

A Study to Investigate the Mental Health Condition and Self-Concept of Physically Disabled Person Compared to Physically Abled (Healthy) Person

Shalini^{1*}, Dr. Das Ambika Bharti²

ABSTRACT

Background: Disability is one of the hardest effects in the whole planet, because they seriously don't understand why each person else is "normal" in which they aren't. Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occur during a person's lifetime (WHO, 2012). Physically handicapped children are passive, less persistent having shorter attention span, engage them in less exploration and display less motivation. They are more dependent on adults, and interact less with peers. People with disabilities appear to be at greater risk of mental health problems than the general population and therefore make a disproportionate contribution to mental health morbidity internationally. **Aim:** The aim of the study was to investigate the mental health condition of physically disabled person compared to physically abled (healthy) person. **Method:** The sample of the study included from different districts of Bihar, of age range between 13-25 years, who has moderate physical disability. The sample size comprised of 100 (N=100) adult from Bihar; 50 were physically disabled (n₁=50) and 50 were their physically abled (n₂=50) counterparts. The following tools were used for this study: Mental Health Inventory, Self-concept Clarity Scale. **Results:** Physically disabled sample scored significantly higher on environmental mastery (t= 2.930, p≤ 0.05), and physically abled sample scored higher on Autonomy (t= -2-259, p≤ 0.05) of the Mental Health Inventory. Physically disabled and physically abled sample have scored almost same on self-concept clarity scale Questionnaire. **Conclusion:** It was found that physically disabled persons showed higher score on environmental mastery and autonomy. This particular study may have significant implication for parents, teachers, mental health professionals and policy makers.

Keywords: Mental health, disabled, Self-concept

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occur during a person's lifetime (WHO,

¹MA, Central University of South Bihar, Bihar, India

²Assistant Professor, Central University of South Bihar, Bihar, India

*Corresponding Author

Received: June 08, 2021; Revision Received: August 01, 2021; Accepted: August 18, 2021

A Study to Investigate the Mental Health Condition and Self-Concept of Physically Disabled Person Compared to Physically Abled (Healthy) Person

2012).

A disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease.

Disability is conceptualized as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognized in International Classification of Functioning (ICF) body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restrictions). The World Health Assembly on May 22, 2001, approved the International Classification of Functioning, Disability and Health and its abbreviation of "ICF." This classification was first created in 1980 and then called the International Classification of Impairments, Disabilities, and Handicaps, (ICIDH) by WHO to provide a unifying framework for classifying the health components of functioning and disability.

The term 'disability' has many different meanings; the Global Burden of Disease (GBD) defines "Disability as loss of health, where health is conceptualized in terms of functioning capacity in a set of health domains such as mobility cognition, hearing and vision" (WHO, 2004). Disability affects a person in different ways it affects his health, social relationships with family, friends and neighbours and also his independence.

Disability is any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being. A handicap is a disadvantage for a given individual, resulting from impairment or a disability that prevents the fulfilment of a role that is considered normal (depending on age, sex and social and cultural factors) for that individual'. Disabled means "differently abled"; as they are popularly called. As per World Health Organization (WHO, 2009) "Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions."

Americans with Disabilities Act Amendments Act of 2008 (ADAAA) and accompanying regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities.

Individual with any form of disability have at one time or the other faced the problem of interacting with people in the society. Disability is a limitation of performance in one or more activities that are generally accepted as essential basic components of daily living. This means the individual is incapable of some degree of independence (Reynell, 1970). Consequently, disability not only limits the individual's opportunities and cause frustration, it also creates prejudice in other more fortunate able-bodied. The degree of a person's disability is measured by the demand of his/her surroundings that he/she fails to meet and how far removed from the level of functioning. However, the disabled individual can raise himself/herself from a lower to higher level as a result of social conditioning, technical change or fashion. The disabled individual may likewise regress to a lower level due to personality maladjustment (Jennings, 1988).

A Study to Investigate the Mental Health Condition and Self-Concept of Physically Disabled Person Compared to Physically Abled (Healthy) Person

Motivational need is the drive to fulfil individual's needs and goals that may lead to the target of a higher need. It is characterized by a state of drive and direction of behaviour towards the achievement of set goals (Newcomb, 1950). The disabled fulfil their motivational needs to be accepted in the society, and this enables them to show the right behaviour and encourage the right drive in themselves.

Disabled individuals have problem of adjustment in a society that labels anyone that does not fit the description of the normal individuals. This led Cusforth (1951) to conclude that society's negative reaction to the disabled was entirely responsible for their emotional problem. It can be argued that one could make the best of any situation one finds himself/herself. Low self-esteem is characterized by the feeling of inadequate, guilt, shyness, social inhibition, independency, helplessness, masked hospitality, withdrawal, complainer, tendency to downgrade others, reduced ability, accepting unfavourable assessment as accurate, vulnerability and interpersonal problem (Robson, 1988). However, it was stereotyped that male are prone to more self-esteem than female. This is because male tends to base their image on individualism while female base theirs on care (Cohen, 1977). Disability, impairment and handicap have been used interchangeably but they do not have the interconnected. According to Crisp (2002) a person who has a physical or intellectual problem is said to be impaired, and also reported that physical disability is not a synonym for disability handicap. Rather handicap is a disadvantage that occurs as a result of a disability or impairment; it refers to the external circumstances, which place people with disabilities at a disadvantage in relation to their peers and the norms of society. Handicaps include physical barriers such as inaccessible entrances to buildings, barriers to education, employment opportunities and negative public attitude (Department of Physical and Medicine and Rehabilitation, 2000). King et al, (1993) found that individuals with disabilities have lower levels of self- esteem and self- worth than their typically developing peers, in other studies who found that adolescents with physical disabilities, females were lower in perceived social acceptance, athletic competence and romantic appeal than the normal.

Research in the past two decades has revealed new segments of people with disabilities, attributed to the activism of the Disability Rights Movement. Reactions against stigma-based identity has given rise to social-political and disability pride perspectives (Linton, 1998). The social model shifts the theoretical focus from the individual to larger society (Oliver, 1990) and has been linked to activism. The social model perspective arose as a reaction to the medical model (Humphrey, 2000) and sees disability as a type of social construct or, more emphatically, as a "sophisticated form of social oppression" (Oliver, 1990). The social model asserts that it is society rather than people with disabilities that must be changed; those disabilities are caused by physical and social barriers to participation as well as by unfair stigmatization. This paper synthesizes promising innovation for improving self-concept and mental health condition of physically disabled person and discusses assimilation of lesion learnt into mainstream health care system.

Objectives:

1. To study the mental health condition of physically disabled person compared to physically abled (healthy) person.
2. To study the self-concept of physically disabled person compared to physically abled (healthy) person.

METHODS AND MATERIALS

Hypotheses:

Hypothesis 1: Physically disabled persons would be report poor mental health on all the six dimensions of mental health inventory (i.e., Positive self-evaluation, Perception of reality, Integration of personality, Autonomy, Group-oriented attitude, Environmental mastery) when compared to their physically abled (healthy) counterparts.

Hypothesis 2: Physically disabled persons would be report low self – concept on the self-concept clarity scale compared to their physically abled (healthy) counterparts.

Sample

Total sample (N= 100) were collected by using random sampling method, among which 50 physically disabled person (n1= 50) and 50 comparative physically abled (healthy) persons (n2= 50) Only, physically disabled and abled Age range were from 13 to 25 years. Person with No severe clinical history (chronic disease) was included in the study. The samples were collected from different districts of Bihar (India).

Statistics

Statistical analysis were done using SPSS, IBM version 20

Tools

- 1. Socio Demographic Data Sheet:** This would be developed to investigate the socio demographic variables for this study purpose only the following socio demographic variables would be investigated: age, gender, religion, residential area, marital status, education, family annual income.
- 2. Self-concept clarity scale: (Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. M., Lavallee, L. F., & Lehman, D. R. 1996):** Self-concept clarity scale was used to examine the clarity with which participants defined their self-concept Measurement, personality correlates, and cultural boundaries. This scale consists of 12 statements (e.g., “I seldom experience conflict between the different aspects of my personality”) to which participants respond on a 5-point scale (1 = strongly disagree; 5 = strongly agree). Consistent with Campbell et al.’s research, the internal reliability of the scale was high (Cronbach’s $\alpha = .91$).
- 3. Mental Health Inventory: Mental Health Inventory by (Dr. Jagdish and Dr. A. K. Srivastava, 1983):** It is a 56 Item scale with 6 dimensions: I. Positive self-Evaluation (**PSE**): It includes self- confidence, self- acceptance, self-identity, feeling of worthwhileness realization of one’s potentialities, etc. II. Perception of Reality (**PR**): It is related to perception free from need distortion, absence of excessive fantasy and a broad outlook on the world. III. Integration of Personality (**IP**): It indicates balance of psychic forces in the individual and includes the ability to understand and to share other people’s emotions, the ability to concentrate at work and interest in several activities. IV. Autonomy (**AUTNY**): It includes stable set of internal standards for one’s action, dependence for own development upon own potentialities rather than dependence on other people’s. Group Oriented Attitude (**GOA**): It is associated with the ability to get along with others, work with others and ability to find recreation. VI. Environmental Mastery (**EM**): It includes efficiency in meeting situational requirements, the ability to work and play the ability to take responsibilities and capacity for adjustment. It is a 4 point Likert scale. Scale has high reliability and validity.

A Study to Investigate the Mental Health Condition and Self-Concept of Physically Disabled Person Compared to Physically Abled (Healthy) Person

Procedure

Data collection for the current study was done in two phases. In the 1st phase 50 physically disabled persons were selected as per the inclusion exclusion criteria with their informed consent the selected tools were administered on them. In the 2nd phase of data collection, a comparative sample group of physically abled (healthy) person were identified and data were collected the ethical guidelines of APA were strictly followed while working with the human participants of this study. After data collection data using SPSS -20.

RESULTS

Table 1: Descriptive Statistics (Mean& SD) and t value on Mental Health Inventory Questionnaire of Physically disabled and physically abled

Mental Health Inventory	Sample	N	Mean	SD	Mean Difference	t	Sig.
Mental Health inventory (MH) Total	Physically disabled	50	123.36	17.467	2.440	.715	.476
	Physically abled	50	120.92	16.649			
Positive self-Evaluation (PSE)	Physically disabled	50	21.22	5.430	.620	.642	.522
	Physically abled	50	20.60	4.140			
Perception of Reality (POR)	Physically disabled	50	17.46	3.666	.200	.293	.770
	Physically abled	50	17.26	3.148			
Integration of Personality (IOP)	Physically disabled	50	25.82	5.037	.380	.380	.705
	Physically abled	50	26.20	4.957			
Autonomy (AUTNY)	Physically disabled	50	12.62	3.238	1.280	2.259	.026*
	Physically abled	50	13.0	2.358			
Group Oriented Attitude (GOP)	Physically disabled	50	22.64	3.635	1.200	1.593	.114
	Physically abled	50	21.44	3.892			
Environmental Mastery (EM)	Physically disabled	50	23.60	3.505	2.080	2.930	.004*
	Physically abled	50	21.52	3.593			

Table 1 shows comparison of mental health inventory score between physically disabled and physically abled sample. Physically disabled sample scored significantly higher on environmental mastery ($t= 2.930, p \leq 0.05$), and physically abled sample scored higher on Autonomy ($t= -2.259, p \leq 0.05$) of the Mental Health Inventory.

Hypothesis 1 is partially accepted.

A Study to Investigate the Mental Health Condition and Self-Concept of Physically Disabled Person Compared to Physically Able (Healthy) Person

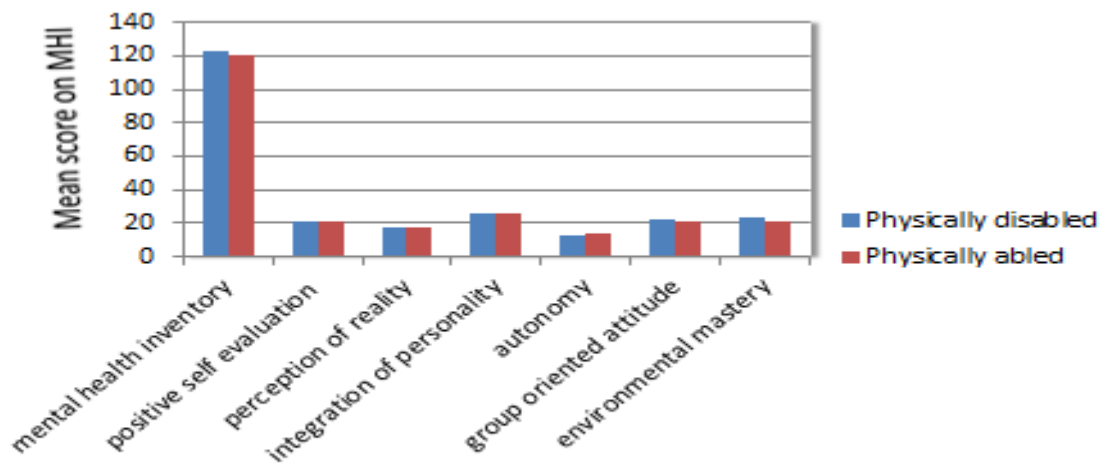


Fig 1: Comparative Bar Diagram of Mean Scores of Physically Disabled and their Matched Physically Able on Mental Healthy Inventory

Also Shows in the graph Mean is higher scored on physically disabled as compared to physically able t values have been significant in Autonomy and environmental mastery.

Table 2: Descriptive Statistics (Mean & SD) and t values on Self Concept Clarity Scale Questionnaire of physically disabled and physically able.

Self-Concept Clarity Index	Sample type	N	Mean	SD	Mean Differences	T	sig.
Self-Concept Clarity Index	Physically Disabled	50	35.48	5.096	1.600	1.523	.131
	Physically able	50	37.08	5.405			

Table 2 shows that the physically disabled and physically able sample have scored almost same on self-concept clarity scale Questionnaire. The t values have been reported to be statistically no significant. Hence, concluded that physically disabled does not significantly differ from physically able (healthy) with respect to self-concept clarity. Hypothesis 2 is not accepted.

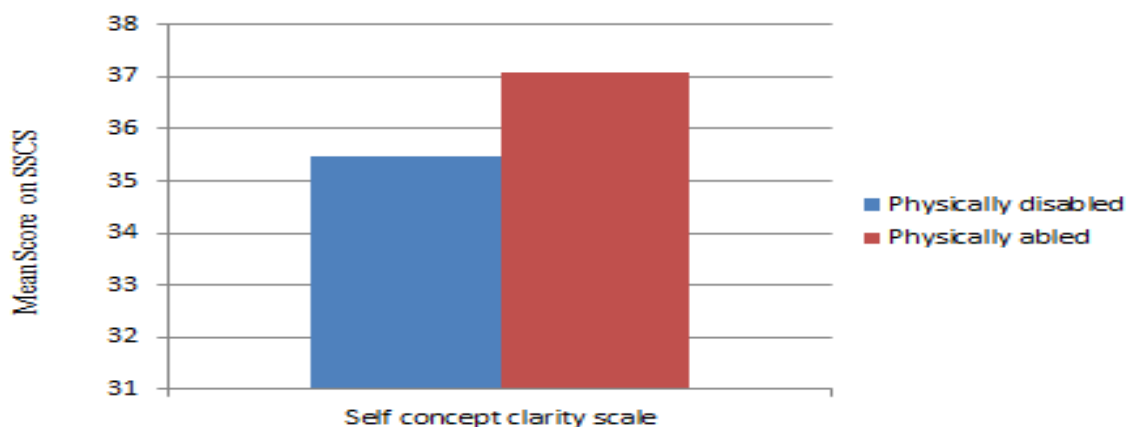


Fig 2: Comparative Bar Diagram of Mean Scores of Physically Disabled and their Matched Physically Able on Self Concept Clarity Scale

A Study to Investigate the Mental Health Condition and Self-Concept of Physically Disabled Person Compared to Physically Abled (Healthy) Person

Also Shows in the graph Mean is higher scored on physically disabled as compared to physically abled t values have been no significant.

DISCUSSION

This particular research's aim of the study was to investigate the mental health condition of physically disabled person compared to physically abled (healthy) person. To study the self-concept of physically disabled person compared to physically abled (healthy) person. The sample of the study included from different districts of Bihar, of age range were 13-25 years, who has moderate physical disability. The sample size comprised of 100 (N=100) adult from Bihar; 50 were physically disabled ($n_1=50$) and 50 were their physically abled ($n_2=50$) counterparts.

On comparison of the results of scores on mental health inventory between physically disabled and physically abled persons, it was found that physically disabled persons showed higher score on environmental mastery. This means physically disabled persons had the ability to take responsibility, the ability to work and capacity for adjustment. Physically abled persons had higher score on the dimension of autonomy. This means physically abled person had stable set of internal standards for one's action, dependence for own development upon own potentialities rather than dependence on other people. There were no significant difference were found in other dimensions of mental health inventory i.e. Positive self-Evaluation, Perception of reality, Integration of Personality and Group Oriented Attitude between physically disabled and physically abled persons.

Self-efficacy act as protective factor which moderate the association between interpersonal stress and total mental health including some of its dimensions i.e., perception of reality, autonomy and environmental competence. It shows developing a sense of control and general beliefs in youths is essential for coping effectively with stressful situations and providing positive growth experiences among them (Nisha and Nizami, 2014).

Most mental health problems diagnosed in adulthood begin in adolescence. Martin, Kazarian and Breiter (1995) reported that children and adolescents who experience high level of perceived stress are at high risk for negative outcomes, such as depression and substance abuse (Galaif et al., 2003), diminished life satisfaction (Mayberry and Graham, 2001) and academic under-achievement (Schmeelk-Cone and Zimmerman, 2003). Excessive stress may also result in mental and physical problems or weaken a student's sense of worth (Silver and Glicken, 1990). On comparison of the results of scores on self-concept clarity scale questionnaire between physically disabled and physically abled persons, there were no significant difference were found between physically disabled and physically abled person on the self-concept. This suggests that disability has no influence on self-concept. This is because both the disabled and nondisabled have skills, intelligence, and ability needed to accomplish and achieve in life.

Similar results were noted in other study (Venkatesh et al., 1997). According to Rohner's (1991) theory, students with disabilities integrated into regular schools would report more positive self-concept than students educated in special schools. According to Omolay, (2009), sex status, disability and ability does not significantly affect self-esteem and self-motivational needs of people.

A Study to Investigate the Mental Health Condition and Self-Concept of Physically Disabled Person Compared to Physically Abled (Healthy) Person

One of the most influential factors that impact on the development of children's self-concept is the children's perceptions of their own capabilities (Harter, 1987). A positive self-concept has been linked with better mental health (Harter, 1987), with studies identifying poor self-concept as a risk factor for greater anxiety and depression in children. Harter (1999) has identified eight domains that make up an adolescent's self-concept: scholastic competence, athletic competence, physical appearance, peer acceptance, close friendships, romantic relationships, job competence and conduct/morality. Intelligence of the orthopedically handicapped children does not basically differ from those of normal except for cerebral palsy (Wright, 2003).

According to (Harter, 1986) general or global self-concept is determined by the degree of importance that we assign to each of its specific components. If, when describing ourselves, our value judgments are satisfactory, then we obtain a positive global self-concept; in the opposite case we generate negative feelings and thus produce a negative global self-concept. In adolescence, school/college experience plays an important role in the development of self-perception and can have powerful and long-lasting effect on the self-esteem of the adolescents.

For adolescents, having a high academic self-concept is associated with positive academic performance and having a high physical self-concept is related to increased physical activity (Byrne, 1996; Marsh et al., 2006). Positive overall self-concepts have been linked to various markers of positive development, including positive peer relationships and overall happiness (Tarrant, 2006, Cheng & Furnham, 2004).

Rohner's (1991) theory postulates that feeling accepted or rejected by one's significant others will affect the way a person views and evaluates oneself and the world. Specially, feeling rejected by others will lead to greater hostility, low self-esteem, emotional instability and unresponsiveness, and a negative view of the world, whereas feeling accepted by others will lead to low feelings of hostility, high self-esteem, emotional stability and responsiveness, and a positive outlook on the world.

For the student with a disability, being educated at a special versus regular school represents spending a large part of one's life in two very different social environments. Students with a physical disability who attend regular schools in their neighbourhoods participate in many school and community activities with their nondisabled peers. As a result, they may feel accepted by their communities and by the society as a whole.

CONCLUSION

On comparison of the results of scores on mental health inventory between physically disabled and physically abled persons, it was found that physically disabled persons showed higher score on environmental mastery. Physically abled persons had higher score on the dimension of autonomy. On comparison of the results of scores on self-concept clarity scale questionnaire between physically disabled and physically abled persons, there were no significant difference were found between physically disabled and physically abled person on the self-concept.

A Study to Investigate the Mental Health Condition and Self-Concept of Physically Disabled Person Compared to Physically Abled (Healthy) Person

REFERENCES

- Akram & Naseem, M. (2010). Self-concept and social adjustment among physically handicapped persons. *European Journal of social sciences*, 15(1), 76-85.
- American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders*. Washington.
- Ashok & Shivakumar, K. (2001). Self-concept among institutionalized and normal school children. *Journal of Psychology*, 20, 34-36.
- Australian Bureau of Statistics (2008). *Mental Health and Wellbeing Survey 2007*. Canberra
- Australian Institute of Health and Welfare (2008). *Disability in Australia: Trends in prevalence, education, employment and community living*. Canberra: AIHW.
- Beckung, E., Steffenburg, U., & Uvebrant, P. (1997). Motor and sensory dysfunctions in children with mental retardation and epilepsy. *Seizure*, 6 (1), 43-50.
- Begley, S. (2000). Getting inside a teen brain. Hormones aren't the only reason adolescents act crazy. Their gray matter differs from children's and adults. *Newsweek*, 58-59.
- Boorse, C. (1977). Health as a theoretical concept. *Philosophy of Science*, 44, 542-573.
- Burchardt, T., LeGrand, J., Piachaud, D., Le Grand J., & Piachaud, D. (2002). Degrees of exclusion: Developing a dynamic, multidimensional measure. Hills Editors". *Understanding social exclusion*. Oxford: Oxford University Pres. pp. 30-43.
- Byrne and Marsh (2006). *Social psychology understanding human interaction*. 7th ed. London: Allyn & Bacon Company.
- Byrne, B. M. (1996). *Measuring self-concept across the life span: Issues and instrumentation*. Washington, District of Columbia: American Psychological Association.
- Campbell, J. D., Katz, I. M., Lavalley, L. F., & Trapnell, P. D. (1991). Development and validation of a self-report scale of self-concept clarity. Paper presented at the annual conference of the American Psychological Society, Washington, DC.
- Carl, P. (2009). Late adolescence (15-18) Acting more grownup. Retrieved: http://www.Psychologytoday.Com/blog/surviving_your_child_adolescence/2009/late_adolescence_15-18_acting_more_grown.
- Census of India (2001). *Disabled population by type of disability, age, sex and type*. New Delhi: Registrar General Office.
- Center on Disability Demographics and Statistics (March 2, 2015). *Disability Population*.
- Citrome, Yeomans, J. (2005). Do guidelines for severe mental illness promote physical health and wellbeing. *Psychopharmacology*, 19, 102-109.
- Cohen, S. (1977). Noise and inattentiveness to social cues. *Environment and Behaviour*, 9
- Collingwood, J. (2010). *The Relationship between Mental and Physical Health*. Psych Central. Retrieved on March 16, 2015, from <http://psychcentral.com/lib/the-relationship-between-physical-and-mental-health/0002949>

Acknowledgement

The author appreciates all those who participated in the study and helped to facilitate the research process. A special thanks to my supervisor ma'am, Dr. Das Ambika Bharati and Dr. Manglesh Kumar Manglam, and my father shree Sanjay Kumar Chaudhary.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Shalini & Das A. B. (2021). A Study to Investigate the Mental Health Condition and Self-Concept of Physically Disabled Person Compared to Physically

**A Study to Investigate the Mental Health Condition and Self-Concept of Physically Disabled Person
Compared to Physically Able (Healthy) Person**

Able (Healthy) Person. *International Journal of Indian Psychology*, 9(3), 906-915.
DIP:18.01.084.20210903, DOI:10.25215/0903.084