UNIT 14  SOCIO-EMOTIONAL PROBLEMS OF STUDENTS WITH HANDICAP

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14.1 INTRODUCTION

This unit covers socio-emotional needs of students with handicaps. It explains the importance of these needs and the emergence of problems related to socio-emotional needs in these individuals. It also describes the types of handicaps and the role of parents, teachers and guidance counsellors in helping these students to cope up with their problems arises due to their socio-emotional development.

14.2 OBJECTIVES

After going through this unit, you will be able to:

- list and explain about the various types of handicap i.e. mental, hearing, visual and physical;
- describe the socio-emotional problems of the persons with handicap with reference to physical, visual, hearing and mental handicap;
- find out how parents and teachers should deal with the handicapped students to alleviate their problems;
- know how a guidance counsellor can help the students with handicap(s) and their families.

14.3 SOCIO-EMOTIONAL NEEDS

We need a little shift in our perspective to understand the needs of the individuals with handicap. Just take a few minutes to recall the last three activities you have done and then try to visualize how a handicapped person would have accomplished those.
For example, imagine that you have just returned from the market after shopping. How this task would have been accomplished by a person with visual, hearing, physical or mental handicap?

What have you imagined?

A person with visual handicap may have problems in finding way or crossing the road or to keep oneself from tripping on to something. A person with hearing handicap may not be able to hear sounds of warning of oncoming vehicles. A person with physical handicap may need assistance in walking and may require much longer time to cover the distance. As person with mental handicap may get confused or may have been ridiculed by others on the road. If the trip to market required use of public transport, say a bus, the problem gets more complicated. The person with visual handicap would not be able to read the bus number, the physically handicapped may not be able to get on to the bus and the mentally handicapped may get into the wrong bus or to a wrong destination. In short, things which come to normal persons naturally are not straight forward for the handicapped. This leads to frustration.

What do you think is the main factors leading to socio-emotional problems of the individuals with handicap?

The handicap of the handicapped persons.

Besides the frustration caused by the inability to perform tasks with dexterity that a normal person does, the handicapped person misery is compounded by other factors also. One major external factor is the attitude of the society.

The attitude may vary from indifference to ridicule to isolation to acceptance.

Answer the following questions honestly to see what kinds of attitude you have towards handicapped persons.

1. Do you ever feel awkward in the presence of a person with some handicap?
2. If you come to know that a group of people with some handicaps were going to be your neighbour, would it bother your?

3. Would you avoid employing a person with some handicap?

4. Are you aware of the problems that people with handicap may have to face in using public transport, gaining access to many public buildings or using telephones?

5. If a person with a handicap was attending a social gathering, would you avoid that person?

6. Do you ever feel that you are treating a person with a handicap as less than ordinary?

7. Would you pay a handicapped person an extra special attention?

If your answer to any of the above questions is ‘yes’ that shows you have some negative attitudes towards handicapped persons which will affect your handling them. This will lead to additional socio-emotional problems for the individuals with handicap.

In a country like ours, the systems and convenience are generally designed to meet the needs of the normal persons only. Our telephones, transport, banking systems and even elevators are not designed to be used by the handicapped independently. Whereas in the developed countries, the systems have been designed keeping in mind the needs of the handicapped individuals. For example, the lifts in public places in advanced countries have switches that are marked with Braille for the convenience of the visually handicapped. The public buses have steps which can be lowered so that even persons on wheel chair can enter. There are special telephones instruments available for individuals with hearing handicap.

Thus, the system not designed according to the needs of the handicapped individuals cause difficulties when they use these systems. This makes daily living of the handicapped individuals more strenuous. They encounter anxiety, fear, isolation and trauma caused by their handicap or society or by both.

Normal individuals have means at their disposal to relieve stress by way of entertainment or indulging in other social activities. Here again the handicapped are at a disadvantage.

In the light of the above discussion, it is very necessary to understand the social-emotional needs of the handicapped persons. They should be seen as ‘person’ first and handicapped later.

14.3.1 Importance of the Socio-Emotional Needs

“My brother gets a pair of shoes once in 3 months I, get a pair of shoes once a year.”

“My mother takes my sister to all the parties but not me. She tells me she has to face lots of problems when I am around.”

“My mother does not allow me to play with other children in the park as other children make fun of me and call me an idiot”?

“My father keeps fighting with my mother for my weak performance in the class.”

“This disappoints me a lot.”

What do the above expressions by the handicapped persons reflect?

Persons with handicap have the same physiological, social and emotional needs as a non handicapped person.

All children are born with certain basic needs that must be satisfied before they can develop physically, socially or intellectually. Growth in any one of these areas is necessarily related to and influenced by growth in the others. One method of viewing social and emotional needs within this context has been formulated by Maslow (1954) who conceived of individual needs leading to psychological health as forming a hierarchy. According to his model, higher order needs such as belonging, love, self-esteem and self-actualization can only be achieved once more potent physiological and safety needs have been met. Even in the higher order needs, achievement of each level leading towards self-actualization depends upon the satisfaction of the previous level’s needs.
While the satisfaction of physical and health needs are essential to survival, emotional and social growth are vitally important for the overall development of the child. The child's psychological growth is fostered by feeling loved or accepted by the significant people in his or her life as well as by being stimulated and active.

Physical and emotional security provides a basis for the development of trust, which allows the child to explore and examine aspects of environment and to strive towards developing a sense of self.

As it is, persons with handicap have to face problems because of their handicap, lack of attention to their social and emotional needs may compound their problems. It is therefore necessary to understand their socio-emotional problems so that they can develop their potentials to the maximum.

14.3.2 Emergence of Socio-Emotional Problems

Handicap of any kind is sufficient to limit a person's mobility in the society in a number of ways.

A handicapped person's role, status and behaviour in society is very much influenced by interpersonal behaviour, impression formation, liking etc. shown by other members of the society. The sympathetic responses, the negative or hostile reactions or indifferences in behaviour shown by others influence the attitude of handicapped persons towards the society. This results in the form of withdrawal, maladjustment and non participation in the social world. Handicapped is not only a medical matter, it is an area of social concern also. It is not an 'objective' thing in a person but a social value judgment. Social value judgment is quite important for one's judgment and integration with the society and community. Society's perception of his/her 'deviance' lessens the possibility of understanding his/her interests, aspirations etc. This often leads to withdrawal behaviour by handicapped persons in situations which are discriminating, hostile and indifferent.

Have you ever realized what an individual with handicap feels about her/himself?

Individuals with handicap can not do certain things that are normally expected in the ordinary time available. They can not keep up with the standards of performance and ways of behaving that are presented by the surrounding society.

This inability to do things at par with other normal individuals will lead to what?

This inability may cause discomfort and feeling of 'looked down upon' and the individuals find themselves in a low self-esteem. This low self-esteem leads to a feeling of inferiority.

But if individuals with handicap have been regarded and treated with respect by their family and other people in close contact with them, especially during their early years, it will positively influence their 'self image' - their own conscious and subconscious view of themselves.

How does a child feel when faced by repeated failure? He will feel frustrated. In any child, a series of successful activities tend to build up morale and confidence, whilst a series of unsuccessful attempts leading to no recognition or reward tend to lower his confidence which may further affect his/her chance of success in future activities. For example, a child with physical handicap is likely to find some of his/her sensory motor experiences such as learning to control his/her hands accurately, eye and hand coordination quite frustrating especially if his/her parents become impatient or critical of his/her efforts at using a spoon or building the blocks, etc.

The standard of performance expected of a child at a certain age is set largely from parental expectations. The child with handicap is as likely a normal child to make comparisons between his/her performance and that of children of similar age, assuming, of course, that s/he is not leading a very isolated existence. As a result, in addition to sensing parental dismay at his/her clumsiness, s/he is becoming aware that his/her performance is not matching up to that of other children.

A child, therefore, feels s/he is not keeping up to the expectations of his/her parents and this results
in a poor self-image with low morale and confidence. Socio-emotional problems are thus related
to what an individual with handicap feels about him/herself, as discussed above. Feelings of
"normal" individuals also contribute to the socio-emotional problems of the handicapped.

There is a tendency among "normal" people to dwell on the problems and frustrations associated
with handicap to such an extent that the handicapped individual ceases to be regarded as an
individual with his/her own personal abilities and contributions to make to the society.

People tend to generalize from a handicap to the whole individual. As one spastic child puts it "Just
because my legs are wobbly, people think my mind is wobbly too". Such a generalization is one
of the primary aspects of faulty attitudes towards individuals with handicap.

Hence, the feelings of handicapped individuals about themselves and others feelings towards
them lead to number of socio-emotional problems.

Check Your Progress

Notes: a) Write your answers in the space given below.
   b) Compare your answers with those given at the end of the block.

1. Mention three factors that lead to the socio-emotional problems of the individuals with
   handicap?

2. For the overall development of the child, fulfilment of certain needs are very essential.
   Mention any two of them.

3. What is the general perceptions of normal person towards person with handicap

4. State "True" or "False" in the given statements.
   a) Negative attitudes of the society towards individuals with handicap lead to problems
      of handicapped individuals. (T/F)
   b) An individual with handicap has the same basic physiological, social, and emotional
      needs as a non-handicapped individual. (T/F)
   c) The family environment has nothing to do in determining the 'self image' of an
      individual with handicap. (T/F)
   d) An individual with handicap has strengths as well as limitations. (T/F)
   e) Parents of individuals with handicap should have high expectations from their
      handicapped children. (T/F)

14.4 TYPES OF HANDICAP

14.4.1 Physical Handicap

A variety of interchangeable terms have been used to describe persons with physical handicaps.
For example, these individuals will often be categorized on physically disabled, crippled,
physically impaired and orthopaedically impaired. The term includes impairment caused by a
congenital anomaly e.g. clubfoot, impairment by disease e.g. poliomyelitis, bone tuberculosis and impairment from other causes e.g. cerebral palsy, amputations and fractures. The range of disability varies from mind to profound physically handicapped individual as (a) having average or above average intelligence and (b) multiple handicapped individuals as having additional impairments such as mental retardation, blindness or deafness. The most common physical handicap found in schools are cerebral palsy, myelomeningocele (spinabifida) and muscular dystrophy. Most physically handicapped are served in combination of regular and special programmes. For most physically handicapped students, the regular academic curriculum is most appropriate. In addition, an emphasis is placed on helping the students to gain independent living skills such as grooming, dressing and food preparation. Perhaps the greatest need of these students is in the area of adaptive equipment. Technological advances have narrowed the gap in providing adequate educational instruction to students who cannot move or use their hands.

Another major area of intervention with physically handicapped students is in social and self concept development. What are the characteristics of physically handicapped persons?

Often, they are characterized as passive, less persistent, having a shorter attention span, engaging in less exploration and displaying additionally. Physically handicapped students are found to be more dependent on adults and interact less with their peers.

Intervention for these students must consider socialization and independence. Parents as well as teachers need to find ways to facilitate independence and build self-esteem.

In general, there seems to be no significant difference between physically handicapped and normal individuals in terms of mental health. Overall adjustment seems to be related more closely to the social impact of the handicap, rather than the actual handicap itself.

14.4.2 Hearing Handicap

Hearing loss is a major handicap, not only because of its effect of cutting the individuals off from the world of sound around him, but for the indirect effect of the problems encountered by the deaf student in learning language and the consequences of this upon other areas of development. Hearing impairment can be total (although this is actually very rare) or ranging through various degrees of hearing loss to that of so mild that it does not even require an aid. One in thousand children has a severe hearing loss and just under two in every thousand have sufficient loss to warrant the use of hearing aid. Sometimes loss due to ear infections and the build up of fluid in the middle ear also are major sources of problems in the school age.

14.4.3 Visual Handicap

The term ‘visual handicap’ is taken in a broader meaning. It denotes visual loss other than total blindness, such as the ‘blind’ and the visually handicapped, thereby separating the functionally blind from those who have some remaining vision. Individuals with visual handicap is one with a measured loss of any of the visual functions such as acuity, fields, colour vision or binocular vision. Used in this context, visual handicap also becomes synonymous with visual disability or visual impairment.

A visual handicap can arise from a considerable number of causes ranging from eye conditions which are comparatively mild and common place like squint, to the rare such as total blindness.

14.4.4 Mental Handicap

Of all our faculties intelligence is the most fundamental. It enables us to adopt to and manage the environmental demands that are made on us, to exploit our personal resources and to overcome or bypass our limitations. Impairment of vision, of hearing, of the ability to move around, are all serious, but the handicap posed by their disabilities can be reduced by the adaptiveness of our ‘intelligence’.

In the case of children with mental handicap the faculty of intelligence is affected. According to A.A.M.R. (American Association on Mental Retardation (1992) definition, “Mental retardation refers to substantial limitations in person’s functioning. It is characterized by significantly subaverage intellectual functioning, existing concurrently with related limitation in two or more of the following adaptive skill areas : communication, self-care, home living, social skills, community use, self-direction, health and safety, functional and academic, leisure and work. Mental retardation manifests before the age of eighteen (18) years.”
There are three sets of key words used in the definition:

1. "Significant subaverage intellectual functioning". The mentally retarded are those individuals whose normal intellectual growth has been arrested to a significant degree of at least two standard deviations below the mean for the intelligence test being employed.

2. "Existing concurrently with deficits in adaptive behaviour". Along with significantly subaverage intellectual functioning, deficits in adaptive behaviour must also be present if the individual is to be considered as retarded.

3. The third set of key words relates to the fact that the above-mentioned subaverage intellectual functioning and deficits in adaptive behaviour must be manifested during the developmental period till eighteen (18) years of age. The children with mental handicap have many things in common with the normal people. But there are certain characteristics that are different also. They include slow reaction, absence of clarity, inability to learn fast, inability to understand quickly, inability to decide lack of concentration, short temper, delay in development and poor memory.

Mental retardation is not the same as mental illness. Mental retardation is a condition. It cannot be cured. However, the mentally retarded person can be helped to learn many things. One of the major features of mental retardation is delayed and limited physical and mental skill development.

On the other hand, people suffering from mental illness have normally developed physical and mental abilities. Some of the symptoms of mental illness include behaving in strange manner, becoming moody and withdrawn, having suicidal tendencies, suspecting others and so on. Mental illness can be cured with medical help. Mental retardation cannot be cured because it is not an illness.

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

5. List four skills that are associated with adaptive behaviour.

6. List three characteristics of individuals with mental handicap.

7. List two characteristics of individuals with physical handicap.

8. State whether the following statements are True or False.
   a) An individual who has subaverage intellectual functioning and demonstrates no adaptive behaviour impairment would be considered mentally handicapped. (T/F)
   b) The development period is the period from conception through 18 years of age. (T/F)
   c) Mental handicap is same as mental illness. (T/F)
   d) Mental handicap can be cured. (T/F)
14.5 SOCIO-EMOTIONAL PROBLEMS OF THE INDIVIDUALS WITH HANDICAP

Can you recall from the previous section the three factors that lead to the problems of handicapped person? They include:
1. Other's reaction to the handicap
2. The individual's interpretation of these reactions.
3. The conflicts that arise between the individual's aspiration level and his/her actual capacity.

Following are some of the problems found in the individuals with handicap.

14.5.1 Stigmatization and Withdrawal

Because of the stigma attached to the handicap of any kind, the individuals with handicap are not accepted by the society and people try to see their disabilities instead of abilities. As a result of this, individuals with handicap withdraw and remain isolated from the rest of the community. Degrees of stigma varies from place to place. In India social stigma is more as compared to developed countries. This attitude acts as a barrier in their integration into the society.

The visibility of handicap, as in the case of physical and visual handicap, leads to rejection by others. Even though other factors are involved, the presence of a visible handicap appears to negatively affect the self concept of individuals with visible handicap. These individuals may perceive themselves as different and not fitting in, and as a result they may withdraw from their peer contacts. The ignorance of the society towards handicap may result in the non-acceptance of handicapped individuals who may then withdraw and remain segregated. For example, the individuals with visual handicap do not suffer because they yearn for sight but because of the negative social attitude towards them.

The withdrawal problem of individuals with mental handicap is also caused by the pathetic or mostly hostile attitude of society towards them which magnifies their problem and even threatens their freedom and existence. A change of social outlook towards other handicap are still neglected and ignored and are still doomed to life of segregation and frustration. They continue to be rejected and isolated by the society.

14.5.2 Emotional Problems

You must have seen individuals with physical or visual handicap moving about in a place. What hazards do they face as compared with normal persons? The answer is obvious. The physical hazards may lead to insecurity and emotional disturbances. The effect of this is more if as a child, they encounter negative experiences in the home, school and community.

Because the visibility of the defect, attracts contemptuous attention, individuals with handicap try to hide their handicap. It is for this reason people often resist the use of walking stick, crutches, eye glasses and hearing aids even if it leads to functional impairment. Attempts to hide the defect are sometimes made by parents who do not wish their children to be exposed to such behaviour of others or are ashamed of their deformed offspring. This leads to embarrassment for the handicapped individuals, which often leads to emotional trauma. Some of the psychosomatic complaints include insomnia, reduced appetite, gradual loss of interest in life, negative attitude towards self and family, insecurity, anxiety and emotional instability.

Threatened by the demands of life and confused by the ambivalent attitudes towards themselves, the individuals with handicap are likely to suffer from anxiety. Consequently they may restrict their sphere of activities, keep their aspiration low and suffer from fear of failure. The handicap super-imposed anxiety is therefore one of the important factors of decline in ability to cope with the demands of life. This diminished coping capability is often expressed through impulsive, compulsive and rigid behaviour.
The presence of hearing handicap itself does not cause emotional problems. The problem behaviour of individuals with hearing impairment are more similar to than different from those of hearing individuals. If deafness is present from early childhood it may create considerable stress and adversely affect personality development. Because of the hearing handicap present in their children, parents either do everything for them, thereby creating delay in self-dependence, or neglect their children which leads to anxiety in them.

Sometimes, because of the discriminatory treatment from the parents, individuals with handicap develop feeling of jealousy towards their brothers and sisters who, they think, are better treated by their parents.

Among individuals with visual handicap, fear of being watched may create an emotional strain, and this fear may persist well into later life.

Since individuals with mental handicap have fewer coping skills, stresses of daily living are greater for them. Individuals with mild mental handicap often come from lower socio-economic status, and hence, have fewer opportunities to learn social skills and models of social interaction than individuals coming from high socio-economic status. It is found that there is high incidence of emotional disturbances among the mildly mentally handicapped individuals than in general population. They are subjected to greater stresses, frustrations and conflicts and consequently more likely to develop behavioural disorders.

Multihandicapping conditions can increase an individual's social emotional problems. Potentials for effective social functioning decreases as the number of handicap increases. In studies of individuals with mental handicap associated with hearing and visual handicap, poor social relationships and generally maladaptive interpersonal behaviour such as aggressiveness, antisocial tendencies, have been reported.

14.5.3 Problems in Interpersonal Relations and Social Adjustment

The atmosphere of continued frustration and rejections in the home leads to serious maladjustment. A child with handicap may become bone of contention between father and mother who may frequently blame each other for the short comings. The disharmony between the parents and reluctance on the part of brothers and sisters towards individuals with handicap make the handicapped individual’s feeling of rejection more acute.

Satisfactory adult relationship are largely dependent upon a satisfactory first relationship (mother and child). In the care of a blind infant mutual attraction fails to develop, which leads to adjustment problems later. Because of the deprivation and maltreatment from others, the individuals with handicap exhibit antisocial characteristics like, irritability, temper outburst, aggressiveness along with moodiness and emotional changeability. The teasing and criticism of others lead to having low self-esteem in the individuals with handicap.
Individuals with visual handicap have problems with mobility, because of which their opportunities for social-interaction are affected. The acquisition of movement skills should be encouraged through games which involve activities like climbing, balancing, bouncing and so on. These activities promote sense of confidence and self-control which serve as a base for healthy social interaction.

Individuals with mental handicap may be slower to incorporate values of right and wrong and to develop internal controls. As a result, they may frequently exhibit inappropriate or antisocial behaviour.

Individuals with hearing and speech handicap have lot of communication problems which lead to social-interaction problems.

14.5.4 Communication Problems

Major problem found among individuals with hearing handicap is of communication and the consequences of this problem are many. It leads to the problem of socialisation and discipline. Picking wayside flowers is acceptable while picking one's neighbour's flowers is unacceptable. The difference is subtle difficult to explain but can be crucial.

How this can be communicated to individuals with hearing handicap? Although 'yes' and 'no' can be communicated to most dear individuals, the 'why' and 'wherefores' of life are most difficult to get across.

Students with hearing handicap, in their early years, are more likely to experience frustrations due to not understanding or not being understood, due to which they often show temper tantrums.

When we do not understand something what other person is saying, we say what did you say?

Individuals with hearing handicap in anticipation of facing embarrassment from others, avoid to utter 'what' even if or when they do not hear.

Sometimes they try to cover it up by talking all the time, giving little opportunity to others to speak. Some individuals may get into talking, day dreaming, absent mindedness, boredom and indifference. This comes out of difficulties in interpersonal relations.

They may be somewhat 'self-centered' because they lack understanding of emotions of others that are communicated through language. They tend to find enjoyment in their own self and may engage in unacceptable activities such as playing with their own body, masturbation and so on.

In recent years, however there have been positive development in increasing opportunities for individuals with hearing handicap. Access to computer and specially designed portable devices help in establishing effective personal contracts.

Individuals with handicap tend to have disorders in articulation. Speech problems not only impede children's social relationship but may also make it particularly difficult for them to make their needs known effectively. They are likely to be less flexible in acquiring social skills and in dealing with their social environment as compared to other individuals who can express discomfort, pinpoint dissatisfaction and ask questions about something they do not understand.

14.5.5 Negative Self-Concept

Self-Concept denotes an individual's evaluation of his/her worth and limitations in all those aspects of which s/he is aware of. To feel that life is worth living the individual should have a positive concept about his/her self.

Who are responsible in formation of your 'self-concept'? Naturally we depend on the feelings and attitudes of others viz. peers, teachers, neighbours, especially parents. They have much to contribute in the formation of self-concept.
Individuals with handicap are likely to receive cues of negative evaluation. It is reported that the handicapped persons often feel that their conditions prevent others in recognizing their positive attributes.

It is natural that an individual with handicap will have feelings of inadequacy due to his or her handicap. If the teachers and parents are only concentrating on his or her handicap by making comments such as "you can't do this", "It is not possible for you to achieve" etc. the individuals will develop lack of confidence and a negative self-concept.

14.5.6 Behavioural Problems

Because of the faulty attitudes such as rejection, overprotection and over expectation of parents and society, individuals with handicap develop lot of emotional and behavioural problems such as aggression, head banging, temper tantrums etc. Individuals with mental handicap are reacted to much more unfavourably than individuals with physical or visual handicap.

Parents and teachers should try to create a more favourable attitude i.e. an attitude of acceptance and non segregations of the handicapped. Without an appropriate attitude on the part of the society it is difficult for the parents to bring up children with handicap and more difficult to allow adults to live in the society, enjoy as much independence as possible and work according to their actual capacities.

Other harmful effect of over protection is that parents do not let the individual grow up into an independent person. Adults who have been overprotected during their childhood days might be immature, insecure and mostly depend upon others for taking decision for them.

Parent's, over expectation brings lack of confidence and insecurity in the individual. The individual may have many abilities but s/he will experience severe inferiority feelings due to critical attitudes of his/her parents.

Majority of the individuals with handicap could be helped to lead socially useful and independent lives if they were able to obtain proper encouragement, early stimulation and guidance.

14.5.7 Problems in Employment

Can individuals with handicap be employed? Individuals with physical handicap and other chronic health problems can enter occupations commensurate with their abilities. When adequate measures are taken to protect them, and those with whom they work from possible hazards arising from their handicap, they can contribute productively.
Individuals with handicap are discriminated against in getting the employment. "We naturally do not employ the afflicted when we have sound material at hand, makes the handicapped even when fitted to the job, less satisfactory because of accompanying mental state of depression and nervousness."

This attitude blocks the entry of handicapped individuals in the employment markets. This also leads to lot of emotional problems.

Check your progress

Notes: a) Write your answers in the space given below.
       b) Compare your answers with those given at the end of the block.

Answer the following in brief.

9. How does an individual with handicap react to the negative reactions of the normal persons?

10. What is the main cause of social maladjustment among individuals with handicap?

11. Define 'self-concept'.

12. Who are the main persons responsible in the formation of 'self concept'?

13. Mention two main goals of intervention for individuals with physical handicap.

14. What will be the consequences of overprotection of parents towards an individual with handicap. Mention any one.

15. State whether the following statements as True or False.
   a) Technological advances have nothing to do with the intervention programmes for the individuals with physical handicap. (T/F)
   b) Families play an important role in the educational process of an individual with handicap. (T/F)

14.6 ROLE OF PARENTS AND TEACHERS

1. The individuals with handicap should be encouraged to accept their limitations without succumbing to them.

2. Parents and teachers should encourage play, talk and free imagination. Play is one of the most powerful means of socialization.
3. Considerate and unprejudiced attitudes towards the handicapped persons can help the handicapped in attaining self-sufficiency and self-actualization.

4. Parents and teachers should try to make the environment accessible to the handicapped. Provisions like stairs as well as ramps, doors wide enough for wheel chairs, restaurant having few copies of menus in braille, flashy lights as well as fix alarms that sound, elevators button low enough to reach etc. are some examples.

5. The handicapped persons do possess potentials for development as a fully independent individual. Parents and teachers should create and provide conditions for creative development of the handicapped persons and foster their creative being.

6. Parents should accept the child's handicap. Parents unconsciously tend to reject or punish their handicapped children or develop over sympathy. Both rejection and over protection have negative effect on the integrated personality of the individual.

7. Parents and teachers tend to make wide generalisation about the capabilities of the handicapped persons which are unwanted and unrealistic. Perception of the discrepancy between his/her and social expectations contribute to tension and discomfort on the part of the handicapped person and consequently his/her behaviour undergoes some change.

8. As far as possible parents and teachers should try to provide as normal a life as possible to them.

9. Emotional problems should not be tackled by force or punishment. They should allow healthy and constructive expression of sexual interest and provide appropriate information to help them to understand what is helping to their body.

10. Social activities should be arranged to foster socialization in them.

11. The emotional relationship between parents, their social behaviour with the child as well as behaviour with other family members form as models for child's social behaviour. Quarrelsome and hostile parents, for example, inculcate aggressiveness and hostile behaviour among children. Emotionally unstable parents provide an 'insecured base' for children that leads to poor adjustment.

12. Emotionally well-balanced and stable family surroundings need to be provided to the handicapped persons. This lays a foundation for the healthy social and emotional development of the child.

13. Handicapped children are either not understood or misunderstood as far as their social needs are concerned. Teachers and parents should be aware of their characteristic needs of given stages of social development which may help them to intervene more effectively.

14.7 ROLE OF A GUIDANCE COUNSELLOR

Counsellor has a role to play towards not only the handicapped person but also his/her parents and other members of the family. Counsellors who work with the handicapped persons must realize that the primary objective in counselling him/her is to help him/her recognize his/her potential for achievement. The counsellor should help the handicapped person learn to develop confidence in his/her abilities and to became as self-reliant as possible.

Handicapped persons have as active emotional life as any other person, so a counsellor should make handicapped person feel that he/she can place his/her trust in the counsellor. The counsellor should remember that it is important for him/her to earn this trust, otherwise the counselling effort will not be successful. Counsellors who work with handicapped persons should keep in mind that they have need for success and successful experiences, which should be provided to them.

Counsellor's also need to work with the parents to help them understand the handicapped child to the greatest extent possible and to accept the child.

Keeping in mind the parent's point of view, the counsellor should attempt to direct discussions to those problems that seem to be of greatest importance to the parents.
Counselling should be direct towards:

- helping them to be more objective about their child.
- helping them to learn about behaviour their child will outgrow and behaviour they can expect to continue.
- helping them to assist ideas about handling various problems common to families of handicapped child.
- advising them about the help books and pamphlets that can provide guidelines for managing handicapped children and making these materials available for their study.
- how to handle their child more successfully with greater acceptance, understanding and knowledge.
- aiding them in keeping the child engage in leisure-time pursuits and other constructive activities.
- advising them regarding the community resources which are available—clinics, sheltered workshops, educational institutions, etc.

Parents go through a chain of reactions when they learn about their handicapped child that is a feeling of shock and disbelief, denial, anger, guilt, frustration, depression, recognition and adaptation. A counsellor should help the parents supportively in these stages.

Counsellor should involve both parents in the counselling and training the child. The diagnostic evaluation should emphasize what the child will be able to do. The family member should be counselled in order to assist them in rising above the stigma of handicapped and its accompanying problems.

The counsellor should be alert to the fact that the individuals with handicap have limited foresight about their future related needs. They probably will need the help of a counsellor in planning the future.

**14.8 LET US SUM UP**

A handicap leads to problems only when the individual accepts it as a condition of inadequacy. The problems of individuals with handicap, mainly physical and visual, more due to learned helplessness reinforced by the individual and social factors. Indeed an organ inferiority is not a barrier to realizing the potentials of an individual.

The individual and the society should learn to accept the organ inferiority as one of the several individual differences seen among people. The inferiority should be accepted in proper perspective. Individuals with handicap have the same social and emotional needs as normal individuals.

They also have the basic need to live to be loved and accepted by others. They experience all the emotions such as joy, sadness, anger and disgust. Without satisfying basic needs no individuals, whether able or handicapped, would feel that their life is worth living or meaningful.

Individuals with handicap face a number of problems because of their handicap, other’s reactions to their handicap and the faulty attitudes of the family and society in general.

**14.9 UNIT-END EXERCISES**

1. Select a handicap student of 12 to 16 years of age. Observe his/her activities and behaviours for a week. Discuss with them on various issues in order to collect his/her attitude toward the inadequacy s/he faces and how s/he is coping with that. Write a report in about 1000 words.

2. Interview parents and teachers of a handicapped student of a secondary school. Write a report in about 100 words. Report can describe the various problems faced by them in helping the student in his/her proper development.