



SELF-CONCEPT OF DEAF ADOLESCENT GIRLS

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Abstract

The term adolescence considered as the spring of the life. It is a phase of transition which consists of hierarchy of sub periods. In chronometric term it ranges from 12 years to 19 years of ages signifying the biological as well as the psychosocial demarcation. Social psychology studies indicate that during and after puberty, the boy and girl become increasingly self-conscious and more aware of, and concerned with, other's opinions. It is widely perceived that the self concept plays a central role in shaping the behavior of the adolescent in the school going period as well as in the later life. A handicap is a disadvantage for a given individual which restricts his/her abilities to perform smoothly the activities of daily living (ADL). The present study enumerates about the self concept hold by the adolescent deaf girl child and how it plays a significant role in contrasting to the normal counterparts. Deafness by and large denotes to loss of social communications and open up a gap between their life and experiences. This study was based upon the descriptive research principles and followed a field study research design. Deafness was the independent or the casual variable and self concept was the result variable of this study. The data were collected on 30 samples consisting of 15 deaf girl adolescent and 15 normal girls adolescent on the basis of purposive sampling technique from two separate schools. The age range of samples was 9 to 17 years and standardized tools like- "What I am like" test was administered on them along with Information's Blank. The whole study was revolving around the pre assumptions that the self concept of Deaf adolescent girls will be lower than their normal counterparts. The data were interpreted with the help of statistical methods like - Mean, Standard Deviations, D. SED, t, df. The result of the study revealed that the self-concept of the deaf children does not differ from the normal children but rather their physical self-concept is higher than the normal children. The prospects of the study were discussed in the light of empirical evidences.

Key Words: Adolescence, Activities of Daily Living, Handicap, Deafness, Self Concept, Physical Self Concept.

Introduction

Human adolescence can be understood as a phase of transition from child to an adult. It begins at puberty onset and ends with stable commitment to an adult role. It extends from 12 to 19 years of age. As such, adolescence has both biological and psychosocial demarcations. Social psychology studies indicate that during and after puberty, children become increasingly self-conscious and more aware of, and concerned with, others' opinions.

Every individual in a democracy has the fundamental right for not only maintenance by way of his physical upkeep, but also for his proper education or training so that he is not only allowed to grow to be, as much as possible, his best self but also as a useful citizen standing on his own legs and not remaining as a parents on society. Every human being wishes to enjoy a peaceful life. But unfortunately, in reality it is not true. Because due to some differentiations, all the human beings are not equally happy in this world. Human beings can be classified under two categories, namely normal and abnormal. Handicapped children belong to the later category that is abnormal. The abnormal people experience much unhappiness because they deviate from the normal people who are in majority.

Commonly, a significant loss or deficiency in physical or mental faculties would be known as impairment, disability or handicap but an attempt has been made to distinguish these for the sake of conceptual clarity. The WHO manual has the following definitions:

Impairment: Impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.

Disability: A disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap: A handicap is a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfillments of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

In common conversations that develop their original qualities by the well-organized programme are called 'Normal' or 'average'. On the other hand, there are some children who cannot adjust themselves as the normal children with necessary development are called Abnormal or 'Disabled' or 'Handicapped'. The children who are suffering from some physical handicaps or difficulties or deformities are known as 'Physically Handicapped'. Among the physically handicapped are the blind, the deaf and the dumb, or children with defective vision hearing and speech difficulties, delicate children suffering from polio and cerebral palsy, as well as spastic and paralytic cases.



The physically handicapped children may be divided into different kinds according to their disability, such as- Visual Disability, Communication Disability, Loco-motor Disability.

There has been so much progress in the study and treatment of the deaf that definitions which seemed to be appropriate a few years ago are rapidly going out of use. Sometime ago the deaf were known as the “deaf and dumb” or “deaf-mutes” because it was not known in those days that the deaf could be taught to speak and hence their silence was dubbed “dumbness”. Two definitions with somewhat different emphases have been widely quoted. The White House Conference on Child Health and Protection¹ proposed the following definition: The deaf are those who were born either totally or sufficiently deaf to prevent the establishment of speech and natural language, those who become deaf in childhood before language and speech were established; or those who become deaf in childhood so soon after the natural establishment of speech and language that the ability to speak and understand speech and language has been practically lost to them.

This definition emphasizes the onset of deafness in three possible stages from birth or in early childhood but with the same end result. This definition leaves a vague inference that speech and language will never be developed and this is not the true state of affairs.

The point of view of the conference of Executives of American Schools for the Deaf² is expressed in its definition. The deaf are those whose sense of hearing is non-functional for the ordinary purposes of life. This general group is made up of two distinct classes, based entirely on the time of the loss of hearing; (a) the congenitally deaf—those who were born deaf; (b) the adventitiously deaf—those who were born with normal hearing but in whom the sense of hearing has become non-functional through illness or accident. Since social communication is one of the basic components of human understanding and development any loss or absence of it, such as in the deaf, opens up a great gap in their life and experiences. Unless modern social methods of deaf instruction are applied to children at a very early age so that speech reading can enable them to comprehend the speech of others and to develop in normal oral ways with others, the gap in communication exists. Unfortunately, the number of the deaf who reach this ideal goal may be too few and hence the lack of communication remains as a stark reality.

Even though Social Communication may be established, there are certain characteristics of deafness which are different for the normal-hearing and to a considerable degree for the hard-of-hearing. Ramsdell defines them as three psychological levels or losses:

Review of Literature

It is widely held that self-concept is centrally involved in learning process, how children feel about themselves during school years can have important consequences for their later development and psychological well-being (Elbaum & Vaughn, 2001). Thus, it can be said that school represents the most critical context outside of the family for the development of self-perceptions (Purkey, 1970, 40). A positive self-concept is considered not only a valued state for its own sake, but evidence suggests that it is significantly related to how individuals will approach and react to future achievement demands (Byrne, 1984; Grolnick & Ryan, 1990). Strong support has also been provided to propose that self-concept plays an important role as a mental health variable (Prout & Prout, 1996). Burns (1982, 9-14) speaks about the importance of self-concept in explaining behaviour. Meyerson describes three patterns of adjustment made by deaf adults which throws some light on the adjustments of children: Pattern-1 is a type that tends to seek associates with similar handicaps with some advantages and some disadvantages in competing with the hearing but he does so with a great amount of effort; pattern-3 succeeds quite well in these associations and activities with the hearing. There are no sharp lines of demarcation between the characteristics in the three patterns. Doubtless there may be some trends of a similar nature in children as well as in adults.

A recent comprehensive study of intelligence was made by Hiskey who is the author of the Nebraska Test of Learning Aptitude. This test has eleven sub-divisions with a total of 124 individual parts. The original standardization was made on 466 deaf children, four to ten years of age. This however had left a question about the correspondence of norms with average-hearing children. The question was answered by giving the Nebraska test and Stanford-Binet test to 380 hearing children chronological ages four to ten years. The mean intelligence quotients on both tests were 100, which proves that the original standardization of the Nebraska test on deaf children was set at the norm of 100. The 466 deaf children in the original

¹Special Education.P. 277.

²Conference of Executives of American Schools for the Deaf. “Report of the Conference Committee on Nomenclature”, American Annals of the Deaf, 1938, 83, pp. 1-3.



standardization had a mean intelligence quotient in the mid-90's. Apparently they were penalized because of communication difficulties between examiner and examinee and by lack of vocalization which is an assist to hearing children. The deaf tend to excel where visual perception is of paramount importance.

In the development of the personality of the physically handicapped the forces at play, the mechanisms of adjustment, are essentially the same as for physically normal persons. Investigator will observe that certain mechanisms, unfortunately not always of a socially desirable nature, are more likely to be used by the handicapped than by the normal.

According to Allport (1961) the self is something of which we are immediately aware. We think of it as the warm, central, private region of our life. As such it plays a crucial part in our consciousness (a concept broader than self), in our personality (a concept broader than consciousness) and in our organism (a concept broader than personality). Thus it is some kind of core in our being.

Adjustment and personality are inextricably bound together. In the words of Lazarus (1976) "They are two sides of the same coin, and it is really impossible to speak of one without the other". Again self is conceived as the core of the personality, the core that determines the adjustment pattern. It is well documented that behavior is a function, in some significant part, of one's self-concept, one's self regarding attitudes, People behavior according to as they perceive themselves to be. Rogers (1947) believes that the self is a basic factor in the formation of personality and in the determination of behavior. To him adjustment is in part a function of the self-concept and self-acceptance as the perception of self changes, behavior changes. The persons' feeling of adequacy is basic to psychological adjustment.

Turner and Vanderlippe (1958) found a positive association between adjustment pattern and self-ideal congruence. They reported that college student high in self-ideal congruence received higher adjustment ratings on both adjustment score and certain traits measured by the guild. Lord Zimermon's temperament survey.

In general self-concept during adolescence can be regarded as undergoing continuous modification and differentiation. Strong (1957) maintains that changes in the individual's self-concept may occur at any time during his life, but especially at the beginning of each developmental phase. The pre-adolescent's view of him changes with the onset of adolescence, and these changes in turn are often accompanied by difficulty in personality adjustment. Especially the early part of adolescence is a difficult period for many growing children. The changing body, changing parent-child relationship and changing values, all work together to create instability. "They all force the child to shift from known position of child to unknown position of adult".³

In adolescence, the self-concept becomes more abstract, complex, and hierarchically organized into cognitive mental representations or self-schemas.

Rationale of the Problem

The investigator selected this topic mainly because of his scholarly interest in this subject. Secondly, he feels that much his work has been done with the handicapped children in this region. The studies noted earlier (p.) are mainly theoretical in nature and no attempt so far has been made to measure them directly. Though there are Handicapped children and the few on Self-concept of adolescence boys so far no study has been directed towards understanding self-concept of physically handicapped children. So he decided to study Self-Concept of Deaf adolescent boys and accordingly title of his study has been fixed as- "Self-Concept of Deaf adolescent girls". His assumptions were confirmed when he contacted the principal of Bala Vikash school. The principal informed that nobody so far came to study the problems of Deaf children in this school.

Objectives of Study

The proposed study is expected to bring out the nature of self-concept held by the deaf adolescent girls. Nothing the importance of self-concept in personality development, this study will be useful for parents, teachers and also for guidance workers. Thus, it is hoped that the present study may be of some use to the teachers, students, parents and guidance workers. In short, it is expected to be helpful to any person interested in proper growth of the deaf adolescents.

Hypothesis

The investigator was developed the following hypothesis on the basis of his literature review.

³ Gordon I.J., *Human Development, from birth through adolescence, 2nd ed.*, New York: Harper and Row publishers, 1969, p. 278.



H# 1: The self concept of Deaf adolescent girls will be lower than their normal counterparts.

Methodology of Study

Research Design

This study was based upon the descriptive research principles and followed a field study research design. Descriptive research describes what is sometimes known as non-experimental research. It deals with the relationships between variables, the testing of hypotheses and the development of generalizations, principles or theories what have universal valid.

Sample Design

Data were collected on 30 samples which were includes 15 students of adolescent deaf girl and 15 students adolescent normal girl from Bala Vikash School (School for special need Children) and J.P. High School . Purposive sampling method was administered for collection of these samples.

Tools / Instruments

Information's Blank

The personal information sheet was developed by the investigator to collect data on personal, family, health, social behavior and interest. The investigator himself developed this questionnaire.

What I am Like Test

“What I am like”, is an instrument developed by the Division of Psychological services and the Division of program Development to measure self-concept by having pupils rate themselves on a five points, bi-polar adjective scale. This technique is based on Osgood's concept of the semantic differential.

The instrument consists of three sub-tests of ten items each. The first subtest-“What I look like”, consists of adjectives characterizing physical attributes. The second, “What I Am”, attempts to measure self image from a psychological point of view. The third, “What I Am Like when I Am with My Friends”, concerns social attributes.

For each item of ‘what I am like’ a score of five represents the positive pole of the trait, and a score of one the negative pole. A rating of three may be viewed as neutral. On the instrument itself the position of positive and negative poles was randomized to avoid a psychological set in rating the items.

This study was based upon the descriptive research principles and followed a field study research design. Deafness was the independent or the casual variable and self concept was the result variable. Descriptive research describes what is sometimes known as non-experimental research. It deals with the relationships between variables, the testing of hypotheses able of this study. The data were collected on 30 samples consisting of 15 deaf girl adolescent and 15 normal girls adolescent on the basis of purposive sampling technique from two separate schools. The age ranges of samples were 9 to 17 years and standardized tools like-“What I am like” test was administered on them along with Information's Blank. The whole study was revolving around the pre assumptions that the self concept of Deaf adolescent girls will be lower than their normal counterparts. The data were interpreted with the help of statistical methods like - Mean, Standard Deviations, D, SED, t, DF. The result of

Result and Analysis

After proper scoring of each test booklet (procedure as given) the data have been tabulated and analyzed, to see whether differences, if any, exist between the normal and deaf and dumb girls, regarding different variables of the test.

As a first step, means for each of the part-score and also mean for the total scores were found out, and the statistical technique of the ‘t’ testing was applied and corresponding degrees of freedom were found out to see whether the mean difference are significant or not.

The results of the field study are arranged in tabular form and presented below:

Items	What I look like	What I am	What I am When I am with my Friends	Total
Mean of Handicapped girls	42.2	40.2	41.93	127.13
Mean Normal girls	37.46	42.6	41.13	121.2
D	4.74	2.4	0.8	5.93
SD	4.99	5.83	5.71	11.41
SED	1.7964	2.0988	2.0556	4.1076



T	2.63	1.14	0.38	1.44
DF	28	28	28	28
Level of Significance		N.S.	N.S.	N.S.

Significant at 0.02 level.

N.S. Not Significant.

Table-1: Mean, Standard Deviations, D. SED, t, DF. and values of ‘What I Am’ scores.

As may be seen in table * except for the mean difference under “what I look like” that describes physical attributes, other means differences between handicapped and normal girls, fail to reach statistical significance.

The means for the “What I am” subtest that attempts to measure self-image from psychological point of view do not show any significant difference.

Again the two means of “What I am when I am with my friends” subtest that concerns social attributes also do not reach statistical significance.

The means of the ‘total’ scores of both the groups also do not differ significantly.

Although mean difference of the normal and handicapped adolescents in ‘what I look like’ sublet appear to be significant at 0.02 level, the credit goes to the handicapped girls which is contra-indicative to our prior expectations. As higher score value represents the positive pole, the higher score can be taken to represent better self-concept.

“The self-concept of physically handicapped students will be lower than their normal counterparts”.

So we cannot say that the self-concept of deaf students is lower than the normal students, rather it appeared that their physical self-concept is better than the normal students.

Discussion and Conclusion

To be recognized as a worthwhile individual is one of the most universal desires of mankind. Whatever his age, station, or condition, an individual seeks approval from others. Because society has placed a premium on physical beauty, strength, and ability, it is easy for a crippled child or for a different-abled child to devaluate him-self, because he does not have these qualities. The fact that he is inferior in some ways does not make him inferior as a person. He may need more than the usual assurance, in word or need, that he is loved for himself as a unique individual.

The need to overcome obstacles, to do something well, to gain self-esteem is also very strong in our culture, steering a crippled child’s efforts in a direction where he can succeed and giving him a feeling of accomplishment may help him to satisfy this motive of self-realization.

A person’s body is something he can never get away from, and quite understandably a child’s concept of his self is greatly influenced by the concept he has of his body image. Thus, if there is shame or fear in his attitude toward his body, this same attitude is likely to attach itself to his concept of himself as a person. He often needs help and guidance in integrating a physical disability into a healthy self-concept.

The deaf children who also suffer from physically or physiological deficiencies were expected to have lower body concept and also lower self-concept. But the result of the study showed that, in fact their body concept (physical self-concept) is higher than that of the normal children. So this goes contrary to our expectations. It is probably because of the fact that the physical deficiencies that the deaf children suffer from are internal in nature. In other words these defects cannot be easily seen from outside. As a result they perceive the outward physical characteristics of themselves as good.

It appeared from our study that their physical self-concept is higher than that of the normal children. It may be due to the fact that they are less critical of their physical self. Again their expectations may not be as high as the normal children, because of their disadvantaged position.

Secondly, their concept about what they are seemed to be equal to that of their normal counterpart. Here we can say that their orientation towards themselves is not effected by their handicappedness.



Thirdly, their concept regarding what they are when they are with their friends” also appeared to be same with that of the normal children. This may be owing to the fact that the deaf children remain in boarding house were all the children are suffering from same defects. So they do not find difficulty in adjusting themselves with their friends and the social attributes depicted under those circumstances appeared to be same with that of their normal counterparts.

It is good news that the self-concept of the deaf children do not differ from the normal children but rather their physical self-concept is higher than the normal children.

The investigator feels that much study is needed with these children. Again as the study is based on a very small sample it cannot be regarded as the representative of all the deaf and dumb children. Further the study with larger sample would perhaps reveal some more interesting factors.

Implication

It is clearly evident from the study that the physical self concept of the adolescent girl is higher than the normal counterparts which having a significant worthiness to the society that the stereo types associated with the deaf relating to self require rethinking on the part of the society and it will enhance the self esteem of the adolescent girl to survive efficiently according to the norm of the society with concordance with the law of natural selection.

Scope for Further Research

In spite of the limitation this small study was a stimulus of initiation for the researcher to focus in this area for further study which helps the rehabilitation worker as well as differentially able person to enhance their self esteem to meet the challenges of natural selection of Charles Darwin.

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