

Chapter 2

Visual Impairment and Psychosocial Development

Abstract This chapter explores various aspects of Self-esteem and adjustment in relation to disability. It critically analyses the various theories and their relevance in affecting the psychological well-being of people with disabilities, particularly blind individuals. The chapter also highlights certain important shortcomings existing in the area of research concerning visual impairment, thus urging the need to undertake more in-depth and extensive research. Critical reorientation of perspective has important implications for the manner in which law and policy in relation to disability needs to be developed. It is now being increasingly recognized that the problem does not reside in the person with a disability, but results from the structures, practices, and attitudes that prevent the individual from exercising his or her capabilities.

Keywords Self-esteem · Disability · Adjustment · Well-being

Culture as the basis of social representation has been exerting a domineering impact on moulding people's identities or self-representations across the globe. The words 'disability' and 'culture' are each value-laden, charged with emotion in almost every culture. Disability as a linguistic term comprises within its ambit a wide array of people with diverse differing characteristics. It includes varied classifications within itself of which those having sensory disabilities, particularly the blind, constitutes the focus of the present study.

Blindness

Lowenfeld (1963) referred to blindness as central visual acuity of 20/200 or if there is a field vision in which the peripheral field becomes contracted to such an extent that the widest diameter subtends to an angular distance no greater than 20 degrees. For educational purposes, individuals regarded as blind are so severely impaired that they must be taught to read by Braille or aural methods (Hallahan & Kauffman, 1978).

In India, according to the Ministry of Human Resource Development, Government of India, the blind are those who suffer from any of the following conditions:

- Total absence of sight; or
- Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses; or
- Limitation of the field of vision subtending an angle of 20 degrees or worse.

On the basis of causative factors people having blindness can be categorized as-congenitally blind and adventitiously blind. Congenitally blind refers to those who have never experienced sight and are unable to visualize visual concepts. Such people have to conceptualize ideas about objects and reality through any other means other than vision. Adventitiously blind are those who have developed blindness later in life. The loss of sight might be gradual or abrupt after experiencing the world through the medium of vision.

Effects of Visual Impairment

The effects of impairment of vision have been found to extend from both perceptual and non-perceptual domains of development resulting in fragmentation of learning in general and academic performance in particular. The unexpressed feeling of loss of sight is frequently associated with helplessness, inferiority, mobility related stress and anxiety, depression, loss of self-efficacy and poor performance (Meighan, 1971; Singh & Akhtar, 1971; Teare & Thompson, 1982; Bharadwaj, 1995; Jindal-Snape, Kato & Maekawa, 1998; Rosenblum, 2000).

In an era where being independent and contributing members of society are regarded to be among the essential prerequisites for leading a healthy and 'normal' life, individuals with visual impairment are confronted with several problems. It is regarded as the natural notion that physical constraints lead to developmental delays in motor skills and physical competence which in turn promotes feelings of helplessness and dependence. Such difficulties permit only a few blind people to be successful in attaining full independence and full identity (Rice, 1983). From an interactionist perspective, identity development takes place in different interplay situations with peers (Mead, 1934). Restricted mobility affects development of identity (Pollock, Durward & Rowe, 2000) and hence those with restricted mobility are susceptible to a constant sense of dependency due to the uninterrupted presence of adults or other support services. Most researches indicate that blind persons maintain negative or lower self-esteem.

Social acceptance and psychological well-being as essential prerequisites for the successful rehabilitation of all individuals make it imperative to explore the traumas, dilemmas, and challenges that people with disabilities experience. These have a significant influence on their self-view, adjustment pattern, and acceptance into

the mainstream society. Self-esteem and adjustment act as crucial variables among the diverse factors that play a significant role in predicting psychosocial functioning of both people with and without disabilities. A strong relation was found to exist between self-esteem, adjustment (social, emotional, and academic), stress and anxiety, classroom behaviour, and behavioural problems. It is the question that necessitated the researcher to explore various dynamics involved in the process of development and maintenance of self-esteem and adjustment of blind individuals.

Prevalence and Incidence of Visual Impairment in India

A comprehensive Census survey of mentally and physically challenged people released on August 9, 2004 revealed that there were 21,906,769 disabled people in India in January 2001. Of the total number 16,388,382 belong to rural communities and 5,518,387 to urban areas. The distribution in terms of sex stands at 12,605,635 males and 9,301,134 females. Of the more than two crore visually impaired people account for 48.5%, physically challenged 27.9%, mentally challenged 10.3%, speech impaired 7.5% and hearing impaired 5.8%. According to the Census 2001, there are 2.9 crore people with disabilities in India who constitute 2.13% of the total population. This includes persons with visual, hearing, speech, locomotor, and mental disabilities. Seventy five per cent of persons with disabilities live in rural areas, 49% of disabled population is literate and only 34% are employed.

It is evident from Fig. 2.1 that the number of disabled people as revealed in the 2001 Census is marginally higher than the estimate of the National Sample Survey Organization (NSSO) of 1.8 crore.

Across the country, 45,571 rural and 24,731 urban households were surveyed, respectively from 4637 villages and 3354 urban blocks. The number of disabled persons enumerated was 49,300 in rural and 26,679 in urban India. According to the NSSO estimates, the number of disabled persons in the country was 18.49 million between July and December, 2002, and they formed about 1.8% of the total estimated population.

Figure 2.2 gives a picture of the disability wise segregation of estimated population as provided by the NSSO.

A comparative analysis of visual impairment in different rounds of NSSO is given in Table 2.1 indicating the prevalence and incidence of visually disabled persons per 100,000 persons for rural and urban areas.

Table 2.2 provides details for the country as a whole, indicating that the prevalence of visual disability has decreased marginally between 1981 and 1991, and substantially between 1991 and 2002.

It is observed from Table 2.3 that the prevalence rate is highest in the age group of 60 years and above for both blindness and low vision. The trend for higher incidence rate for both conditions in rural and urban areas is similar, that is, 1733 and 1087 for blindness and 747 and 459 for low vision. The lowest prevalence is observed in the age group of 0–4 years with 32 and 30 cases of blindness and

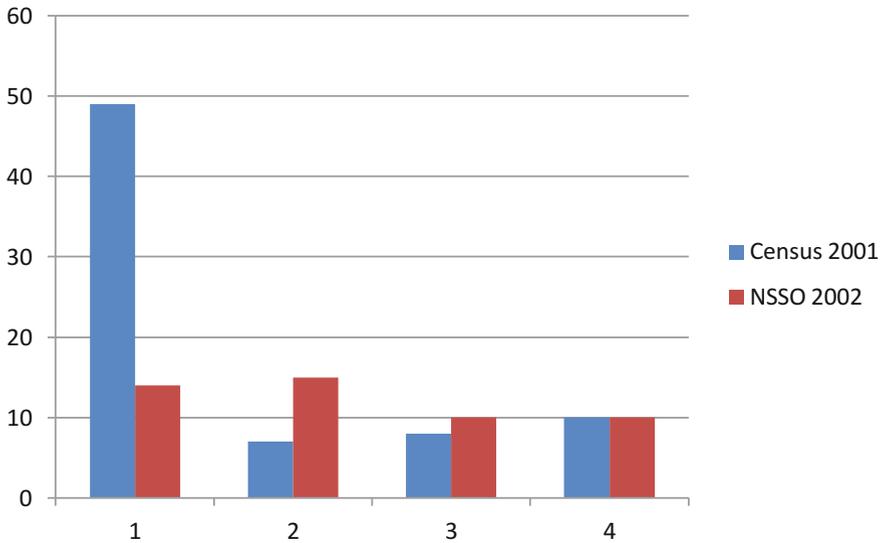


Fig. 2.1 Number of disabled people in India. *Source* Census 2011 and NSSO 2002

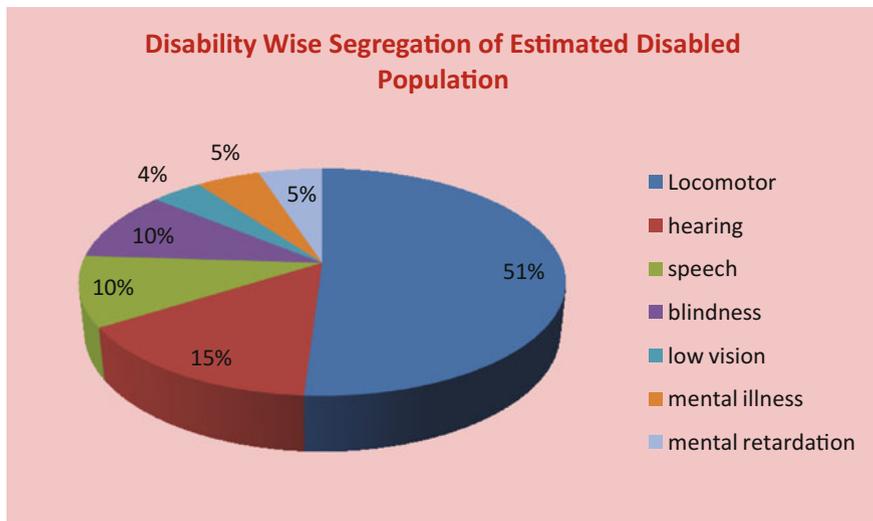


Fig. 2.2 Disability wise segregation of estimated population. *Source* National Sample Survey Organization 2002

5 cases each of low vision among the rural and urban inhabitants. While, there is a steady rise in blindness with increasing age, it is not so for low vision. However, in the age group of 55–59, there is a marked increase in the prevalence of both blindness and low vision in both rural and urban areas. It appears that visual

Table 2.1 Prevalence and incidence of visually disabled persons per 100,000 persons obtained from NSSO 36th, 47th and 58th rounds

All-India sector	36th round (July–December, 1981)			47th round (July–December, 1991)			58th round (July–December, 2002)		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Prevalence rate									
Rural	444	670	553	471	548	525	276	326	296
Urban	294	425	356	263	346	302	163	228	194
Incidence rate									
Rural	32	45	38	22	28	25	10	16	13
Urban	23	38	30	15	25	20	7	10	9

Source NSSO report, 2002

Table 2.2 NSSO report—prevalence of visual disability

Year	Rural	Urban	Total
1981	–	–	3,470,000
1991	3,335,000	670,000	4,005,000
2002	2,257,500	569,200	2,826,700

Source NSSO report, 2002

Table 2.3 Age group and visual impairment

Age group	(Number of disabled persons per 100,000 persons)			
	Rural		Urban	
	Blindness	Low vision	Blindness	Low vision
0–4	32	5	30	5
5–9	48	12	73	16
10–14	52	22	82	10
15–19	56	21	44	13
20–24	65	23	56	18
25–29	68	17	43	20
30–34	77	16	30	19
35–39	75	32	53	20
40–44	128	43	79	30
45–49	183	65	105	39
50–54	266	124	182	98
55–59	431	234	283	122
60 and above	1733	747	1087	459

Source NSSO report, 2002

impairment is an old age problem. About 68–72% of people acquired visual impairment at the age of 60 years and above.

Self-esteem

Self-esteem is regarded as the evaluative component of self-concept and is commonly referred to as the extent to which one prizes, values, and approves or likes himself. Many of the early theorists have posited the hierarchical models of self-concept that have implications for self-esteem. William James (1890) first referred to self-esteem as an ‘elementary endowment of human nature’. According to him the ratio of one’s actual accomplishments to one’s supposed potentialities were the two important determinants of one’s feelings of worth. The two distinct aspects of the self, according to James, were presenting self-concept as hierarchical and multifaceted, that is ‘I’ or the Existential Self and the Empirical Self which was further classified as the spiritual self, material self, social structural perspective self, and the bodily self.

Structural Perspective

Several researchers regarded as global positive or negative assessment, a personality trait characterized by considerable stability from one situation to the next (Coopersmith, 1967; Rosenberg, 1965, 1979). Rosenberg (1979) held that self-esteem implies self-acceptance, self-respect, and feelings of self-worth, which influences the way people perceive themselves and are affected by several factors such as reflected appraisals, social comparisons, self-attributions and psychological centrality. Hence a more critical view of this perspective reveals that while on one hand reflected appraisals included direct reflections indicating how others directly respond to us and our perceived selves, that is, how we think others perceive us, social comparisons emphasized the meanings that people use to make self-evaluations by comparing themselves with others. On the other side self-attributions denoted people’s observations in various situations and maintained self-regard by inferring causes of their behaviour to such situations, while psychological centrality maintained that different people assign different levels of importance to various aspects of life wherein the same situation may have an enhancing impact on one and deteriorating impact on others depending on their differential psychological centrality.

Symbolic Interactionism

The precursors to symbolic interactionism laid emphasis on self as a product and reflection of social life (James, 1890; Baldwin, 1997; Gordon & Gergen, 1968). Emphasizing the importance of ‘reflected appraisals’ or ‘looking-glass self’ in the development of self-concept, various researchers maintained that self-concept developed through interaction with others and was a reflection of others’ appraisals of an individual (Cooley, 1902; Mead, 1934; Shrauger & Schoeneman, 1979). According to them, people whose views individuals learn to incorporate as a part of their own self-concept may include either specific individuals with whom they interact or a ‘generalized other’ in their socio-cultural environment.

Cooley (1902), generally credited as the first interactionist while describing his notion of the looking-glass self, posited that the self is inseparable from social life and necessarily involved some reference to others. According to him three components play a major role in the construction of a reflected self- imagination of our appearance to the other person, imagination of his judgement of that appearance and some sort of self-feeling such as pride or mortification. He held that from early childhood, our concept of self develops by seeing how others respond to us. Mead (1934) later amplified and expanded the view of self as a product of social interactionism based upon Cooley’s ‘looking-glass self’. She noted that self-concept arises through social interaction and is an outgrowth of an individual’s concern of others’ reaction toward himself or herself. In this process the individual acquires a source of internal regulation that serves him to guide and stabilize his behaviour in the absence of external pressures by incorporating estimates of how the ‘generalized other’ responds to certain actions.

From ‘looking-glass self’ perspective, members of the stigmatized and oppressed groups who are aware that others regard them negatively tend to incorporate those negative attitudes into their self-concept and consequently have lower self-esteem. Hence negative stereotypes and discrimination resulting from negative self-evaluations may develop through interaction with various sources such as attitudes of specific individuals with whom they interact (parents, teachers, peers) or their devalued projection in the wider culture as portrayed in media, books etc.

Social Comparison Theory

Social Comparison is regarded to be at the core of the social evaluation process where individuals can gather positive, neutral or negative self-ratings and in the process learn things about themselves by comparing themselves to others. Festinger (1954) in his theory of Social Comparison held that individuals often compare their own attributes with those individuals whom they perceive as the ‘significant other’ in order to evaluate the adequacy of their ideas or characteristics. However, the

appraisal or comparison may itself alter the salience of the ‘significant other’. In his theory of Cognitive Dissonance, Festinger (1957) argued that if the significant other’s attributes appear much more favourable or sharply different from one’s own, it may cause an individual to devalue the salience of this person with the view to avoid loss of self-esteem.

According to the advocates of the Social Comparison theory, the process of comparison can operate in various forms. In the Theory of Downward Comparison, Wills (1981, 1987) argued that people with low self-esteem make more self-enhancing comparisons because of their greater need for self-enhancement. In such cases people tend to compare themselves with others who are worse off in order to arouse positive feelings and raise their self-esteem—the contrast effect. However, they can also compare themselves with others to whom they relate to raise their self-esteem—the assimilation effect (Brown et al., 1992).

With reference to members of stigmatized groups it is held that they may indulge in diverse forms of social comparisons (parallel, downward, and upward) for their optimal functioning and subjective well-being (Festinger, 1954). Gecas (1972) also maintained that since selective comparison can be gratifying especially for the stigmatized groups, they may prefer to use selective downward comparison on certain occasions as they perceive downward comparison less threatening and as a means to enhance their own self-esteem.

Social Identity Theory

The context of people’s self-esteem being affected by the judgement of others, relates it to the principle of the Social Identity theory (Tajfel, 1981, 1982; Turner, 1987). The theory is based on the assumption that people have a desire to maintain a favourable view of themselves, which is partly determined by how they value the social groups of which they are members in relation to other groups. Tajfel and Turner (1979) held that individuals discriminate in favour of their group relative to other groups so as to increase the perceived value of their own group and achieve a more positive social identity and higher self-esteem.

Referring to the various ways that members of stigmatized groups use to maintain positive social identity in an intergroup context, Tajfel and Turner (1979) proposed the concept of ‘social creativity’ and identified three ways adopted by them to guard against in-group devaluation—change the target of social comparison, attach a new, positive meaning to the group attribute that was originally stigmatized and seek a new dimension through which the in-group can distinguish itself in a positive way. Hence they advocated that there will always be higher cognitive preference for intra-personal similarities and interpersonal differences, which help to enhance psychological distinctiveness of individuals.

Bandura's Self-efficacy Theory

In addition to the above theories, mention can be made of Bandura's Self-Efficacy theory that influences the manner in which an individual perceives his or her self. According to Bandura (1991a, b) self-efficacy beliefs affect every aspect of people's lives and their ability to think productively, pessimistically or optimistically; to motivate themselves and persevere in the face of adversities; make life choices etc. Self-efficacy can be formed by interpreting information primarily from four sources. The most influential source is the interpreted result that emerges out of one's previous performance, or mastery experience. In such situations individuals engage in tasks and activities, interpret results of their actions, use interpretations to develop beliefs about their capabilities to engage in subsequent or related tasks or activities and act in accordance with the beliefs created. Self-efficacy is positively affected or raised if outcomes are interpreted as successful and negatively affected or lowered with failures.

People form their self-efficacy beliefs through the vicarious experience of observing others perform tasks wherein modelling plays a dominant role. The extent of similarity or divergence and success or failure of the attributes of the 'significant model' and their own capabilities largely affects the beliefs formed. Social persuasions in the form of verbal judgements can play an important part in the development of an individual's self-beliefs. Somatic and emotional states can also provide information about efficacy beliefs. The emotional state that accompanies execution of an action affects the degree of confidence. The affective reaction that accompanies the apprehensions about one's own capabilities can lower self-efficacy perceptions.

Self-efficacy beliefs can enhance human accomplishment and well-being in countless ways. They influence the choices people make and the course of action they take. Individuals tend to select tasks and activities in which they feel competent and confident and avoid those in which they do not. Self-efficacy beliefs also influence thought patterns and emotional reactions of people. High self-efficacy helps in creating feelings of serenity in approaching difficult tasks and activities. Conversely, people with low self-efficacy may believe that things are tougher than they really are, thus fostering anxiety, stress, depression, and a narrow vision of how best to solve a problem. As a consequence, self-efficacy beliefs can powerfully influence the level of accomplishment that one ultimately achieves. With such significant influence self-beliefs can act as a self-fulfilling prophecy affecting the accomplishments of people.

The efficacy-based view of self-esteem (Gecas & Schwalbe, 1983; White, 1959) appears to be in conjunction with Bandura's approach. The efficacy-based view of self-esteem holds that self-concept develops through efficacious interaction with the environment. Self-esteem, according to this perspective, is not passively acquired, but is 'earned through one's own competent actions' (Franks & Marolla, 1976). By learning that one can control and manipulate one's environment, one acquires a view of self as competent, successful and able and consequently one has high

self-esteem. Therefore it is suggested that members of stigmatized groups have lower self-esteem than non-stigmatized groups because of limitations in their opportunities to control and manipulate their environment.

Gecas and Schwalbe (1983) held that the limitations can be in terms of socio-structural conditions, such as segregation or discrimination against members of stigmatized or oppressed groups thus limiting their access to resources that are necessary for producing intended effects. According to them, such limitations cause them to possess lower self-esteem than members of more advantaged groups.

This perspective of the efficacy-based self-esteem view is consistent with the looking-glass self and self-fulfilling prophecy. In addition to this the Equity Theory (Walster, Walster & Berscheid, 1978), Social Exchange Theory (Thibaut & Kelley, 1959), Social Comparison theory (Festinger, 1954) and Social Identity theory are also compatible with the prediction that social stigma has negative effects on self-esteem.

Several mechanisms have been found to be used by members of stigmatized groups to maintain their self-esteem. One of the prominent tendency of people is to make in-group social comparisons. In this context it is held that members of stigmatized groups tend to compare themselves with similarly stigmatized groups whose outcomes are relatively poor.

Referring to the other mechanisms adopted by the stigmatized groups to maintain a positive view of self, Goffman (1963) noted that on certain occasions stigmatized groups attribute the negative feedback or outcomes to the prejudiced attitude of others. The use of this self-protective attribution function of social stigma has been found to be beneficial because attributing negative outcomes to external causes helps to protect self-esteem as compared to the internal, stable, and global causes that result in lowered self-esteem.

In this context it is important to note that although the mechanisms involved in achieving healthy and positive self-view can vary from one mechanism to another, the ultimate goal remains the same, that is, to achieve psychological well-being. This is applicable to all individuals including people with disabilities.

Self-esteem, Adjustment and Visual Impairment

Before exploring the impact that self-esteem and adjustment have on perception of disability as a condition and vice versa it is crucial to understand the strong relationship that exists between these concepts. Self-concept is an image that an individual has of himself or herself which is formed by a conceptualization process requiring experiences for information. Self-esteem being one of the components of self-concept also depends on experiences to develop and function. In view of this, physical ability is regarded as a crucial requisite facilitating conceptualization of information and is of paramount importance in the area of general mobility, maintaining body functions and enhancing the whole early learning process of social interaction, building up of self-esteem and achievement of life goals. It is also

one of the prerequisite by which handicapped individuals learn about themselves (Cohen, 1977). In reference to this, Adler maintained that one's sense of inferiority as a result of organ deficiency and bodily weaknesses acts as a major threat to self-esteem. Restricted mobility was largely found to affect development of identity because it is through different interplay situations with others that one develops a self-image/identity (Mead, 1934).

In the Competence Motivation theory, Harter (1981, 1990) argued that positive experience of behaviour leads to development of positive self-concept with a subsequent positive effect on global self-worth. Emphasizing on the influence of physical perceptions upon self-esteem, Fox and Corbin (1989) reported in their Hierarchical Self-Concept Model that Physical self-worth emerged as an important subcomponent, a mediator among the four sub domains of physical self-perceptions, that is, perceptions of sports competence, body attractiveness, physical strength and physical condition and self-esteem. The dominance of physical ability was also emphasized in the works of Uchida, Hashimoto and Lutz (2005) with regard to adults with physical disabilities.

Commenting on the significance of physical competence, Lowenfeld held that there are three major areas where blind people were at a disadvantage—the range and variety of experiences, which can affect their cognitive development, mobility that includes both orientation to the immediate surroundings, and locomotion within those surroundings, and interaction with the environment. The absence of sight imposes severe constrictions in their exploration and interaction with the environment. Several empirical studies on blind individuals have revealed that they experience developmental delays in areas of movement, motor skills and physical competence, concept formation and learning of social conventions because of lack of opportunities to explore their environment (Dickinson, Perkins & Bilek, 1988; Hopkins, Gaeta & Hill, 1987; Kobberling, Leger & Jankowski, 1989; Shepard and Podogomy, 1990).

In addition to the limitations in movement inflicted by restricted mobility, blindness also brings along with it certain social limitations. Limitations in mobility may necessitate the constant presence of adults or other support services thus causing the individuals to become more dependent and develop feelings of helplessness.

Besides, the effect of physical self-worth on self-esteem and adjustment of people with disabilities has been found to have a strong relationship between self-esteem and acceptance of disability regardless of age, disability and other characteristics (Linkowski, 1988). It is held that acceptance of disability is associated with better adjustment (Dembo, Leviton & Wright, 1956). Evidence of strong relationship were found to exist between acceptance of disability and self-esteem in deaf adolescents (Hinemann & Shontz, 1982), in teenagers with oral-clefts (Starr & Heisserman, 1977), in African Americans with a variety of disabilities (Belgrave, 1991) and in college students with physical disabilities (Linkowski & Dunn, 1974).

In the context of impairment-related changes, each type of social comparison may be essential for the optimal functioning and subjective well-being of

individuals. Upward comparisons with those more advanced in developmental growth or less constrained by impairment could motivate the person to strive for developmental growth. Downward comparison with those less advanced or more impaired on the other hand could help to protect self-esteem and motivate these people in spite of inevitable losses associated with the impairment, and thus compensate for negative effects by secondary control.

Keeping in view the devalued stereotypes of disability, people with disabilities adopt various mechanisms to safeguard their self-concept or self-esteem. Some attempt to preserve their self-esteem by identifying with the non-disabled others (Oliver, 1986; Jahoda, Markova & Cattermole, 1988), while others group tighter to form new organizations in order to combat negative stereotypes by creating positive images, developing self-empowerment, and bringing about social change (Finkelstein, 1993). Others may adopt the stigma of disability, which may lower their self-esteem (Szivos-Bach, 1993) or can avoid friendships with more 'able' people for reasons connected with self-esteem maintenance.

To develop self-acceptance and self-esteem, people with disabilities not only have to consider their own attitude but also have to deal with the attitudes of others (Huebert, 1994; Tuttle, 1987). Tuttle (1987) regarded the sense of self-confidence and perception of others as important factors affecting self-concept of an individual. He maintained that although all individuals are susceptible to certain threats in the development of positive self-concept, individuals with visual impairment are at a greater risk of being negatively perceived by others. Goffman and Sussman (1963) held that handicapped people might learn to regard themselves with the negative connotation that society attributes to their handicaps. This is more in case of blind individuals because blindness makes it difficult for individuals to incidentally learn the essential social skills by observing appropriate model behaviour.

It is clear from empirical evidence that people with disabilities portrayed poor quality of social experiences as compared to their non-disabled counterparts. They exhibited instances of having fewer friends without disability, received less social and interpersonal experiences, less responsibility, have more unstable conflicting, uncooperative and non-emotional relationships and lower self-esteem (Alper & Ryndak, 1992; Kishi & Meyer, 1994; Santich & Kavangh, 1997; Yude, Goodman & McConachie, 1998).

Adjustment is a continuous process for the survival of living organisms and every change in the physical environment evokes the need for adjustment. Hence the process of adjustment for people with disabilities has also been a subject of inquiry. It has often been conceptualized as a staged process. Livneh and Antonak (1991) in his unified theory of adaptation identified five stages: initial impact, defence mobilization, initial realization, retaliation, and reintegration. According to this theory, adjustment is characterized by confidence, contentment, and satisfaction. The views regarding the adjustment of people with disabilities have been wide ranging from 'resolution of conflicts and establishment of a healthy new identity' (Shontz, 1991) to 'lifelong process during which one's disability is gradually and incrementally incorporated into the overall perception of self that includes both roles and life situation' (Sidel, 1997).

Most of the existing models of adjustment tend to, however, be based on some model of bereavement and loss (Pitts, 1991). Hull (1990) in his autobiography outlined four distinct stages of his own adjustment to sight loss. He referred to the first as a period of hope which lasted from one year and 18 months during which the finality of the loss had not been accepted. In the next phase he witnessed the appearance of what on the surface appeared to be quite a positive behaviour, the search for alternative techniques but this phase was replaced by a period of despair characterized by sleeplessness and depression. The final stage was marked by a feeling of overcoming the despair, a realization that there was much inner strength although the process of adjustment was by no means over.

Werner (1959), Piaget (1983) and Vygotsky (1927/1993) were some of the precursors to the developmental approach of adjustment in psychology and applied the findings to children with disabilities. The three, however, differed in their approaches. Werner and Piaget were primarily organicists, while Vygotsky was primarily a contextualist. Piaget emphasized the 'wholeness' of development in children with retardation whereby they developed through specific sequences and stages. Inhelder (1943/1968), on the other hand, emphasized on horizontally organized stages of development where, while the children developed in accord with the usual sequences of development, they more often demonstrated oscillation of depression and unstable functioning as compared to children having no retardation.

Werner (1959) also reported that development of children with disabilities often occurred in sequences similar to their non-disabled counterparts. Vygotsky (1927/1993) being primarily a developmentalist was concerned with the interaction between children with disabilities and environment. Vygotsky in his writings on disability laid emphasis on interventions advocating for instruction in Braille for children who were blind etc. He laid emphasis on special educators to reach out to the children. He was interested in the social effects of disability and the need for adaptation and compensation. He criticized the theoretical measures of complete development and classification and regarded the measures such as IQ tests etc. as static means, a system powerless to solve the questions of origin, development and growth. He held that disability was a social problem and becomes troublesome only when children are made to feel inferior by others.

Social support has also been found to be one of the significant factors affecting the process of adjusting to disability (Belgrave, 1991). Li and Moore (1998) in their study examined the relationship between acceptance of disability and demographic characteristics, disability conditions (disability onset, multiple disabilities etc.) and other psychological factors (self-esteem, emotional support, perceived discrimination, and hostility). Self-esteem and emotional support from family and friends, perceived discrimination and disability conditions played important roles in participants' adjustment to disability.

Overall Analyses of Self-esteem and Adjustment of People with Disabilities

An overview of development and maintenance of self-esteem and adjustment of people with disabilities highlights the intervention of several factors. Physical ability was found to be the dominant factor that laid the foundation for an individual to develop a unique and separate identity. Restrictions in movement were found to reduce the opportunities for interaction as well as stimulation for cognitive growth and personal development. Therefore whether a person with disability formed a positive self-view largely depended on the extent to which he/she perceived his/her physical competence.

Besides physical competence, acceptance of a disabled condition was associated with better adjustment. The extent of acceptance of disability was found to be associated with the degree to which a person de-emphasizes those aspects of physical ability and appearance that contradict his or her disabling condition, recognizes values other than those that are in direct conflict with the disability, does not extend his or her handicap beyond actual physical impairment to other aspects of the functioning self and does not compare himself or herself to others in the areas of limitations but instead emphasizes his or her own assets and abilities.

Social support has also been found to be one of the significant elements in the process of adjusting to disability. Self-esteem and emotional support from family and friends, perceived discrimination and disability conditions were found to play an important role in peoples' adjustment to disability. This was essential because in order to develop self-acceptance, people with disabilities not only have to consider their own attitude but also have to deal with others' attitudes and learn to see themselves with the negative connotation that society attributes to their handicaps. In the context of impairment-related changes, various mechanisms of social comparison emerged as an essential medium to maintain optimal functioning and subjective well-being.

In keeping with the above view, it is held that disability is created the moment a person with a pathological condition or an injury interacts with an environment that does not support his or her performance in a desired activity. There has been a recent shift in the world and U.S. policy, in particular, which reflects an understanding of the role that the environment plays in the performance of persons with reduced capacity. In the second draft of their classification of disability, the WHO attempted to record not only the cellular and structural elements that contribute to people's disability but also address the role that context plays in preventing or creating excess disability (WHO, 1980). New models developed by the WHO and others including the Institute of Medicine (IOM) (Pope & Tarlov, 1991) recognize that disability can be directly attributed to the society or context within which a person performs.

Comparative Overview of Self-esteem and Adjustment of Blind and Sighted Individuals

International Studies

Physical ability is considered to play an essential role in determining the self-image of a person since it offers many opportunities for individuals to compare their skills and competence. Since children have an early interest in these skills, a high level of physical ability reinforces positive evaluation of physical self and global self-evaluation.

Researchers have emphasized that the stigmatization process of registration itself constitutes one of the major causes resulting in feelings of inferiority, hopelessness, and depression (Goffman, 1963). Therefore inadequate information about the nature of orientation and mobility services combined with a sense of isolation was found to be a major source of stress and anxiety among blind individuals (Seybold, 1993). Whiting and Morris (1971) and Fraiberg (1977) held that blindness influences the development of motor learning since it limits not only possibilities, but also the awareness and organization of spatial information. Highlighting on the negative effects of visual handicap on development of spatial concepts among early and late adolescents, Hartlage (1967) and Morrongiello (1995) revealed that the performance of blind students was found to be inferior as compared to their sighted counterparts on spatial as well as non spatial questions at all grade levels.

Exploring the effects of orientation and mobility on the lives of 15 participants (aged six to 54 years) who were either blind or parents of blind children, Higgins (2000) showed from transcribed interviews that even the participants attached considerable significance to orientation and mobility. White cane and dependence were stigmatizing, while restrictions on movement and lack of orientation and mobility instruction were found to be disabling.

However, several researchers contradicted the above argument. According to them the use of various interventions such as the assistance animals or instrumental assistance helped to normalize the lives of blind individuals such as guide dogs provide sightless people with increased mobility etc. In addition to assistance they also assist in eliminating social barriers by enhancing how people are socially perceived (Lockwood, 1983) and facilitating conversations (Messent, 1984).

Physical ability was also found to play an important role in the formation and further development of self-evaluation and image of sighted children. Numerous studies emphasized a significant relation between self-esteem, pubertal timing, and body image (Allgood-Merten, Lewinson & Hop, 1990; Williams & Currie, 2000). The findings revealed that self-esteem and body image accounted for gender differences in depression and that early maturation and lower ratings of body image (body size and perceived appearance) were associated with lower levels of self-esteem.

Age of onset and cause of blindness played a dominant role in affecting the adjustment patterns among blind individuals. Emphasizing the age of onset, a

significant difference in adjustment patterns was found among the congenitally and adventitiously blind individuals. Congenital blindness was not found to preclude normal and affective ego development, while adventitious blindness was related to disruption of ego functioning with severe affect manifestations (Robert, 1975).

Elaborating on the impact of congenital blindness, McGuire and Meyers (1971) concluded that behavioural disturbances shown by these children have a psychogenic base and are 'a high risk of, but not inevitable to congenital blindness'. They ascribed the behavioural problems to the first year self- pre-occupation that was an inevitable result of lack of vision and limitations in control over their physical and social environment.

It is widely held that positive self-esteem, good behavioural and emotional adjustment significantly enhances mood (Rosenberg, 1985; Taylor & Brown, 1988a, b) and results in more adaptive learning strategies in classrooms (Covington, 1989). An inverse relationship was found to exist between self-esteem and stress. Several studies show a significant fall in self-esteem of adolescents with increase in the number of stressful life events (Cohen, Burt & Bjork, 1987; Dumont & Provost, 1999; Kroger, 1980; Young 1990). Negative shifts in global self-evaluation were found as a result of negative events among low trait self-esteem students, while positive effect resulted from positive events among high trait self-esteem students (Stake, Huff & Zand, 1995). Bachman and O'Malley (1977) and Wylie (1979) held that self-esteem tends to become more positive during adolescence and early adulthood.

Dubios, Bull, Sherman and Roberts (1998) while investigating global self-esteem and emotional, behavioural, and academic adjustment of 213 young adolescents drawn from VII through IX grade students concluded that higher global self-esteem was associated with significantly fewer internalizing and externalizing problems (as rated by adolescents and parents), correlated with behavioural and emotional adjustment and academic achievement.

Although a number of studies were conducted on self-esteem of blind individuals, there is little evidence of consistently lower self-esteem than their sighted counterparts regardless of age (Obiakor, 1986; Obiakor & Stile, 1990). Blindness was not found to negatively affect the emotional and social development of individuals. Rather, a series of limitations rooted in the social image of blindness caused irreparable harm to people. Comparative studies on self-concept revealed no essential and consistent difference between visually handicapped and sighted adolescents (Jervis, 1959; Zunich & Ledwith, 1965; Williams, 1977; Sherill, Hinson, Gench, Kennedy & Low, 1990; Bissa, Singh & Helode, 1993). Elaborating on the nature of response, it was found that on certain occasions the blind subjects used either highly positive or negative statements than the sighted.

While examining the concept of adjustment and self-esteem from the cognitive point of view, Dodds, Ferguson, Ng, Flannigan, Hawes and Yates (1994) held that there was significant correlation between self-esteem and anxiety, depression, and the attitude towards blindness, locus of control, disability acceptance, self-efficacy and attributions. All the sightless subjects were found to have a positive attitude towards blindness, a feeling of internally being in control of their lives, acceptance

of the present state of their disability, a feeling of being able to affect changes in their lives and felt responsible for their success but not failures. This was indicative of high sense of self-worth and well-being among blind individuals. Kef (2002) on the psychosocial adjustment and the meaning of social support for Dutch teenagers (aged 14–24) with visual impairments revealed that majority of these teenagers had high-self-esteem, were generally happy, did not feel lonely and that most had accepted the implications of their impairment.

Numerous studies have been conducted relating self-esteem of blind individuals to diverse factors such as academic success, occupational self-efficacy, career belief etc. Emphasizing the relation between psychosocial adjustment and academic success of visually impaired children, Beaty (1994) reported of no significant difference in psychosocial adjustment between the visually impaired and the sighted. On analysis the visually impaired children were found to have scored slightly higher than the sighted in self-esteem and academic performance. Investigating the difference between the visually impaired children and the sighted children regarding occupational self-efficacy, career belief and self-esteem, Moore (1991) concluded that self-estimates of blind students on their ability to complete educational requirements for occupations did not differ from those of their sighted counterparts.

A significant relationship was found between the years of formal education, rehabilitation and their impact on the self-esteem of blind individuals. Beach, Robinet and Hakim-Larson (1995) identified a negative relationship between self-esteem and independent living skills of visually impaired. They held that people with higher self-esteem had significantly more formal education than those who had lower self-esteem thus highlighting the significance of higher education in the enhancement self-esteem. Emphasizing the significance of training for maintenance of positive self-esteem, Khalil (1993) based on his study of blind students at three levels of rehabilitation—access to computer training, no access to computer training and no rehabilitation training—found statistically significant differences between the two rehabilitated groups and non-rehabilitated group in the perception of internality, powerful others, chance control, general self-efficacy and self-esteem.

Social support from parents and friends is considered to play a dominant role in not only fostering self-esteem, self-assurance and feeling of self-worth but also a sense of security and control over oneself and the environment (Nestmann & Hurrelmann, 1994). This was also found to be applicable both for people with and without disabilities. Most studies inquiring into the role of parents and ‘significant others’ in lives of blind individuals have revealed that positive self-image and academic competence and a positive relationship with parents and friends classmates (Lopez-Justica et al., 1998; Huure, Komulainen & Aro, 1999) contributed to the enhancement of their self-esteem.

Adjustment being a dynamic process requires constant adaptation and it is widely held belief that disability can often create psychodynamic stress, conflict and also maladjustment that can manifest itself through various problems. Studies have shown that adolescents with visual impairments (those who are blind or have low vision) may be at a risk of psychological and social adjustment problems. Meighan (1971), Beaty (1992) and Obiakor and Stile (1989) held that visual impairment may

cause adolescents to feel inadequate and inferior, which reflect their lack of social acceptance, academic underachievement, physical incapability, and social maladjustment.

However several researchers have contradicted the above view by arguing that the emotional problems exhibited by blind individuals were not indicative of the need to engage in grief work which necessitates the exploration of unexpressed feelings of loss but rather an outcome of learned helplessness and associated concepts, such as self-efficacy (Seligman, 1975, 1981; Bandura, 1986; Seligman, Abramson, Semmel & Bayer, 1979), locus of control (Rutter, 1983), attribution style (Abramson, Seligman & Teasdale, 1978), and hopelessness-depression (Abramson, Metalsky & Alloy, 1989). Bauman (1954) in his study with an older group of blind, other handicapped and non-handicapped individuals concluded that the blind were more maladjusted. They, however, held that the personality patterns of handicapped groups were largely based on the social and economic consequences of their handicap rather than the direct impact of physical deficit upon the personality.

Wright (1960) asserted that 'there is already sufficient research to establish the fact that there is but little relationship between adjustment and degree of disability and in no way assures better adjustment'. According to this perspective the manner in which an individual accepts his defect is conditioned principally by the attitudes of those around him, especially his parents. Several studies have emphasized the perception of attitudes of acceptance and rejection by parent figures and its relation to the overall adjustment of blind adolescents (Barry & Marshall, 1953; Underberg et al., 1961; Kekelis & Anderson, 1984). Substantial inability to maintain and restructure relationships emerging from such attitudes may have a negative effect on the psychosocial development of visually impaired adolescents. In this context, Sommers (1944) and Cutsforth (1951a, b) laid emphasis upon the role of family, immediate environment, society and school. An extremely high correlation (0.81) was found between parental attitudes and general level of adjustment of blind individuals and between parental over-protectiveness and overindulgence and the child's poor adjustment. Hence it became evident that maladjustment stems from social attitudes rather than from causes inherent in blindness and that social attitudes are most funnelled through parents.

Parental attitude was found to produce significant positive impact on the adjustment of blind individuals (Kef, 2004; Jackson & Lawson, 1995). Several studies have highlighted no significant difference in adjustment patterns of both blind and sighted individuals due to parental attitudes (Cowen et al., 1958; Huure, Komulainen & Aro, 1999). In a qualitative study, Chien-Huey Chang and Schaller (2000) demonstrated that the visually impaired adolescents experienced various types of emotional, informational, and tangible support from their parents and that the majority was satisfied with the amount and the kind of parental support they received. However, the participants had problems in the domain of emotional and tangible support, which negatively affected their psychosocial development.

Besides the family, friendship or peer relation also acted as another important support system having significant influence on psychological adjustment of

individuals. It has been found that adolescents with visual impairments faced a number of peer related problems. In some cases visual impairment was found to interfere with social activities of the individuals (Nemshick, Vernon & Ludman, 1986) and hence they were socially isolated with few friends and small networks than their sighted counterparts (Eagelstein, 1975; Van Hasselt, 1983; Wesolowski & Zawlocki, 1982; Huure, Komulainen & Aro, 1999) and spend more time in passive activities (Wolffe & Sacks, 1997). In a study of the social adaptation of blind individuals, Davidson (1971) reached the conclusion that some teenagers were isolated from their sighted peers. On the other hand, Mulderji (1997) in a review article on peer relation and friendship in physical and sensory disabled children mentioned that these children experience higher level of social and emotional difficulties, like loneliness which was associated with negative patterns of self-perception and low self-esteem. Rosenblum (2000) conducted interviews with ten visually impaired adolescents and their best friends to find out the impact of visual impairment on their lives. He found that regardless of the age of onset, almost all the participants had negative feeling towards their own impairment and wished that they were sighted. Majority of them reported communication gap between them and their parents and received differential treatment as compared to their sighted siblings. Adolescents who had visually impaired sibling found in him or her, a sense of comfort, a role model and a source of information. Many of them had problems in establishing friendships resulting in a complex psychosocial profile.

Within the broad domain of environment, school was another factor that affected the development of disabled individuals. The attitude of teachers in particular was found to play an important role in affecting the adjustment of students with visual impairments. An extensive survey of available literature on the attitudes of educators towards groups of exceptional children, particularly the blind indicate evidence of negative attitude (Murphy, 1996; Pastor & Jiménez, 1994; Glaubman & Lifshitz, 2001).

Tobin also found lack of interest in teaching visually impaired students on the part of teachers in sighted schools. Researchers have portrayed a mixed attitude on the part of teachers towards children with disabilities per se and the blind in specific. Researchers like Hayes and Gunn (1988) and Thomas (1985) indicated that teachers hold negative attitude towards children with disabilities. They found to associate the presence of such children in their class with trouble (Pastor & Jiménez, 1994). They hold that placing such children in the class would result in disparity of level between pupils and that it would hinder the pace of the course. Moreover catering to children with disabilities requires extra time and effort which would take teaching away from other children since instruction in the regular classroom is based on standard progress of sighted children (Diamond, 1979). The teachers were further found to hold that lack of flexibility and responsiveness to the needs of children with disabilities and the restrictive approach to education makes it difficult to organize learning experiences that promote social interaction among such children and their sighted counterparts.

Another factor has been observed that while teachers have been actively involved in the integration process, they recognized the necessity of providing for different levels of learning within classrooms with special emphasis still continuing to be placed on resourcing of special needs rather than on changing pedagogical practices. Such difficulties tend to create a sense that within one classroom there are two types of teachers and two different groups of children (Johnson & Johnson, 1990; Schopler & Bristol, 1980). In view of such a situation teachers tend to prioritize their responsibilities, leaning more towards the normal children and view integrated educational practices as an additional burden. Hence they do not regard integration of such children to be a concern of theirs but perceive it to be a political and administrative problem, which should be met by physical measures. Alves and Gottlieb (1986) observed teacher interaction with students with and without disabilities. On analysis it was revealed that students with disabilities received few questions and were provided with fewer teachers' feedback than their normal classmates indicating that children with disabilities were less involved in academic exchanges.

Research has also indicated an emerging trend of positive attitude on the part of regular teachers (Whinnery, Fuchs & Fuchs, 1991; Wood, 1992). Some of the regular educators have displayed enthusiastic professional dedication to the development and implementation of inclusive school practices. It was found that greater contact with children with disabilities enabled teachers to gain greater insight into their needs and problems. Clarity of views coupled with necessary assistance and training also helped them develop favourable attitudes.

Rogers (1951) developed a teacher-and student-centred approach. He maintained that students have a capacity for self-awareness, self-understanding, and self-direction, for growth and constructive change. This approach was found to be suitable for the visually impaired children. According to him students structure themselves according to their perception of reality. Rogers (1967) mentioned six characteristics necessary and sufficient for change or growth to take place in students: Two people are in psychological contact with each other; one (student) is in a state of incongruence, vulnerable or anxious, ready for change; the other (teacher) is congruent; the teacher possesses and exhibits unconditional positive regard for the student; the teacher possesses and exhibits empathetic understanding of the students' internal frame of reference and the student becomes aware of and experiences unconditional positive regard and empathetic understanding.

Rogers also mentioned that it was essential for the teacher to possess certain characteristics in order to bring about a positive impact on the self-esteem of blind students: reflects the content and feelings expressed by student; clarifies students' messages; assists students' understanding through teacher's self-disclosure, engages in 'you-me' talk that is concrete and specific, especially about personal attributes, aspirations, beliefs and standards and values; confronts whenever necessary as an invitation for the students to examine discrepancies; helps students master his own resource and encourages students to find his own solutions. Hence the teacher should display qualities of empathy, understanding as well as allow students to undergo experiences, learn to trust themselves, develop an internal locus of control and willingness to make choices or decisions.

Savage and Weinke (1990) conducted a study to determine teachers' attitude towards mainstreaming. Two hundred and eighty one responses were obtained from 119 primary, 98 intermediate, and 64 secondary teachers who responded to a teachers' opinion survey. The relationship between frequency contact (FC), teacher experience (TE) and teacher level (TL) was determined. Teachers' experiences were found to correlate significantly with teacher level and a small but significant positive relationship was found between attitude and frequency of contact with the resource teacher. Findings also revealed a trend for secondary teachers to be less accepting than other teachers of special needs students in regular class. Witter (1990) in a study involving 119 children and 20 teachers from residential schools for children with emotional and behavioural difficulties found that strategies associated with lack of structure and control, with permissiveness and instant material rewards were perceived by all students to be associated with low self-esteem and least likely to improve it.

Murphy (1996) asked several educators to rank categories of exceptional children according to those they would most prefer to teach and those they most understood. It was found that the majority of respondents not only placed the blind children on the rejection end of the continuum but also signified that they knew very little about these children in comparison to those having other types of disability. Schmidt and Nelson (1968) while studying the attitude of special teachers towards cognitive and affective goals for blind students found that their goals were more cognitive than the regular teachers but their attitudes were negative. Kuhn (1971) pointed out that teachers in an elementary school had a resource room for blind students and those who had constant contact with those students did not hold significantly different attitudes, that is, had negative attitude towards the students as compared to the teachers from another elementary school who did not have any contact with them.

Pliner and Hannah (1985) while studying teachers' attitude towards four types of children with disabilities (visual, hearing, orthopaedically and emotionally disturbed) found negative attitude only when a child's level of achievement was low and not due to their placement. Alves and Gottlieb (1986) observed teacher interaction with students with and without disabilities. On analysis, students with disabilities were found to receive few questions, provided with less teacher feedback than their counterparts and were less involved in academic exchanges.

Pastor and Jiménez (1994) while investigating the position of blind students in regular schools and teachers' perspective on their integration found negative attitude. Buthrow et al. (1998) investigated the ratings of regular teachers and parents on the social skills of blind students aged six to 10 years from grades I to V along with sighted children. The study revealed that the teachers rated the blind students lower in cooperation, academic competence, and as having greater behavioural problems than their sighted counterparts. Glaubman and Lifshitz (2001) undertook study to investigate the attitude of teachers in the independent educational system of the Haredi community towards the inclusion of pupils with special needs in the regular classrooms. The results revealed unwillingness of teachers to include blind and deaf pupils in their classes.

As against Kuhn's argument Keilbaugh (1975) undertook a study with 31 elementary school teachers to determine their attitude towards blind students in integrated settings and a questionnaire containing 17 items were administered. The results indicated positive attitude on the part of the teachers with little difference between teachers who had previous exposure to special education course work and those who had none.

Emphasizing the importance of familiarity with the diverse needs of blind individuals, researchers have pointed out that teachers who had constant contact with the students did not hold significantly negative attitude towards the students as compared to those teachers who did not have had any contact with them (Kuhn, 1971; Pliner & Hannah, 1985).

In keeping with the importance of teachers in affecting the personal and social development of blind individuals Lowenfeld (1973) maintained that it is essential that the teachers of blind students develop an attitude of acceptance of the child, not denying its influence but recognizing it and adapting their methods to it, not overprotecting the child but giving him experiences which he needs to prepare for an independent life.

Adolescence is a period with a myriad of physical, cognitive, and affective changes directed towards independence, identity formation, and value clarification. These changes can cause sighted adolescents to exhibit different types of behavioural patterns. A significant relationship was evident between negative life events and emotional and behavioural maladjustments among adolescents wherein negative events emerged as significant predictors of psychological functioning (Johnson, 1986; Cohen, Burt & Bjork, 1987).

The realization of being a valued part of the social network not only helps foster self-esteem and self-assurance but also feelings of security and control over oneself and the environment (Heller, Swindle & Dusenbury, 1986). Failure in attaining acceptance results in stress, anxiety, and a feeling of helplessness. Several studies have demonstrated significant impact of environment and social acceptance on the overall self-esteem of individuals. Simmons, Rosenberg and Rosenberg (1973) in a cross-sectional study concluded that environment had a strong effect in bringing about certain behavioural changes among adolescents rather than their age. The early adolescents exhibited heightened self-consciousness, slightly lower self-esteem, and a less favourable view of the opinions held of them by significant others. On the other hand, students who entered junior high school appeared more disturbed on these dimensions than their age-peers in elementary school. Simmons, Blyth, Van Cleave and Bush (1979) also maintained that adolescents demonstrate depressed self-esteem if they experience multiple changes in the social environment.

Drawing from Cooley's (1902) conception of the 'looking-glass self', researchers have found that self-worth and the lack of it are influenced by one's perceptions of support from family members (Harter & Whitesell, 1996; Luster & McAdoo, 1995; Rubin et al., 1992). This was also evident in the self-enhancement and self-consistency theories which emphasized independent and significant contribution of family and peer transactions to self-esteem of adolescents.

In accordance with the self-consistency theory, a number of studies have shown that relations of family transactions to self-esteem were mediated in part by their associations with peer transactions and also strong linkages between qualitative profiles of family and peer experiences (Roberts, Seidman, Pedersen, Chesir-Teran & Allen, 2000).

Numerous studies have highlighted a significant relationship between self-esteem and family, and peer relations (Bartle, Anderson & Sabatelli, 1989; Anderson & Hughes, 1990; Nurmi & Pullianien, 1991; Hartup, 1995; Berndt, 1996; Fordham & Stevenson, 1999; Saad, 1999) and self-esteem and academic performance (Roger, 1978; Reitzes & Mutran, 1980; Dubois, Bull, Sherman & Roberts, 1998). This is essential because adolescence is a phase when various family process dimensions or parental behaviour serve as critical locus for the development of both self-esteem and engagement in the educational enterprise (Gecas & Schwalbe, 1986). The influence of perceived family support on psychological adjustment of adolescents has been an issue of constant research. Consistent with the developmental theories of self-esteem, strong family relationships have been found to produce a positive effect on the self-esteem over time (Roberts & Bengtson, 1996; Yabiku et al., 1999).

Critical analyses of the nature of parental control affecting adjustment pattern of adolescents provide us a mixed picture. While on the one hand studies have highlighted that children and adolescents who perceived congruent authoritative parenting and teaching styles accompanied by high parental involvement and a positive school atmosphere had the highest achievement outcomes and were more socially responsible, independent and instrumentally competent than their peers (Baumrin & Black, 1967; Paulson, Marchant & Rothlisberg, 1998), on the other hand several studies have indicated that parents' attempts to control or over manage the psychosocial development of their child may promote, rather than inhibit, undesirable adjustment problems and lead to diminished self-confidence (Nurmi & Pullianien, 1991; Harter & Whitesell, 1996; Herz & Gullone, 1979).

Adolescents with inadequate family support were reported to suffer from poor mental health, retarded social development, and attenuated well-being overall (Barber & Olsen, 1997; Yoshikawa, 1994). Wenz-Gross, Siperstein and Untch (1997), while examining school stress, social support, and adjustment among adolescents showed that higher academic stress and less emotional support from the family were related to lower academic self-concept, higher peer status and less companionship support from peers were associated with lower social self-concept. Cobb and Bowers (1999) regarded family, school, and peer groups as instrumental mediums for learning and transfer of knowledge and developmental skills essential for self-definition.

Besides the family, peers were found to play an increasingly important role in the lives of adolescents (Savin-Williams & Berndt, 1990). At this stage friends and peers helped individuals develop a sense of belonging, cooperation, binding to the group, self-esteem, and identification. Studies reveal that perceived friendship quality, peer support, or attachment to friends is positively associated with self-esteem (Newman & Newman, 1976; Armsden & Greenverg, 1987; Cauce,

1986; Dudow & Ullman, 1989; Hirsch & Rapkin, 1987; Keefe & Berndt, 1996; Ryan, Stiller & Lynch, 1994; Buhrmester & Yin, 1997; Fordham & Stevenson, 1999) and negatively associated with both depressive symptoms and psychosocial disturbance. Way and Chen (2000) and Berndt and Savin-Williams (1993) found that friendship support to be positively associated with self-esteem and negatively associated with depressed feelings. Greater satisfaction with friends or peers have been found to be associated with feeling better about oneself than those who express less satisfaction with friends and peers. Berndt (1996) reported significant relationship between the quality of pre-adolescent friendship and indices of socio-emotional adjustment such as self-esteem.

Investigating about the association between self-concept and peer-group affiliations on the basis of arguments derived from ego-identity theory and symbolic interaction theories, Brown and Lohr (1987) concluded that crowd members as a whole exhibited higher self-esteem than the outsiders. Among crowd members, self-esteem was directly related to the position of one's crowd in the peer-group status hierarchy (based on both peer-rated and self-perceived crowd affiliation). Outsiders' self-esteem differed in relation to the accuracy of their reflected appraisal of and the salience they attached to crowd affiliation.

Among the numerous social factors, school climate was also found to play a dominant role in significantly predicting psychological adjustment of sighted students (Bachman & O'Malley, 1986; Hoge, Smith & Hanson, 1990; Kuperminc, Leadbeater, Emmons & Blatt, 1997). Roeser, Midgley & Urdan, (1996) reported that perceptions of overall school climate and positive teacher regard by early adolescents resulted in positive emotional adjustment during the middle school years. Moreover students who perceived their teachers as emotionally supportive were less likely to experience alienation in school or emotional distress. Epstein and Karweit (1983) also noted that those students who do not feel safe at school may experience isolation at school and may, consequently, report lower self-esteem and higher depressive symptoms than those who experience their school to be safer and more supportive.

Individuals making transition from an elementary school to a junior high school setting generally experience a rather abrupt change in both school environment and social status. This is marked by a shift from an environment characterized as protective and child-centered into one that is impersonal, subject-oriented, and highly competitive. Studies investigating the effects of transition from elementary to junior high school on self-perceptions of early adolescents show disparate results. Several studies reported decline in self-esteem for both male and female students (Berndt & Hawkins, 1987; Simmonds et al., 1973; Wigfield, Eccles, Maclver, Reuman & Midgley, 1991). These studies identified the timing of transition and marked change in school environment as major contributing factors to the decline.

Contrary to the studies those focusing on self-esteem and perceived competence of early adolescents in the cognitive, social, and physical domains across the transition from elementary school to junior high school found no significant change in their self-esteem (Hirsch & Rapkin, 1987; Nottelmenn, 1987; Hirsch & Dubois, 1991; Proctor & Choi, 1994). Based on findings of these studies it was concluded

that in general, perceptions of self-esteem and competence of early adolescents were not adversely affected by the transition.

Indian Studies

Age of onset and cause of blindness (Verma, 1991), alienation, and lack of effective communication (Sastry, 1985; Rai, 1988; Mulderji, 1997) were found to play a dominant role in affecting the adjustment patterns among blind individuals. Verma (1991) reported that those who were congenitally blind or who lost their sight in the early years were better adjusted to their handicap as compared to those who lost their vision at adolescence or in the later years. However, Pandey (1985) in his study of congenitally blind and post-natal blind found that at least 55% of the children had adjustment problems.

Comparative studies on the nature of personality dynamics and adjustment of blind and sighted individuals revealed statistically significant differences between the two groups. It was found that teenagers with visual impairments demonstrated lack of confidence in conducting their life by themselves, lower self-esteem and social esteem, required professional help in solving their problems, inclination towards subordinating themselves to others, lack of eagerness to exert their will on others etc. They also exhibited timidity in social contact and a defensive attitude. Some researchers maintain that the nature of personality dynamics and adjustment of the visually handicapped could be understood through a study of their self-concept (Singh & Akhtar, 1971; Konarska, 2003). Comparative studies of blind and sighted individuals revealed statistically significant differences between the two groups. Teenagers with visual impairments demonstrated lack of confidence in conducting their life by themselves, lower self-esteem and social esteem, required professional help in solving their problems, inclination towards subordinating themselves to others, lack of eagerness to exert their will on others etc. They also showed timidity in social contact as well as defensive attitude. The sighted individuals were found to be more energetic, self-confident, dominating and spontaneous in action. The researchers attributed the differences to sensory disability of the handicapped.

Reddy (1997) in mapping the personality correlates of coping behaviour among physically handicapped students (visually/orthopaedically handicapped, hearing and speech impaired) showed that they manifested maximum negative personality tendencies such as insecurity, loneliness, depression, feelings of inferiority, and emotional instability. Loneliness, depression, guilt-proneness, and emotional stability were positively related to maladjustment.

Dash and Mohanty (1981) found blind individuals to be less aggressive, less moody, less gutsy, withdrawn, less emotionally balanced, more rule abiding and have poorer self-concept and self-esteem in comparison to sighted children. Goel and Sen (1985) based on their studies on personality dimensions of visually handicapped students also concluded that they had poor self-concept and emotional

stability, below average intelligence, physical dependence, and possessed a sense of insecurity. The teachers also rated them as aggressive, uninhibited, generally group dependent, sociable, predictable, and emotionally maladjusted. The blind students, however, showed less inter-individual variance in perceptual motor skills. Bharadwaj (1995) in his attempt to differentiate the basic personality traits and orientation of handicapped (blind and cerebral palsy) and non-handicapped children found that blind children manifested more behavioural disharmony.

Research has shown varied patterns of maladjustment among blind individuals ranging from having no interest in curricular or co-curricular activities, being more reserved, emotionally unstable, shy, dependent, sentimental (Bhargava & Lavania, 1981) to differing significantly from the sighted with respect to parents' attitude, their adjustment to each other, subject's attitude towards home, school and other places, their interest in studies, liking for play, regularity in class attendance, being more disturbed in self-adjustment and health liabilities (Qadari & Hussain, 1982; Sarita, 1985). The sighted individuals were found to be more energetic, self-confident, dominating, and spontaneous in action (Dash & Mohanty, 1981; Goel & Sen, 1985; Rai, 1988).

Several researchers have based their arguments on the rationale that the emotional problems exhibited by blind individuals were an outcome of learned helplessness and related and not a result of the unexpressed feelings of loss. In agreement to this, Vasudeva (1972) concluded that though the visually impaired individuals indicated difficulty of adjustment, lack of sight was not found to be necessarily producing any personality changes.

Though limited, studies have also revealed that blindness was not found to negatively impact the emotional and social development of individuals (Vasudeva, 1972; Hasan, Khan & Khan, 1983; Kapoor & Sen, 1988). Investigating self-reported perceptions of blind and sighted individuals towards blindness, Hasan, Khan and Khan (1983) concluded that blind children did not rate their life any more negative than their sighted counterparts. Kapoor and Sen (1988) in their study of the effect of congenital and adventitious blindness on some psychological variables concluded that no significant difference was found among blind and sighted individuals. However, the sighted showed slightly lower score on emotional stability and social responsibility.

Alienation and lack of effective communication were found to be some of the other factors affecting the adjustment of blind individuals. Sastry (1985) through his comparative study on alienation and adjustment of visually handicapped and non-handicapped males concluded that visually handicapped individuals differed significantly from their non-handicapped counterparts with regard to the degree of alienation but not in the area of adjustment. Comparative study of personality dynamics of blind and sighted students holds that though the blind subjects were less adjusted on the dimensions of family relationship, emotional stability, adjustment to reality, mood and conformity, their adjustment correlated with interaction with family members, interaction with the sighted, acceptance of blindness and setting of education. Students who had more interaction with the sighted and family members were found to be comparatively well adjusted.

Parental attitude was found to produce significant positive effect on the adjustment of blind individuals. Lata (1985), while enquiring into the difference of parental attitude towards handicapped and non-handicapped school students in the field of social, emotional and educational adjustment, revealed that parental attitude did not differ but on the whole the handicapped students showed better adjustment than those non-handicapped. On the basis of a comparative study of personality dynamics of blind and sighted students, Rai (1988) concluded that the blind subjects were less adjusted on the dimensions of family relationship, emotional stability, adjustment to reality, mood and conformity, the adjustment of the blind students correlated with interaction with family members, interaction with the sighted, acceptance of blindness and setting of education. Similarly, while assessing the socio-psychological factors associated with mental retardation and blindness, Ishtiaq and Kamal (1981) revealed that broken homes, neglect on the part of parents, malnutrition and infectious diseases affect the mental, emotional, and physical growth and complicate the process of adjustment of the social climate in which these people live.

Research also indicates that adolescents with visual impairments faced a number of peer related problems. Mulderji (1997) in a review article on peer relation and friendship in physical and sensory disabled children mentioned that these children experience higher level of social and emotional difficulties like loneliness, which was associated with negative patterns of self-perception and low self-esteem.

Overall analyses of available literature regarding the psycho-social development of blind individuals have brought certain issues into focus. One of the questions that arise is whether blind adolescents have a higher degree of social and emotional difficulties or are less satisfactorily 'adjusted' than the sighted population. This, however, awaits any definite conclusion since the researchers have been unable to reach any specific decision as to whether these result from the regime of particular residential schools, influence of parental attitudes and public reaction or visual handicap itself. For adolescents with impairments, the issues may be compounded as it is dependent to a large extent on how their impairment affect who they are and what their role may be in a society that assigns negative connotations for impairments (Hanna & Rogovsky, 1991; Morris, 1994; Thomson, 1997). Based on general notion and observation, however, it is largely maintained that loss of sight causes a person to undergo intense perceptual, behavioural, cognitive, and emotional adjustments which may or may not be totally achieved without special forms of intervention.

Visual impairment was found to produce moderate-to-severe restrictions in the performance of social roles, work, schooling, leisure activities, family life and friendships, which in turn threaten the quality and maintenance of relationships with friends and family members. However, considerable research evidence shows that perceived congruent authoritative parental, parental involvement and appropriate responsiveness and affection had positive impact on the psychological makeup of visually impaired children, while broken homes, neglect or over-protectiveness had negative impact. Apart from the parents or family, 'significant others' that is peers and teachers were also found to produce broad influence on the lives of visually impaired individuals.

Adolescence being a period of transition during which cognitive, physical, personality and social changes occur, necessitates the adoption and practice of several adult roles essential for the formation of personal identity (Haviland & Scarborough, 1981). Apart from adjusting to the varied biological changes that occur during this phase such as accepting and feeling comfortable with their body image, the adolescents also engage in evaluating themselves along several dimensions— academics, athletics, appearance, social relations, and moral conduct. Hence such a period may cause occasional discrepancies in reactions by which adolescents tend to characterize or describe themselves, such as shyness with friends, outgoing at home, etc. These discrepancies, however, tend to decline in later years as adolescents form a more concrete view of themselves. Appropriate assistance and support from family or parents, peers, and teachers were found to play a dominant role in the formation of self-view and adjustment of adolescents.

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