



SELF-EFFICACY IN PERSON WITH PHYSICALLY DISABILITY

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Abstract: The self-efficacy and development of children and adolescents with disabilities may be negatively affected as they are exposed to multiple challenges in the life. Limitation in activities may be experienced by the young person who acquire physical disabilities due to an accident. Such individuals may need to apply coping techniques to handle difficult situation in life. Self-efficacy can also be taken as the belief of a person that he/she can cope with a given task or activity even in new, difficult, unpredictable and stressful circumstances. Person with disability's positive attitudes toward disability were highly associated with improved quality of life. Strategies which are mediated by peers such as pairing peers, buddy programs and cooperative learning groups have been found to be very helpful for inclusive programme, specifically when executed by Mental health professionals

Index Terms - Self-efficacy, coping, physical disability,

I. INTRODUCTION

Children and adolescents with disabilities are exposed to multiple challenges that negatively affect their development and self-efficacy (Schunk & Zimmerman, 2007). It has also been seen that the person with physical disabilities frequently experience social or personal defeat, they fail to develop enough self-efficacy and self-esteem (Moozova et al., 2015). Moreover, person with physical disabilities experienced impairment of physical function, make it difficult to recognize the disability or to participate in employment, economic activities, leisure activities, and self-help activities due to extreme psychological difficulties after an accident (Heo & Park, 2016). Physical disability is not a synonym for disability handicap. It has been observed that handicap is a demerit that happen as an outcome of a impairment or disability. It indicates to the outside situation, which put an individual with disabilities at the loss in relation to their close friends and the rules of society. Handicaps include physical barriers such as inaccessible entrances to buildings, barriers to education, employment opportunities and negative public attitudes Crisp (2002). Disabled people confronted in using different supportive materials. These include; wheelchairs and

artificial limbs, problems in availability, inaccessible of appropriate technology and difficulty of repairing and maintaining the accessible devices (Bates, Spencer, Young, Rintala, 1993). Similarly, adults who acquire physical disabilities may experience activity limitations (Eide & Igstad 2013) and may need to adopt coping strategies to manage their new way of functioning. When student with disabilities drop out of school, they may be inadequately prepared for the challenges of gaining and maintaining employment and thus at risk of becoming unproductive citizens (McNeal, 2011). The level of frustration due to limitation in performing daily living activities or functional limitations in people with disabilities significantly increased resulting in lack of energy, decrease in physical activities or creating other health problems (Hamzaoglu, Ozkan, Ulusoy, and Gokdogan, 2010)

The perception of one's ability is more important than a person's actual skill set. If a person have faith in his/her abilities then that person will definitely learn the new skill. Such basic principles enables students to learn concepts that might be difficult for the student. However, students with disabilities tend to have lower self-efficacy levels, which affects their academic success (Aro et al., 2019). The sense of self-efficacy can also be understood as an individual's belief that they can cope with a given activity or task even in new, unpredictable, difficult and stressful conditions (Luszczynska, Scholz and Schwarzer, 2005). When a person has congruent perceptions of self-efficacy and outcome expectations, and these perceptions are socially supported, the likely result is that he or she will then engage in goal-directed behavior (Lent & Brown, 1996). In their study Heydari et al. (2009) revealed the difference of self-efficacy between disabled and normal students. Their study revealed that self efficacy and life satisfaction is lesser in physically disabled participants than in normal participants. Individuals with high self-efficacy used their prosthesis to a higher degree and high self-efficacy was related to higher level of mobility, global scores and fewer problems related to the amputation in individuals who have undergone a lower-limb amputation and were using a non-MPK or MPK knee (Moller, Hagberg, Samulesson, Ramstrand , 2018). Schunk, & Pajares (2002) compared with students who doubt their learning capabilities, those who feel efficacious for learning or performing a task participate development of academic self-efficacy more readily, work harder, persist longer when they encounter difficulties and achieve at a higher level. Miller et all, 2018) found integration of behavior-based strategies to improve 182 self-efficacy which included problem solving, patient-directed goal setting and self-monitoring during the exercise. Further it may 183 enable person to seek larger participation in roles of life and minimize the occurrence of severe impairment.

People with a high level of hope for success perceive goals as challenges, they generate more goals, focus on following their pursuits, they are more flexible in overcoming obstacles, overcome stressors caused by barriers (which block achieving goals) more effectively, and they reach their goals more often compared to those with low levels thereof (Snyder et al., 2002). The attitudes of society toward person with disabilities play very significant role. People with disabilities are often subject to less humane treatment than people who do not have disabilities (Longmore & Umansky, 2001). The act of learning at the college level is much more than a reaction to effective teaching; the goal of learning in college is helping students transform abilities into skills and operates as a training ground for life-long learning (Zimmerman, 2002). There is

need to increase efforts to curb the ameliorated negative influence of perceived restricted working of students with disabilities. In addition to that, development of grading criteria is required to comply with standards adapted to fit abilities of students with disabilities. Resource allocation to facilitate the development of students' socio-cognitive skills seem to have capacity for holistic positive school outcome (Bertills, Granlund, and Lilly ((2021). Some research in a disability population showed that greater internal locus of control is associated with less disability and significantly explained the variance of disability, and these results remained significant when controlling for disease severity (Cheng and Leung, 2000). Jayaseelan, 2018) conducted his study on the effect of physical disability on socialization of the child. The researcher found that in addition to the usual developmental tasks, a handicapped child must make unique and complex adjustments to himself. Also, to his handicapped conditions and to his surrounding worlds. A number of studies have addressed the impacts of different attitudes, for example, positive social attitudes could facilitate inclusion and facilitate acceptance by family, friends, and employers (Findler, Vilchinsky, Werner, 2007), while negative attitudes may lead to low expectations, discrimination, and marginalization (Kleintjes, Lund, Swartz, 2013). Further Carter and Pesko (2008) study believed that peer-mediated strategies such as buddy programs, pairing peers, and cooperative learning groups were helpful for inclusion, especially when managed by paraprofessionals and special educators themselves. Coping with and adjustment to disability is an individualized process and two people with very similar disabilities are capable of very different outcomes and coping processes (Livneh, 1986). According to (Ajzenm, 1991) Person With Disability's positive attitudes toward disability were highly associated with improved quality of life. Understanding the attitude of person with disability toward their disability is the first step in the development of effective behavioral intervention. In the process of psychological intervention positive attitudes play very important role and may reflect in the overall behaviour of person.

Conclusion

In short, physical disability causes difficulties in performing daily living activities lack of energy, decrease in physical activities, occupational function and creating other health problems. There is lack of confidence in the individual. 'Therefore' there is need to have high level of self-efficacy in utilizing existing capabilities in the individual with physical disability. The understanding of the article will be helpful improving self-efficacy which will further improve the quality of clinical intervention in person with physical disability.

REFERENCES

Aro, T., Eklund, K., Eloranta, A.-K., Närhi, V., Korhonen, E., & Ahonen, T. (2019). Associations between childhood learning disabilities and adult-age mental health problems, lack of education, and unemployment. *Journal of Learning Disabilities*, 52(1), 71–83. <https://doi.org/10.1177/0022219418775118>

Ajzen I. (1991). The theory of planned behavior. *Organ Behav Hum Decis Process*. 1991;50:179–211.

Bates P. S., Spencer J.C., Young M.E., Rintala D.H. (1993). Assistive technology and the newly disabled adult: a daptation to wheelchair use. *The American Journal of Occupational Therapy*. 1993;47(11):1014–21.

Bertills K., Granlund M., and Lilly ((2021). Augustine1 Student Self-Efficacy and Aptitude to Participate in Relation to Perceived Functioning and Achievement in Students in Secondary School With and Without Disabilities. *Frontiers in Psychology*. doi: 10.3389/fpsyg.2021.607329

Carter, E. W., & Pesko, E. W. (2008). Social validity of peer interaction intervention strategies in high school classrooms: Effectiveness, feasibility, and actual use. *Exceptionality*, 16, 156–173.

Cheng S.K., Leung F.(2000). Catastrophizing, locus of control, pain, and disability in Chinese chronic low back pain patients. *Psychol Health*. 2000;15(5):721e730.

Crisp R. (2002). A counselling framework for understanding individual experiences of socially constructed disability. *Disability Stud. Q.* 22: 20-32.

Eide, A.H. & Ingstad, B., (2013), 'Disability and poverty – Reflections on research experiences in Africa and beyond', *African Journal of Disability* 2(1), 1–7. <https://doi.org/10.4102/ajod.v2i1.31>

Findler L, Vilchinsky N, Werner S. (2007). The Multidimensional Attitudes Scale toward Persons with Disabilities (MAS): Construction and Validation. *Rehabil Couns Bull*. 2007;50(3):166–76. <https://doi.org/10.1177/00343552070500030401>.

Hamzaoglu, O., Ozkan, O., Ulusoy, M. and Gokdogan, F., 2010. The Prevalence of Hopelessness among Adults: Disability and other Related Factors. *The International Journal of Psychiatry in Medicine.*, 40(1):77-91.

Heo, S. M., & Park, T. Y. (2016). A study on the effects of community participation on the social capital with disabilities. *Journal of Community Welfare*, 58, 29– 55. <https://doi.org/10.15300/jcw.2016.58.3.29>

Heydari, A., R. Mashak & Darvishi, H. (2009). Compare of the Self-Efficacy, Loneliness, Fear of success and Satisfaction in Physically Disabled Students with Normal Students in Ahvaz Islamic Azad University. In: *New Find Psychology*. **10**(4): 7-26.

Jayaseelan K, Naomi C. (2018) A study on the Psychosocial problems faced by the physically challenged children , *International Journal of Business and Administration Research Review*, 2(21))

Lent, R. W., & Brown, S. D. (1996). Social cognitive approach to career development: An overview. *Career Development Quarterly*, 44(4), 310-321.

Livneh, H. (1986). A unified approach to existing models of adaptation to disability. Part I: A model of adaptation. *Journal of Applied Rehabilitation Counseling*, 17, 5-16.

Longmore, P., & Umansky, L. (Eds.). (2001). *The new disability history*. New York, NY: The New York University Press.

Luszczynska, A.; Scholz, U.; Schwarzer, R. (2005). The general self-efficacy scale: Multicultural validation studies. *J. Psychol.* **2005**, 139, 439–457.

McNeal, R. B. (2011). Labor market effects on dropping out of high school: Variation by gender, race, and employment status. *Youth Society*, 43(1), 305–332.

Miller et all (2018). Relationships among perceived functional capacity, self-efficacy, and disability after dysvascular amputation. *The Journal of injury, Function and Rehabilitation*. Volume 10, Issue 10, October 2018, Pages 1056-106

Moller S., Hagberg K., Samulesson K., Ramstrand N.(2018). Perceived self-efficacy and specific self-reported outcomes in persons with lower-limb amputation using a non-microprocessor-controlled versus a microprocessor-controlled prosthetic knee. *Disabil Rehabil Assist Technol* 2018 Apr;13(3):220-225. doi: 10.1080/17483107.2017.1306590

Moozova, E. V., Shmeleva, S. V., Sorokoumova, E. A., Nikishina, E. A., & Abdalina, E. A. (2015). Acceptance of disability: Determinants of overcoming social frustration. *Global Journal of Health Science*, 7(3), 317–323. <https://doi.org/10.5539/gjhs.v7n3p317>

Schunk, D. H., & Pajares, F. (2002). The development of academic self-efficacy. In A. Wigfield & J. S. Eccles (Eds.), *Development of achievement motivation*, (pp. 15-31). San Diego, CA: Academic Press.

Schunk, D., & Zimmerman, B. (2007). Influencing Children's Self-Efficacy and Self-Regulation of Reading and Writing Through Modeling. *Reading & Writing Quarterly*, 23(1), 7-25. <https://doi.org/10.1080/10573560600837578>

Snyder, C. S., Shorey, H. S., Cheavens, J., Pulvers, K. M., Adams, V. H., Wiklund, C. (2002). Hope and academic success in college. *Journal of Educational Psychology*, 94(4), 820-826.

Zimmerman, B. J. (2002). Becoming a self-regulated learner: An overview. *Theory into Practice*, 41(2), 64-71. Doi: 10.1207/s15430421tip4102_2

