

## STRESS AND COPING MECHANISM AMONG NORMAL AND ORTHOPEDICALLY IMPAIRED EARLY ADOLESCENTS

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### ABSTRACT

Stress and coping mechanism among normal and orthopedically impaired adolescence has been a topic of much discussion over the years. Unproductive of stress might to be harmful to adolescence and can affect their personal lives. This study analyzed a comparative study of 50 normal and 50 orthopedically impaired boys was carried out on the stress and coping mechanism. Allahabad city was purposively selected. Orthopedically impaired boys were taken from Viklang Kendra, Allahabad and normal boys in comparison to orthopedically impaired boys were subjected to more stress. Significant effect was found on stress of orthopedically impaired and normal boys. The result also revealed that there was significant difference between coping mechanism opted by normal and orthopedically impaired boys took more realistic approach towards their frustration then the normal boys.

Many of the frustrations and pressures we experience in our social, personal, and work live cause us to feel stress. Today's fast-paced and ever changing environment has caused stress to become a part of our daily living. All of us have encountered stressors, experienced stress, and felt the effects of stress. Stress is the actually body's reaction to the stressors we encounter (Kaiser & Polczynski, 1982; Terry, 1997). Stress has been studied for many years by researchers in psychology, sociology, and medicine. People have become enormously interested in the topic of stress, the effects of stress, and stress management (Hubert, 1980; Selye, 1974, 1980).

**KEYWORDS:** Stress, Coping Mechanism

### INTRODUCTION

The term "Exceptional Children" refers to those who deviate from normal children in any way. The Exceptional children can be further classified into three groups – gifted, mentally, retarded and physically impaired. Physically impaired individual is one who is afflicted with a physical impairment that in any way, or inhabits his/her participation in normal activities. These reasons are pertinent for which the term "Physically impaired" has been defined in various ways. There is no clear-cut demarcation between the able bodies" and the handicapped". The term physically impaired disable and crippled are used in an identical sense; some definitions of the above terms have been cited here for various purposes and as such they have been based on various criteria; The impaired person may have many problems for adjustment. It must always be remembered that a physical impaired person is not necessarily mentally deficient. The physically impaired persons have to adjust their own disabilities as well as to their social circle. Actually they have to bear a double burden – social impairment and actual physical loss. A crippled child is one who due to congenital or acquired defect, disease or wound is deficient in use of limb or body, excluding defective vision, speech defect and disease of heart. Orthopedically

impaired are those who suffer from a defect that is accompanied by one or another type of deformity that inhabits the normal exercise of his/her muscles, joints or bones. The types of orthopedically impaired are mainly crippled polio - stricken etc. The crippled child can be subdivided in to two type s- the mild and severe. The mildly crippled child is one who has problems like congenital anomalies such as dislocated hips or joints. But the severely crippled is one who requires hospitalization on either temporary or permanent basis. Orthopedically impaired have poor motor control and coordination, they walk awkwardly or with a limp, These children show signs or pain during physical exercise, they fall frequently. The causes of orthopedically impairment are hereditary, congenital or acquired. Physical disability, according to the department of Social Welfare, India, includes impairments caused by hereditary anomaly passes down from generation to generation because of some sort of disturbance in the working of the inherent gene mechanism (Kar, 1992). Congenital anomaly are those that are present at birth. Common congenital defects include clubfoot, dislocation of hip, missing bones, bow leg, webbed fingers etc. These defects are possible due to infection, nutritional deficiency, X-rays, glandular disorder of the mother, maternal malnourishment etc and acquired defects include birth injury accidents, nutrition deficiency, defective bones or joints, viral infection etc. An impairments from other causes like cerebral palsy, amputations and fractures or burns with contractures. Any kind of impairment threatens personality development of a child, it may interfere with normal activities of the child, it may pasture an attitude of over solitude and overprotection in parents, it may make the child feel different from other children on this thereby may lead to feeling stress and frustration.

Stress refers to an adjective demand that must be dealt with if we are to meet our needs. There are many such demands in contemporary life. We are confronted by delays, losses, pressures, conflicts, and other conditions that place adjective demands or stress upon us Gupta in the year (1992) quoted the definition of stress as any condition impinging on the organism which requires adjective reaction. Hans's selye (1974), Father of the study of modern stress, found that stress is caused by physiological, psychological, and environmental demands. When confronted with stressors, the body creates extra energy; and stress occurs because our bodies do not use up all of the extra energy that has been created. Selye (1974, 1980) first described this reaction in 1936 and coined it the General adaption syndrome. General Adaption Syndrome includes three distinct stages: (a) alarm reaction, (b) Stage of resistance, and (c) Stage of exhaustion. Our bodies are alerted and activated during the first stage, and stress levels are the highest during this stage. The body's defenses attempt to adapt during the second stage, and stress levels begin to reduce. The stage of exhaustion happens when the body's defenses toward stress become totally depleted. It is during this stage that physical and mental breakdown occurs, individual performance plummets, and illness develops (Hubert, 1984).

Coping refers to those actions and thought that enables to individual to handle difficult situations. Morgan (1994) quoted coping mechanism as a useful way of looking at how people use coping mechanism to reduce their anxiety guilt.

The present study was planned with the specific objective as evicted below:

## **OBJECTIVES**

- **To study the effect of normal and orthopedically impaired boys on stress and coping mechanism in early adolescents.**

## **HYPOTHESES**

- **The orthopedically impaired adolescents are exposing to more stress than normal adolescents.**

- **Orthopedically impaired adolescents in comparison to normal children use more coping mechanism to reduce their anxiety.**

### **Related Literature**

Stress can be defined as “an adaptive response, mediate by individual characteristics and/or psychological processes, that is a consequence of any external action, situation or event that places special physical and/or psychological demands upon a person” (Ivancevich & Matteson, 1980). This definition includes three concepts important to the overall study of the stress: (a) situation demands or stressors cause persons to adapt; (b) individuals tend to react and adapt in different ways to the stressors they are presented, and (c) some form of physical and/or psychological responses will occur (Alley, 1980; Eskridge & Coker, 1985; Fimain, 1982; Kretner, 1989). Therefore, internal characteristics may determine physical and emotional responses exhibited by individuals as a result of stressor (Eskridge & Coker). According to Good and Brown (1980) there are two distinct types of stressors, those without and within. Without stressors originate outside individuals and include such things as environment or work – related demands. With stressors are those from within individuals. These stressors tend to include individual’ personal values, attitude, and self concepts.

Oliver (1990) concluded that attitude towards persons with disability has deteriorated in the modern societies. Oliver argued that the rise of capitalism with its emphasis upon individualism, achievement and independence has led to the social exclusion would make for persons with disability less probable to many to many, to be educated, to work and to be able to go to public places.

Kureshi (1992) studied hierarchy of needs among handicapped and normal children towards developing a strategy for happy living. Results indicate that handicapped scores higher on need for achievement and visually handicapped children possess greater need for achievement in general.

Yuker (1994) noticed that a person who was prejudiced against the person will ability believed that all persons who have a physical disability are alike. It was found that familiarity with a person with disability leads to a more positive attitude. There is a robust finding which suggests that demographic characteristics such as age, education, occupation and economic status do not affect attitudes.

Olkin and Howson (1994) suggested that attitude towards physical disability and towards persons with the disability can be distinguished just the same way as most people deplore poverty as a condition (or alcoholism, or homosexuality) but do not have the same attitude towards the “victim”

Pandey (1995) reported that the situation of physically handicapped children become worse when people have negative attitude towards them. This result is in low self esteem, more stress depleting the person of their psychic resources needed to cope with the challenges of disability. On the other impaired +ve attitude towards them leads to high self esteem and less stress among such people.

Bharadwaj (1997) studied on N-achievement in relation to adequate expression and control of emotions and sex among handicapped children. He found out that higher need for achievement emerges as a prominent need among handicapped children.

Dalal, ET, al, (2000) has provided substantive evidences about the close linkages among emotions, beliefs and

expectations in his research on coping with tragic life events, and in more recent work on psychological recovery of patients with chronic disease.

## METHODOLOGY

The study comprised 50 normal and 50 orthopedically impaired boys (12 -15 years) was carried out on the stress and coping mechanism subjects belong Viklang Kandra, Allahabad and Eithel Higginbottom School, Allahabad. Collected data was coded, compiled and presented in simple and complex tables. Percent age mean, SD Z-test was used for analyzing the data.

Data were collected by self-prepared questionnaire method. The question consisted of four parts. First part contain general information of the respondents i.e. their age, sex, no of family members, their occupation and living standard etc. second part of the questionnaire contain impaired persons physical and mental health, their impaired level, etc. third part contain study level of orthopedically impaired adolescent and the study level of normal adolescent. The last part of the questionnaire contains coping mechanism of orthopedically impaired respondent and what is the coping mechanism of normal adolescent.

Data were analyzed in two aspect of study i.e. stress level and coping mechanism where scored separately. The questionnaire consisted of four parts namely –A, B, C, D. Part A and B was used to study general information. Part C was used to study stress level among adolescents. For every positive response “1” was given and for every negative response “0” was given. Part D was used to study the coping mechanism adopted by adolescent boys. For every positive response “1” was given. The reliability of stress scale and coping mechanism is determined by split half and test retest method. Reliability of the stress scale was.91 and.94 and validity was.81. Reliability of coping mechanism scale was.98 and.87 and validity was.81.

## RESULT AND DISCUSSIONS

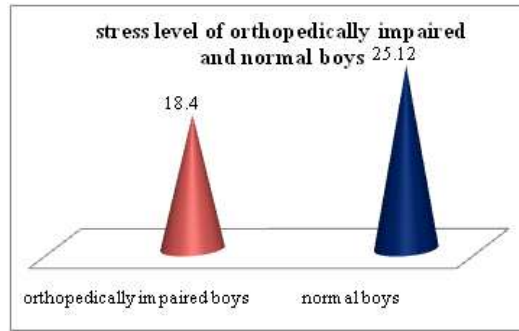
The observation is tabulated in two heads i.e. stress value and second is coping mechanism. Description is given below in the following table with their mean value, z value and standard deviation.

**Table I: Mean, SD and “Z” Values of Stress of Orthopedically Impaired and Normal Boys**

Group	Mean and SD	Orthopedically Impaired Boys (OIB)	Normal Boys	Z-Values
Stress	x	18.4	25.12	4.15*
	SD	0.056	0.1132	

\*P<0.05

The value of mean and SD clearly indicate that extent of stress experienced by normal boys was greater as compared to orthopedically impaired boys. The calculated value of Z was higher than the table value of Z at 5% probability level concluding that there was significant difference between normal and orthopedically impaired boys.



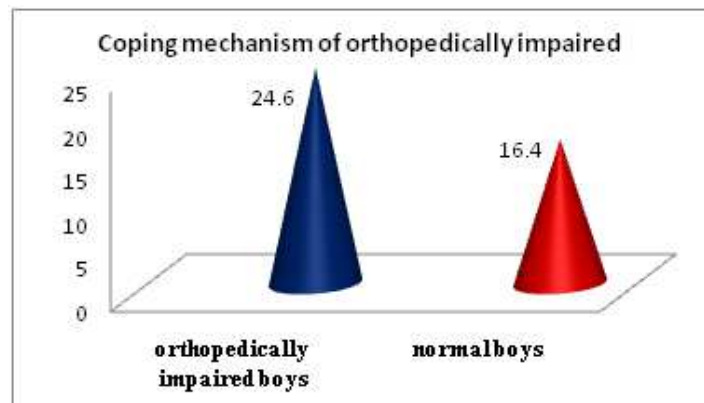
**Figure 1**

The result indicate that normal boys experience more stress as compared to orthopedically impaired boys. The probable reason for the same may be that the orthopedically impaired boys are subjected to more protection by their parents than their boys counter parts. Whereas parents of normal boys have high aspirations from them, they are subjected to more stress as they have to identify in this highly competitive world. On the other hand, orthopedically impaired boys are provided total support by parents as well as by teachers. Scthi and Sen (1981) found that the intelligence level of the impaired subjects, though found to be similar as that of the normal their creativity scores differ significantly, the normal depicting more of creative powers.

**Table II: Mean, SD and “Z” Values of Coping Mechanism of Orthopedically Impaired Boys and Normal Boys**

Group	Mean And SD	Orthopedically Impaired Boys (OIB)	Normal Boys	Z-Values
Coping mechanism	x	24.6	16.4	5.75*
	SD	0.047	1.625	

\* P < 0.05



**Figure II: Mean Percent Coping Mechanism of Orthopedically Impaired and Normal Boys**

Table II shows that there was significant different between the coping mechanism opted by orthopedically impaired boys and normal boys which means that orthopedically impaired boys shows greater coping mechanism in comparison to normal boys. The calculated value of Z was higher than the table value of Z at 5% probability level concluding that there was significant difference between orthopedically impaired and normal boys. Rao (1981) indicated that impaired children took more realistic approach towards their frustration than the normal boys. Most impaired children

employed coping strategy that was successful. Also disabled generally differed from the non-disabled with regard to the attitude toward purpose in life. Impaired are relatively free from anxiety owing to the fact that are generally come to term with their disability and set goals which are realistic, thus they tend to be more satisfied and happy.

## CONCLUSIONS

From the forgoing study, the results revealed that normal boys in comparison to orthopedically impaired boys were subjected to more stress. Significant effect was found on coping mechanism of orthopedically impaired boys normal boys. Orthopedically impaired boy's shows greater coping mechanism as compared to normal boys.

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