually impaired and crippled. Hearing 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. 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.

Objectives:

- 1) To identify differentially abled viz. fluency disorder and hearing disorder teenagers.
- 2) To compare fluency disorder and hearing disorder teenagers on academic performance.
- 3) To compare fluency disorder and hearing disorder teenagers on neurosis.

Hypotheses:

1. There is no significant difference between fluency disorder and hearing disorder teenagers on academic performance.
2. There is no significant difference between fluency disorder and hearing disorder teenagers on neurosis.

Delimitations of the study: Keeping time duration and budget schedule in mind, the present study delimited in following way:

1. 8th and 9th grade students were selected as respondents
2. The whole sample was selected from Shopian and Kulgam district.

Materials and Method:

The study was designed to compare the fluency disorder and hearing disorder teenagers on academic performance and neurosis. As such, descriptive method of research was employed.

Sample:

The sample of this study collected from various secondary schools of Shopian and Pulwama District. The sample consists of 50 students of which 25 fluency disorder and 25 hearing disorder teenagers. The purposive sampling technique was used by the investigator.

Tools used:

The investigator adopted the neurotic inventory by R.N.Kandu and academic performance refers to the aggregate marks obtained by the subjects in 8th and 9th classes.

Statistical treatment:

The data collected was subjected to the following statistical techniques:

- Mean,
- S.D and
- 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 teenagers with special reference to their academic performance (N=25 in each group).

Group	N	Mean	S.D	t-value	Level of significance
Fluency disorder	25	90.14	11	0.67	Insignificant
Hearing disorder	25	88.15	10		

The Table 1.0: shows the mean comparison of fluency disorder and hearing disorder teenagers on academic performance. The calculated t -value (0.67) 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 teenagers on academic performance. The above result clarifies that fluency disorder and hearing disorder teenagers have the similar academic performance. Thus from the confirmation of the results from the above table, the null hypothesis no.1 which reads as, fluency disorder and hearing disorder teenagers do not differ significantly on academic performance.”, stands accepted.

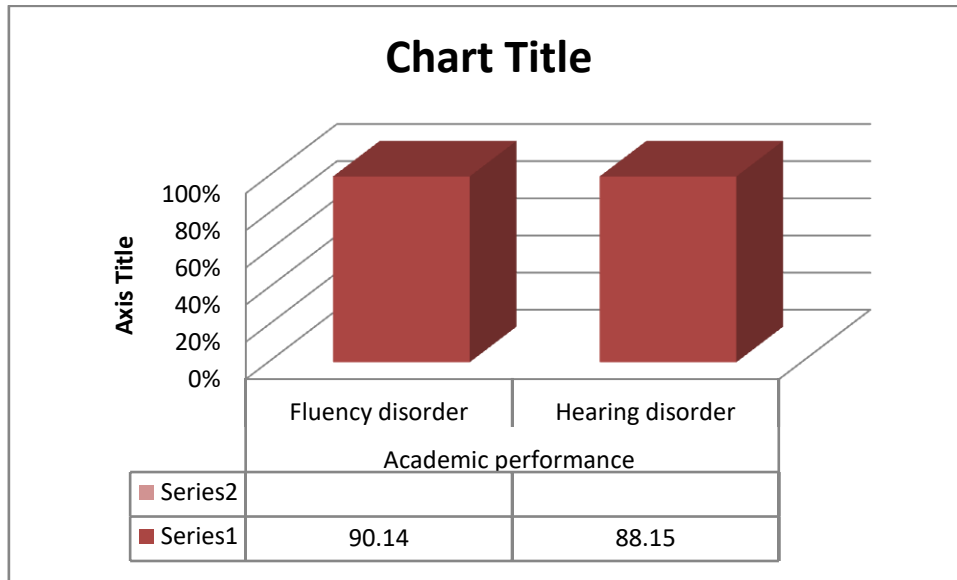


Fig. 1.0 Showing the mean comparison of fluency disorder and hearing disorder teenagers academic performance.

Table 1.1: Showing the mean comparison of fluency disorder and hearing disorder teenagers neurosis. (N=25 in each group).

Group	N	Mean	S.D	t-value	Level of significance
Fluency disorder	25	101.12	8	1.53	Insignificant
Hearing disorder	25	97.87	7		

The Table 1.1 shows the mean comparison of fluency disorder and hearing disorder teenagers on neurotic inventory. The calculated t-value 1.53 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 teenagers on neurotic inventory. A quick look at the means of the above table clearly shows that both the categories viz. fluency disorder and hearing disorder teenagers are prone to psychological problems. There seems to be no significant difference between fluency disorder and hearing disorder children on level of neurosis. 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 fluency disorder and hearing disorder secondary school students on neurosis, Stands accepted.

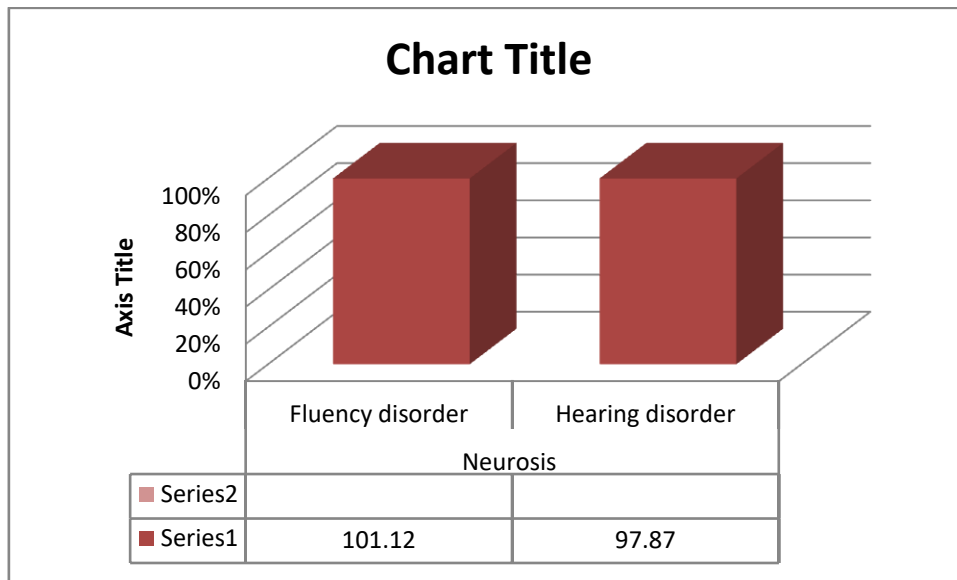


Fig.1.1: Showing the mean comparison of fluency disorder and hearing disorder teenagers on neurotic inventory.

Conclusion: Some conclusions of the study are as under:

1. No significant difference was found between fluency disorder and hearing disorder teenagers on academic performance.
2. Both the two groups viz. fluency disorder and hearing disorder teenagers seem to be identical on level of neurosis.

Suggestions for Further Research:

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

1. 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.
2. 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.
3. Parental attitudes and their socio-economic background of the students can also be considered in further studies.
4. 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

5. 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.
6. 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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