PIJPS
ISSN 2456 - 5180 (ONLINE)
A PEER REVIEWED JOURNAL

PHONIX INTERNATIONAL JOURNAL FOR PSYCHOLOGY AND SOCIAL SCIENCES

Vol. 1, Issue 4, August 2017

2017

Editor in Chief
Dr. Sunil Kumar Jangir, Ph. D.

Published by Phonix Intervention Centre, Delhi, India

http://phonixcentre.in/journal.php
ISSN 2456 - 5180
Jul to Aug 2017,
Vol. 1 No. 4

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http://phonixcentre.in/journal.php
ISSN 2456 - 5180
Jul to Aug 2017,
Vol. 1 No. 4

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http://phonixcentre.in/journal.php
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EDITORIAL

Greetings!!!! It has been my great pleasure working with the distinguished journal PIJPS. It gives me immense pleasure and honour to welcome all to explore / publish / comment in / on our prestigious and well-regarded journal, the Phonix - International Journal for Psychology and Social Sciences (PIJPS).

The International Journal of Phonix-International Journal for Psychology and Social Sciences (PIJPS) welcomes submissions that explore the psychological and social science aspects of human behaviour. The International Journal takes a broad and inclusive view of the study of both psychology and social science, this publication outlet is suitable for a wide variety of interests.

The scope of the Journal has expanded to accommodate the Empirical studies, Literature reviews, Theoretical articles, methodological articles, case studies and other types of articles. Our main emphasis is to promote scientific papers of good quality and objective is to reach to all the researchers, who have interest and new innovative procedures which helps us in updating our knowledge and recuperating our mental health. Working with our knowledgeable and national and international editorial board members, the associate editors and I can assure you of a swift, robust and fair peer-review process. We are especially aiming to reduce time to decision, and to monitor reviews for excessive demands for additional experiments, which we feel have become proportionately comfy to many authors.

Finally, I would like to thank to my editorial team, technical team, authors, well wishers, our readers, the content consumers, who have accelerated PIJPS to such a valued product. In order to deliver a better product, I need your participation. If you have any ideas, regardless of what they are, as long as to help in to improve our journal, I would like to hear them. Please feel free to contact me. I thank you for your support in the past and hope you will continue to do so in the future. I conclude and promise that the standards policies will be maintained.

Thank you in advance for your valuable contributions to the Phonix - International Journal for Psychology and Social Sciences (PIJPS).

Sincerely,

Dr. Sunil Kumar Jangir
Editor-in- Chief

Monica Sharma
Editor

A Comparative Study of Eudemonic Well-Being and Self-Esteem among Employed and Unemployed Muslim Women

Mohammed Ibrahim Khaleel P K* and Shurouq M**

ABSTRACT

Employment in women helps them to enhance well-being and self-esteem. Muslim women's participation in work force is very less in Malabar region of Kerala. Here researchers specifically enquired the eudemonic well-being and self-esteem. Employed women and unemployed women were compared on the bases of their eudemonic well-being and self-esteem. 30 samples were collected from both groups by using purposive sampling technique. Rosenberg Self-esteem scale, developed by Rosenberg (1965) and Questionnaire for Eudemonic Well-Being (QEWB) Developed by Waterman et al (2010) were used to assess the variables. The Eudemonic well-being mean score of employed Muslim women is 52.66 and SD is 6.695. The eudemonic well-being mean score of unemployed Muslim women is 42.43 and SD is 8.105. And the t-value of mean scores is 5.07 at 0.01 significant levels. The comparative analysis of mean scores shows that the both group are significantly different in terms of eudemonic well-being. The self-esteem mean score employed women is 31.66 and SD is 2.641. The self-esteem mean score of unemployed woman is 28.3 and SD is 2.641. And t-value of self-esteem is 4.58 at 0.01 significant levels. The comparative analysis of both groups shows that they are significantly different in terms of self-esteem. The correlation between eudemonic well-being and self-esteem is 0.488 at 0.01 significant levels. The result shows that both variables have moderate level of positive correlation to each other.

Keywords: *Eudemonic Well-Being, Self-Esteem, Employment, purposive sampling*

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Authors are thankful to Dr. Sameer Babu, Assistant professor, Department of Education, Kerala University, for his guidance and support and to Dr. Vijith. k, Head, Department of Psychology, Govt. Arts and Science College, Mankada, for his moral support and inspiration and providing necessary facilities throughout my work.

INTRODUCTION

Women's participation in the labour force is a signal of declining discrimination and increasing empowerment of women (Mukherjee, 2013). Moreover, it is expected that education and work participation by which women gain status and autonomy, are important for their empowerment (Report of NFHS II, Kerala, 2001). Malappuram and Kozhikode districts of Kerala have been reported with the lowest rate of female work participation in the state (Gender Statistics Govt. of Kerala, 2016). The rate of women's workforce participation among Muslims is terribly low in general. Muslim women do have significantly less autonomy compared to Hindu women, which is supported by Devika and Thampi (2007) that religion has negative association with autonomy in the public sphere in the case of Muslim women. Studies show that women work participation is very less in the Malabar region. It leads to less autonomy and may cause for less self evaluation about them self and for less productive person. It's well established that the meaning full engagement, self, and independence is very essential for person's better well-being and self esteem.

Eudemonic Well-Being

There has been a tendency to divide conceptions of well-being to reflect the following two philosophies regarding happiness: a) Hedonic philosophy, which was given by an ancient Greek philosopher, Aristippus (435 to 356 BC). This philosophical tradition supporting the idea that

happiness is analogous to subjective experiences of pleasure and satisfaction and b). Eudemonic philosophy, which was given by ancient Greek philosopher Aristotle (384 to 322 BC). This philosophical tradition supporting the idea that happiness occurs when individuals perform personally expressive behaviors during meaningful goal pursuits (Ryan & Deci, 2001). Aristotle rejected the notion that happiness could be equated with the attainment of pleasure; he suggested that true happiness could be achieved by living a life of contemplation and virtue. In traditional Aristotelian terms virtue is objectively considered to be the best within a person or excellence (Ackrill, 1973). In recent history, the meaning accorded to the term virtue has shifted to denote a subjective sense of "doing that which is worth doing" (Ryan & Deci, 2001; Waterman, et. al 2008). From this standpoint, activities judged as "worth doing" are also perceived as concordant with the daimon or true self. According to Waterman (1990), the daimon or "true self" is comprised of unique and (nearly) universal potentials that when developed through pursuit of personally expressive activities, promote a sense of eudemonic well-being (EWB). Eudemonic Well-Being (EWB) refers to quality of life derived from the development of a person's best potentials and their application in the fulfillment of personally expressive, self-concordant goals (Sheldon, 2002; Waterman, 1990). Waterman and colleagues(2008) conceptualized EWB as consisting of the following six components: self discovery, perceived development of one's best potentials, a sense of purpose and meaning in life, investment of significant effort in pursuit of excellence, intense involvement in activities, and enjoyment of activities as personally expressive. According to Elgar and Chester women's employment may be associated with better psychological functioning. This effect may be mediated by the over absorption of one's time and resources within a particular identity role. Sahu and Rath (2003) examined efficacy wellness linkage among working and non working women from urban areas of Orissa and they also found

that strong involvement in work enhances women's well being. It's clear that personal engagement is essential for better EWB.

Self-Esteem

Self-esteem is an orientation toward oneself; an overall evaluation of one's worth or value which may be either positive or negative. It is one of the components of the self-concept. The National Association of Self-Esteem (NASE) defines self-esteem as "the experience of being capable of meeting life's challenges and being worthy of happiness". According to Joubert (1990), self-esteem can be defined as a "person's judgment of general self-worth that is a product of an implicit evaluation of self-approval or self-disapproval made by the individual". According to Tesser (2000), "self-esteem is a global evaluation reflecting our view of our accomplishments and capabilities, our values, our bodies, other's responses to us, and events, or occasions, our possessions".Rosenberg defines self-esteem as totality of the individual's thoughts and feelings with reference to himself as an object. According to Roger self-esteem is defined in terms of self attitude which has emotional and behavioral component. Individual with high self esteem consider themselves as worthy and as equal to others. Self-esteem is a complex cognitive-affective response which accompanies behavior in accordance with conscience. Self-esteem is a major key to success in life. Self-esteem is a feeling of value on oneself that can be discovered and proud of one's own potentialities without concerning to figure, face, charm, or sexual ability (Bass, 1960). The development of a positive and healthy self-esteem is extremely important to the happiness and success of person. Mussen and others (1990) viewed that the person who has feeling of his own value, ability, and self confidence must take them out for his benefits. Mary and Good (2005) suggested that employment brings self-esteem and

independence. Persons' better self concepts and better self esteem employability has a critical role.

SIGNIFICANCE OF STUDY

Studies on self-esteem and well being of women are common. However, researchers have given less importance for their eudemonic perspective of well-being and its relation with self esteem. Here, the researchers study on Muslim women's well-being and self esteem in a comparative perspective. It has been highlighted in the introduction of the study, that there is only less number of employability among Muslim women from Malabar region. Studies have implicated the important role of employability in well-being and self esteem in women. Eudemonic well-being, as discussed earlier, primarily refers to two components viz. eudemonic feelings (interest, contentment, etc.), and optimal functioning (purpose and meaning, engagement, pursuit of excellence, etc.). Individuals achieve it through meaningful engagements in life, and express their identity through this way. It is well-researched that employed women have better perception about self and wellness than unemployed women. Some studies have taken place over the globe with the variables selected for the study viz. eudemonic well-being and self esteem. Here the researchers focus specifically one eudemonic well-being and self-esteem, and how employability and unemployability affect them among Muslim women from the Malabar region of Kerala. Researchers will study their subjective experiences of these variables using a questionnaire.

METHOD

Objectives of the Study

a) To find out the level of self esteem and eudemonic well-being in employed and unemployed Muslim women from Malabar region of Kerala

b) To compare both employed women and unemployed women in terms of eudemonic well-being

c) To compare both employed women and unemployed women in terms of self esteem.

d) To find out the relationship between eudemonic well-being and self esteem.

Methods of the Study

The design of the study is cross-sectional and purposive sampling was done. The sample comprised of 30 women who are employed and earns above ten thousand per month and 30 women who are house wives and unemployed. Samples are selected, from an age range of 20 to 45years, from Muslim community who are educated at least matriculation and above. The sample was selected from Malappuram District, Kerala. Both groups are compared together in terms of self esteem and well-being. t-test is done to compare mean scores of groups. Correlation was done to find out the significant relationship between eudemonic well-being and self esteem. The data were analyzed using SPSS- 20th Version.

Tools

Rosenberg Self-esteem scale

This scale was developed by Rosenberg (1965). It is a 10-item Likert scale with items answered with a 4-point scale from strongly agrees to strongly disagree. It measures global self-worth by assessing both negative and positive feelings about the self. The scale is believed to be unidimensional. The scale has good internal consistency and has been used extensively across different cultures, including India.

Questionnaire for Eudemonic Well-Being (QEWB) Developed by Waterman et al (2010)

The QEWB consists of 21 Likert scale items and was developed to measure well-being in a manner consistent with how it is conceptualized in the model of Waterman et al.(2010), based within the eudemonic philosophy. EWB questionnaire consists of the following six components: self discovery, perceived development of one's best potentials, a sense of purpose and meaning in life, investment of significant effort in pursuit of excellence, intense involvement in activities, and enjoyment of activities as personally expressive. Seven of the items are phrased in a negative direction and need reverse scoring. The QEWB on a question rate ranging from 0 (strongly disagree) to 4 (strongly agree). Waterman et al. showed sufficient reliability (α = .86) and convergent, discriminate, construct, and incremental validity of the scale for an ethnically diverse American sample.

Socio-demographic data sheet was developed by the researchers to collect basic information about age, education, gender, etc.

Ethical Considerations

a) Assent was obtained from the participants.

b) The participant was informed about confidentiality of the responses and that the data would be used only for research purpose.

c) The participant was informed that she could withdraw from the study at any point.

d) Need-based referral was made if they required further help related to psychological distress.

RESULTS AND DISCUSSION

Table 1 Descriptive statistics on variables

	Eudemonic Well-being	**Self-Esteem**
N	60	60
Mean	47.3	29.98333
Median	48	30
Std. Deviation	8.855335	3.296077
Skewness	0.146005	0.021079

It is clear from the table above that the mean score of both study groups have an average level of eudemonic well-being and self-esteem.

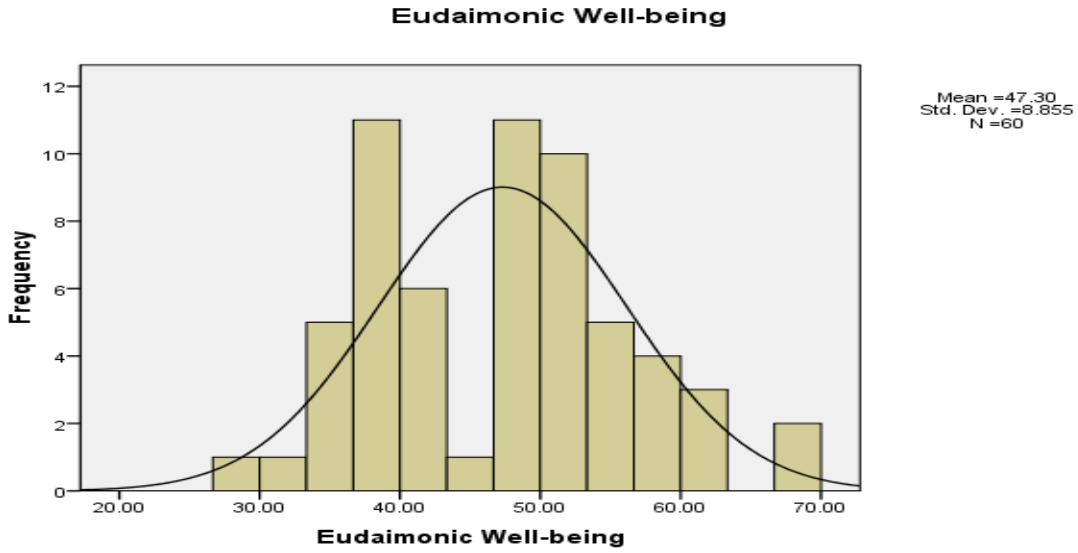

Figure 1 Eudemonic well-being

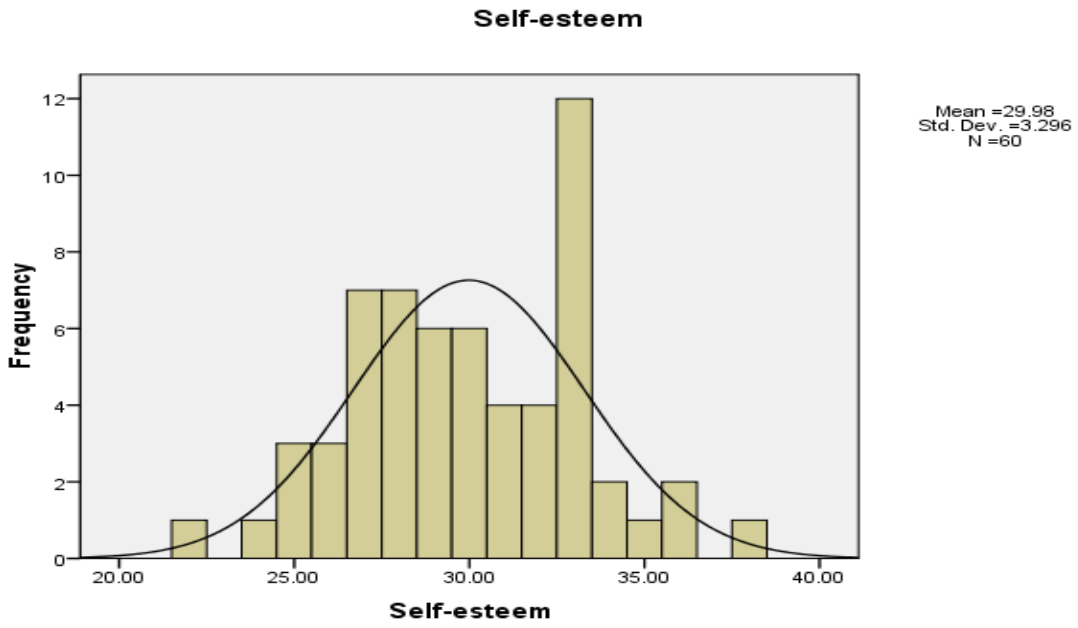

Figure 2 self-esteem

Table 2 Results of Independent Sample t-test

	Category of Participants	**N**	**Mean**	**Std. Deviation**	**t-value**
Eudemonic Well-being	Employed	30	52.16667	6.69577	5.07**
	Unemployed	30	42.43333	8.105695	
Self-esteem	Employed	30	31.66667	3.043742	4.58**
	Unemployed	30	28.3	2.641186	

**p < 0.01

The Eudemonic well-being mean score of employed Muslim women is 52.66 and SD is 6.695. The eudemonic well-being mean score of unemployed Muslim women is 42.43 and SD is 8.105. And the t-value of mean scores is 5.07 at 0.01 significant levels. The comparative analysis of mean scores shows that the both group are significantly different in terms of eudemonic well-being. Employed Muslim women have a higher level of eudemonic well-being than unemployed Muslim women. The self esteem mean score employed women are 31.66 and SD is 2.641. The self esteem mean score of unemployed woman is 28.3 and SD is 2.641. And t-value of self esteem is 4.58 at 0.01 significant levels. The comparative analysis of both groups shows that they are significantly different in terms of self esteem. Employed Muslim women have a higher level of self esteem than unemployed Muslim women.

Table 3 Results of correlation test

Variables		Eudemonic Well-being	Self-esteem
Eudemonic Well-being	Pearson Correlation Sig. (2-tailed) N	1 60	.488** .000 60
Self-esteem	Pearson Correlation Sig. (2-tailed) N	.488** .000 60	1 60

** p < 0.01 (2-tailed).

The correlation between eudemonic well-being and self esteem is 0.488 at 0.01 significant levels. The result shows that both variables have moderate level of positive correlation to each other. The changes in one variable affect the second variable. Result indicates that they changes always in positive way.

CONCLUSION

The employment status on eudemonic well-being and self-esteem revealed that employed women are significantly higher on eudemonic well-being and self esteem than unemployed women. The present findings are in consonance with the findings of Flammer (1990). According to his study, there is higher well-being amongst employed women in comparison to unemployed women. Individuals with high self beliefs also report strong feelings of well-being and high self-esteem in general. Messias et al. (1997) revealed that, occupying multiple roles is thought to increase the women's chances to learn, to develop self-esteem, to build social network and open access to informational, instrumental and emotional support, and to buffer life's stresses and strains and it also helps to better well-being. Playing multiple roles also provides cognitive

cushioning and alternative sources of self-esteem and gratification when things go poorly in one's life domain. According to Pietromonaco, et al (1987), full-time employment does not enhance self-esteem and well-being for women who are not career-oriented but does for career oriented women. Thus, the effect of multiple roles may differ among employed women depending on their career orientation. If women consider career as a source for fulfilment of self, employment can increase their self esteem. The current study found that there is a positive correlation between both variables. Thus for better self esteem, need higher level of well-being. Well-being and self esteem can be viewed each other as catalysts.

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A Study on Behaviour Problems in Children with Developmental Delay Having Down Syndrome

Jagadish, A*

ABSTRACT

The present study attempted to correlate prevalence of behavioural problems in children with developmental delay having Down syndrome in respect to the age, gender and level of severity. The data was collected from the Department of General Services, National Institute for the Mentally Handicapped, Secunderabad. The sample comprised of 40 children with developmental delay and diagnosed as having Down syndrome of both gender, in the age group 3 to 6 years and with various levels of severity.

The data were collected by using BASIC -MR, PART-B. The data were collected over a period of 12 months (1st January 2011 to 31st December 2011).The present study results revealed that in this sample, statistically there is no significant relationship between problematic behaviour of the children with developmental delay having Down syndrome and with reference to their age, gender and level of severity. Further research using a large sample is needed to draw more comprehensive and better generalization.

Keywords: *Behavioural Problems, Down Syndrome, Mentally Handicapped*

My special thanks to Dr. P. Sudershan Reddy, M.D., D.C.H, former Supt. Govt. Institute for Child Health Govt Niloufer Hospital (Rtd), Hyderabad. T.S., India

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INTRODUCTION

The behavioural challenges that we see in children with Down syndrome are not all that different from those we see in typically developing children; they may occur at a later age and last a little longer. For example, temper tantrums are fairly common in 2 and 3 year olds. A child with Down syndrome may have temper tantrums that begin at 3 or 4 years of age. Many of the behavioural concerns in children with Down syndrome are related to their frustration with communication .We often find that we can successfully address behavioural issues by helping children find verbal and / or non-verbal ways to express themselves and communicate more effectively (‘*Down Syndrome Update’*, Summer 2005,VolumeXXI, No. 2)

Down syndrome history

In the year 1866 Langdon Down described and named Mongolian Ideology. The name of the syndrome arouse because Down had the impression that the eyes resembles that in people of Mongolian race. The epicanthic fold is present in the Mongols as well as in Mongoloids for the first time Lejeune 1959 identified the extra chromosome in the 21 position. Subsequently Polani (1960) reported translocation type of Down’s syndrome. Jenkines and Penrose (1933) indicated that there was correlation between maternal age and prevalence of Down’s syndrome.

Incidence

Down syndrome occurs approximately once in 600 births in Caucasian population. This incidence rate is not constant over all maternal ages (Hall 1964). One in 1050 if mothers are aged 15 to 19 and one in 50 for mothers aged 45 and above.

Down syndrome

Down syndrome is a genetic disorder that includes a combination of birth defects, including some degree of mental retardation, characteristic facial features and, often, heart defects, visual and hearing impairment, and other health problems. The severity of all of these problems varies greatly among affected individuals. Down syndrome is one of the most common genetic birth defects, affecting approximately one in 800 to 1,000 babies. Life expectancy among adults with Down syndrome is about 55 years, though average lifespan varies. The name "Down syndrome" comes from the physician, Dr. Langdon Down, who first described the collection of findings in 1866.

Developmental delay

A developmental delay is any significant lag in a child's physical, cognitive, behavioral, emotional, or social development, in comparison with norms.

IDEA's Definition of Developmental Delay

IDEA is the Individuals with Disabilities Education Act**.** Child with a disability for children aged three through nine (or any subset of that age range, including ages three through five), may be include a child

a) Who is experiencing developmental delays as defined by the State and as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: Physical development, cognitive development, communication development, social or emotional development, or adaptive development; and

b) Who, by reason thereof, needs special education and related services?

Behaviour

In our daily life we perform so many activities. We sit, stand, chew, cry, comb, appreciate, swallow, respect, fear, like and dislike etc.som of our activities are directly observed and some are not directly observed (happy, respects, dislikes, likes etc) but can be only interpreted through behaviors. Some activities are not directly measurable (non-observable activities). Thus behaviours are observable and measurable activities. There two criteria must be met in order to make the direct observation of behaviour meaningful reliable. Behaviour may refer to both covert responses (such as feeling and emotion) and overt responses (such as tantrums and aggression) Rimm & Masters, 1974.

Behaviour Problem

One of the most significant stressors for family care givers and support staff is the extent of behavior problems exhibited by children and adults with developmental disabilities (e.g., Bebko, Konstantareas, and Springer, 1987; Bersani and Heifetz, 1985; Buckhalt, Marcheti and Bearden, 1990; Chung, Corbett, and Cumella, 1995 Corrigan, 1993; Hatton, Brown, Caine and Emerson, 1995; Jenkins, Rose and Lovell 1997; Koegeletal, 1992; Konstantareas and Homatidis, 1989; Quibe and Pahl, 1985; Wiess, 1991).Though mental retardation has been recognized as a disabling condition some two hundred years age, but the behaviour problems of children has been ignored till the twentieth century (Ephraim Rosen et al.,1972).

Behaviour problem such as property destruction, physical aggression, self- injury, and tantrums are major barriers to effective social and educational development (Horner et al.,2000;Riechle,1990)'.Such behaviors put young children at risk for exclusion and isolation from social, educational, family and community activities (Sprague and Rian,1993).

Behaviour problem can also be defines a troublesome, risk taking or disruptive behaviour that is more extreme than occasional errors in judgment and requires professional intervention to avoid legal difficulties.

According to Marfatia (1991) Behavior problem in children are not disease entities but symptoms or reaction caused by emotional disturbances or environmental al adjustment.

According to Baker et al., three types of behaviour are called problems.

a) Behaviors which interfere with learning

b) Behaviors which interfere with skills already learned

c) Behaviors which are disruptive to the family or harmful to the child.

Problem behaviour in persons with Down syndrome

During the past few decades, there has been a growing interest in the behaviour of children with development disabilities. Gath and Gumley (1986) described various behaviour problems in 193 children with DS. They found that 38% of them had significant behaviour disorders. The authors noted that conduct disorders were present more often in children with DS than in other children.

Recent study by Cuskelly and Dadds (1992) deals with behaviour problems in children with D. S. The authors noted that children with DS were reported to display more problem behaviours and showed significantly more intentional problems than their siblings.

Rational of the Study

There have been limited studies related to behavioural problems in children with developmental delay having Down's syndrome preferably in Indian context. Further research has to be conducted to determine the behavioural problems in children with developmental delay

having Down's syndrome between the age group 3 and 6 years in relation to various aspects like prevalence of behvioural problems in respect to the age, gender and the level of severity in detail.

METHOD

Objectives

To study the behavioural problems in children with developmental delay having Down syndrome with respect to age, gender and level of severity of the study sample.

Hypotheses

There will be no significant difference in problem behaviour of the children with developmental delay having Down Syndrome with reference to age, gender and level of severity.

Sample

The sample consists of 40 (n=40) children with developmental delay having Down syndrome Using purposive sampling the subjects for the study were included in the sample. The age range of the sample selected is 3 to 6 years including both genders. The duration of the sample study was from 1st January 2011 to December 31st 2011.

Locale

The data was collected from Department of General and Medical Services NIMH, Secunderabad, T.S., India.

Inclusion Criteria

a) Children who are staying with parents.

b) The children diagnosed with developmental delay having Down's syndrome by trained professionals.

c) Children with developmental delay and age range between 3 to 6 years.

d) Children with developmental delay having Down's syndrome and who are already

registered at NIMH

Exclusion Criteria

a) Children with visual, hearing impairment and other associated conditions will be excluded. Impairment,

b) Children with developmental delay aged between 0-3 years and above 6 years of will be excluded.

c) Children with developmental delay without Down's syndrome will be excluded.

d) Children with Autism will be excluded.

Research Design

Retrospective research design and explorative in nature

Tools

The Behavioural Assessment Scale for Indian Children with Mental Retardation part-B was developed by Dr. Reeta Peshawaria and Dr. S. Venkateshan. The BASIC MR Part-B consists of 75 items grouped under the following 10 categories (domains).

Reliability: The reliability coefficient for the BASIC-MR Part B, was found to be 0.68

Validity: The construct validity of BASIC-MR was established by measuring the significance of difference between the means of pre and post test levels. This change was found to be significant at ($p =< 0.001$).

Procedure

After synopsis, permission obtained from the In charge, General Services, NIMH for data collection. The data collected by Purposive sampling method and collected on the basis of selected sample characteristics, both inclusion and exclusion criteria. After data collection, The

BASIC-MR Part-B was administered to the sample collected (n=40). Later, it was further statistically analyzed to test the hypotheses of the study and Conclusion drawn.

RESULTS AND DATA ANALYSIS

All the statistical analysis computed with the help of SPSS Package. Frequency, Cross Tables, Chi Square Test and Pearson Product moment correlation used for comparing and finding the association between the variables and concluded with valued interpretation.

Table 1 Overall Result of the Sample Characteristics

	Age				**Gender**		**Level of Severity**		
	3	4	5	6	Male	Female	Borderline	Mild	Moderate
F	12	12	11	5	26	14	11	18	11
%	30.0	30.0	27.5	12.5	65.0	35.0	27.5	45.0	27.5

Research Findings

The present study findings accepts the statistical hypothesis that there is no significant association between the prevalence of behavioural problem in children with developmental delay having Down syndrome in respect to age, gender and level of severity . But, the non –statistical findings revealed the following differences. Violent and Destructive behaviours and Temper tantrums are more frequently observed behavioural problems. And also, it was found that Hyperactivity behavior found to be as less prevalent behavior among sample. The specific problem behaviours like ‘cries excessively’ is more frequently observed behaviour. And ‘throws objects at others’ and ‘rolls on floor’ were also frequently observed .The less observed behaviours were found to be ‘as bites others’ and ‘does not sit at one place for required time’.

In the present study it was found that, more number of children found to be from the age

group 3 and 4 years and the remaining children belongs to 5 and 6 years. The male children constitutes more than the female children in this study. Most of the children found to be with mild level of severity and less number number of children with borderline and moderate levels of severity. Violent and destructive problem behaviours more occasionally observed in the children with 3 years of age. And the same problem behaviour less occasionally observed in the 4 years aged children. And the same behaviour never observed in the 5 years aged children. Temper tantrums more occasionally observed in the children with 5 years of age. And which is less occasionally observed in the 4 years aged children and never observed in the 3 years aged children.

Violent and destructive problem behaviours and Temper tantrums are occasionally present in males and never observed among the female children. The children with mild level of severity are not having violent and destructive behaviours. The children with moderate level of severity are having violent and destructive behaviours occasionally. The children with border line level of severity are not having temper tantrums behaviours .The children with mild level of severity are having temper tantrums occasionally.

Suggestions for future studies:

The study can be repeated in the future with a larger more representative sample for more comprehensive results and better generalization.

Further research has to be conducted to determine the behavioural problems in children with developmental delay having Down's syndrome between the age group 3 and 6 years in relation to various aspects such as type of family, order of the child and socio economic situation of the family etc.

CONCLUSION

To conclude this research, finding reveals that statistically there is no significant relationship between problematic behaviour of the children with developmental delay having Down syndrome and with reference to their age, gender and level of severity in the present study. However, though the relationship between presence of problem behaviour and age, gender and level of severity is not statistically significant .But, there are differences found non statistically which were stated in the research findings. These findings will be helpful while developing behavioural intervention program to decrease problem behaviour in children with developmental delay having Down syndrome.

There is a need to conduct further research on this area comprehensively with large sample to yield more comprehensive results. This finding can be helpful and gives an idea to the future researchers who are going to work with a large sample.

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Application of Conservation Theory by Piaget on Children of age group 2to 7 Years

Prakriti* and Santosh Pandia**

ABSTRACT

To explore the development of the skill of conservation in children of age group 2 to 7 years, Conservation is a concept given by Piaget. Conservation- a belief in the permanence of certain attributes of objects or situations in spite of superficial changes and to test the existence of conservation, Piaget devised conservation tasks which are number, volume, mass, weight and cracker (number). To explore the development of skill of conservation, 5 conservation tasks were conducted on a sample of 12 children of 6 age groups. The age groups were: 2 years old, 3 years old, 4 years old, 5 years old, 6 years, 7 years old children. Each age group had a female and male child participant.

The result indicates that the validity of the theory was established to a great extent because the lesser the age of the child the less they were able to conserve. Equal number of males and female in each age group made it clear that sex doesn't play a role in the acquisition of conservation skills. There was no explicit difference in the way males and females conserve.

Children of 2-3 years of age weren't able to do any of conservation tasks. Children of 4-5 ages were able to do one to two conservation tasks. Children of 6 years were able to do three or more conservation task whereas one of the children of age 7 was able to do all the tasks. Schooling might play a huge role in children being able to do conservation tasks and children whose parents were in the same room performed better but both these points can't be proved as they weren't tested but future researchers can use these observations.

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Practical educational use of research: can be used in deciding curriculum by using stages, units or segments. Focusing more on age specific learning, providing scaffold, Parents active interaction facilitate language comprehension and production and Role of schooling.

Keywords: conservation task, age group, age relationship with performance.

INTRODUCTION

In Piaget's view, two processes underlie the individual's construction of the world: organization and adaptation. To make sense of our world we organize our world but we not only organize our observation and experiences, we also adapt our thinking to include new ideas. He also believed that every individual go through four stages in understanding the world. The stages are: -

Sensorimotor stage (from birth to about 2 years)

Piaget called the first stage of intellectual/cognitive development the sensorimotor stage because it is characterized by the absence of language and it is limited to direct sensory and motor interaction with the environment. He primarily framed sensorimotor stage in terms of infants' motor development. In this stage, infants learn through interacting with the world, first with simple reflexes such as rooting and sucking (at birth), and later with more intentional movements such as reaching and using objects to achieve goals. An important milestone of this stage is that of object permanence; in which infants understand that objects continue to exist even when they are out of sight. The sensorimotor stage ends when a child acquires language, usually around age two.

Preoperational (2-4 years)

In the preoperational stage, children continue to acquire motor skills; however, this stage is characterized much more by children's patterns of play and lack of logical thinking. The

thoughts in this stage is flawed and not well organized. Preoperational thought is beginning of the ability to reconstruct at the level of thought what has been established in behaviour. In this stage there is a transition from primitive to more sophisticated use of symbols. Preoperational thoughts are divided into two sub-stages: the symbolic function sub-stage and the intuitive thought sub-stage. Symbolic function sub-stage: the symbolic function sub-stage is the first stage of preoperational thought, occurring roughly between the ages of 2 and 4. In this sub-stage, the young child gains the ability to mentally represent an object that is not present. The ability to engage in such symbolic thought is called "symbolic function" and it vastly expands the child's mental world. Possibly because young children are not very concerned about reality.

Egocentrism is a salient feature of preoperational thought. It is the inability to distinguish between one's own perspective and someone else's perception. Animism, another facet of preoperational thought, is the belief that inanimate objects have "lifelike" qualities and are capable of action.

Intuitive thought sub-stage: it is the second stage of preoperational thought, occurring between approximately 4 and 7 years of age. In this sub-stage, children begin to use primitive reasoning and want to know the answer to all questions. Piaget called this time period "intuitive" because young children seem so sure about their knowledge and understanding. Yet they are unaware about how they know what they know. The child knows something but they know it without the use of rational thinking. Centration and conservation is a part of preoperational thought stage.

Centration - the focusing or centring attention on one characteristic to the exclusion of all others. Centration is most clearly seen when young child lacks the ability of conservation- a belief in the permanence of certain attributes of objects or situations in spite of superficial

changes. To test the conservation Piaget made conservation task.eg. Number, volume, mass, weight etc.

Concrete operational (7-11 years)

When children reach the concrete operational stage, they become capable of logical thought under concrete circumstances, and an adult-like pattern of thinking begins to emerge. Though they cannot yet engage in hypothetical or abstract thought, they do exhibit a greater understanding of objects' properties and relationships than children in the preoperational stage. Children in this stage are no longer egocentric – they can take on others' viewpoints – and no longer exhibit centration, and they now understand conservation. Additionally, they are able to classify objects based on a variety of characteristics (e.g., color, number, mass, shape). According to Piaget's theory, while children in the concrete operational stage have trouble making deductive conclusions (using a general principle to predict a specific outcome) or give answer to "what if" questions, they are able to use inductive reasoning (using several specific instances to find an overarching rule or characteristic).

Formal operational (11-16 years to adulthood)

In this stage, the intellectual development and functioning takes a sophisticated shape at this stage of child learns to deal with abstractions by logical thinking. Actually the child learns to utilize the tool of symbolism as effectively as possible in the process of thought and problem solving. The child now gets interested in forms. He begins to construct relationship between concrete operations and between symbols. Generalisation and framing the rules by operating in abstract terms become quite possible at this stage. The child begins to appreciate some hypothetical problems can be solved mentally by applying the same rules as would be applied to

concrete problems. He begins to look at problems in many ways and explore various solutions but in a very systematic and logical way.

Moreover, the child's thinking at this stage does not remain only concrete but becomes hypothetical, with considerations given to the most unusual ideas. Hence the creative aspects of child are very much visible during this age not only in terms of concrete operations but also in terms of abstraction and pure imagination.

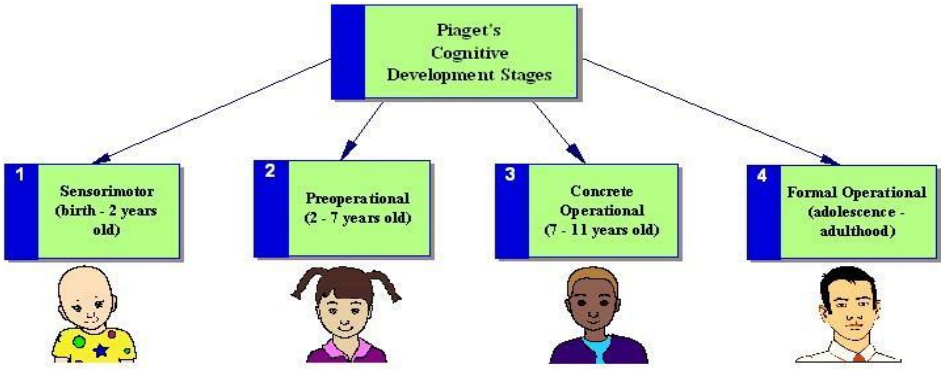

Figure 1 Piaget's Cognitive Development Stage

REVIEW OF LITERATURE

The research argues that some tasks might have created demand characteristics and that these deliberate transformations misled young children by demanding an alternative response. A naughty teddy glove puppet accidentally messed up the counters, making one row longer in the coin task. This does not demand a different response because it wasn't deliberate; indeed, 70% of 4-6years olds coped this version of task (McGamgle and Donaldson, 1974).

Further finding based on the above study done by Moore and Fyre (1986) suggested that the improvement on the same task given by Piaget arose because the children had been distracted by the naughty teddy antics. They would thus not have noticed any transformation so would not

change their answer. To demonstrate this, they got the naughty teddy to take a counter way and the children still said the rows were the same.

Piaget's experiments were replicated outside of Switzerland, where his experiments were initially conducted. The studies by Mermelstein and Shulman (1967) on African-American children from rural and urban areas who were either schooled or unschooled, which yielded similar results to that of Piaget's standard conservation task (Mermelstein and Shulman, 1967)

According to Ford & Flamer, (1971) believes that it is difficult to determine if the child's response in Piaget's conservation tasks is really a display of his understanding of conservation or merely a linguistic error in understanding. He also suggests that there is a possibility the child is responding based on what the child believes the experimenter would expect him to say or that a "trick question" was presented.

METHOD

Aim: To explore the development of the skill of conservation in child of age group 2-7 years.

Tasks used to assess conservation

Number conservation: to see whether child is able to conserve numbers, the child was first shown 2 separate rows of 6 coins and then the child was asked whether both the rows have same number of coins and when the child sad both the rows have same amount of numbers. Once the first part of the experiment was completed. The experimenter spread one of the rows of the coins to make it appear longer than other and then the child was asked the same question.

Crackers: the child was given 1 biscuit and the experimenter had 2 biscuits. The child was asked whether both the experimenter and the child have the same number of biscuits. Then after getting the reply, the experimenter took the child's biscuit and broke it into 2 parts after that the child was asked the same question.

Length: the child was shown two pencils of the same length and asked whether they are of the same length and once the child said they are of same length then the 2nd part of the task was carried out, one of the stick was moved to the left/right to make it appear bigger parts after that the child was asked the same question.

Mass: the child was shown two round clays having the same mass. The child was asked do they have the same mass. And then one of the round clay was made flat in-front of the child and then the child was asked the same question.

Volume: the child was shown two glasses of same volume having red colored water and the child was asked do they have the same amount of water? And then water from one of the glass was poured into a glass having a broad base after that the child was asked the same question.

Material required

a) 12 Coins of 5 Rupees

b) 3 Parle G Biscuit

c) 2 Pencils

d) 2 Small glasses and 1 broad glass.

e) Clay

Tool

The tool/instrument used to collect the data was conducting an experiment.

Sampling method

Snow ball or Referral method: Elements are selected from the target population with the assistance of previously selected population elements

Sample

A total of 12 participants/children took part in the research, comprising 6 males and 6 females. The age group of participants was 2 to 7 years. All the participants like in Delhi and had a joint/nuclear family with both the parents alive. The 2 years children were going to a day-care school and children of 3 to 7 years study in school. All the children belong to an upper middle or middle class background.

RESULTS

Table 1 Task (Conserve or not) Female and Male

S.no	Task (Conserve or not) Female (F) Male (M)	Age2 (M)	Age 2(F)	Age 3(M)	Age 3(F)	Age 4(M)	Age 4(F)	Age 5(M)	Age 5(F)	Age 6(M)	Age6 (F)	Age 7(M)	Age 7(F):
1.	Number	No	No	No	No	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes
2.	Biscuits	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes
3.	Length	No	No	No	No	No	No	Yes	No	Yes	Yes	Yes	Yes
4.	Mass	No	No	No	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes
5.	Volume	No	No	No	No	No	No	No	No	No	No	Yes	No

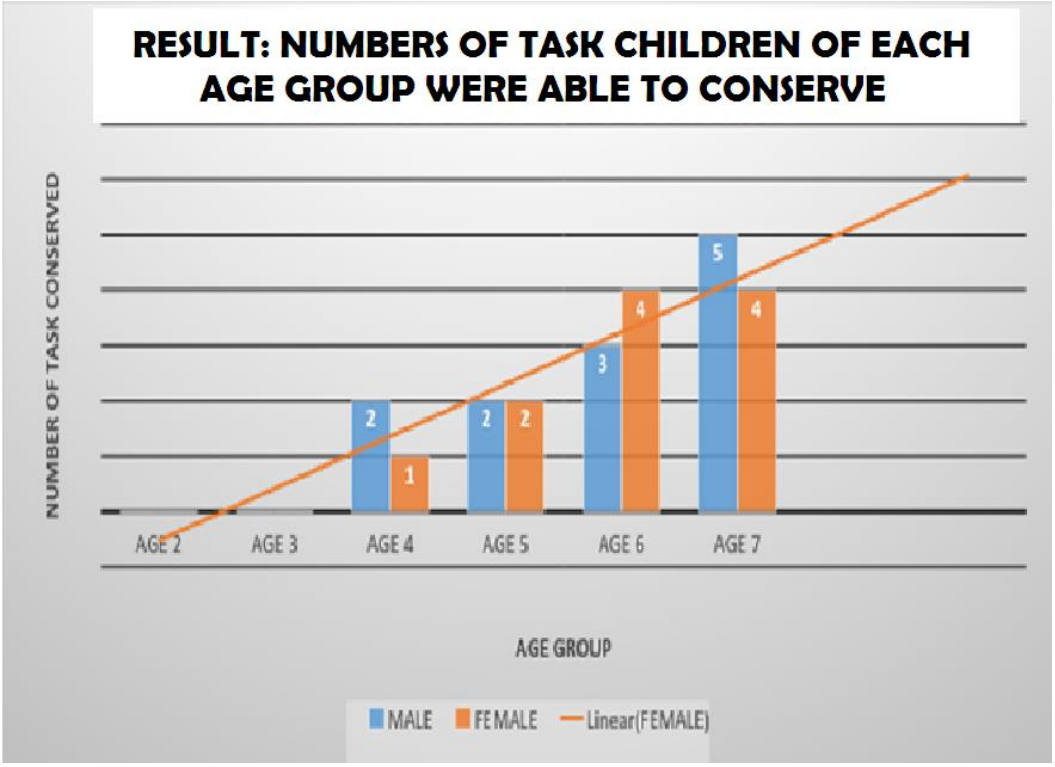

Figure 2 Number of task child are each age group were able to conserve

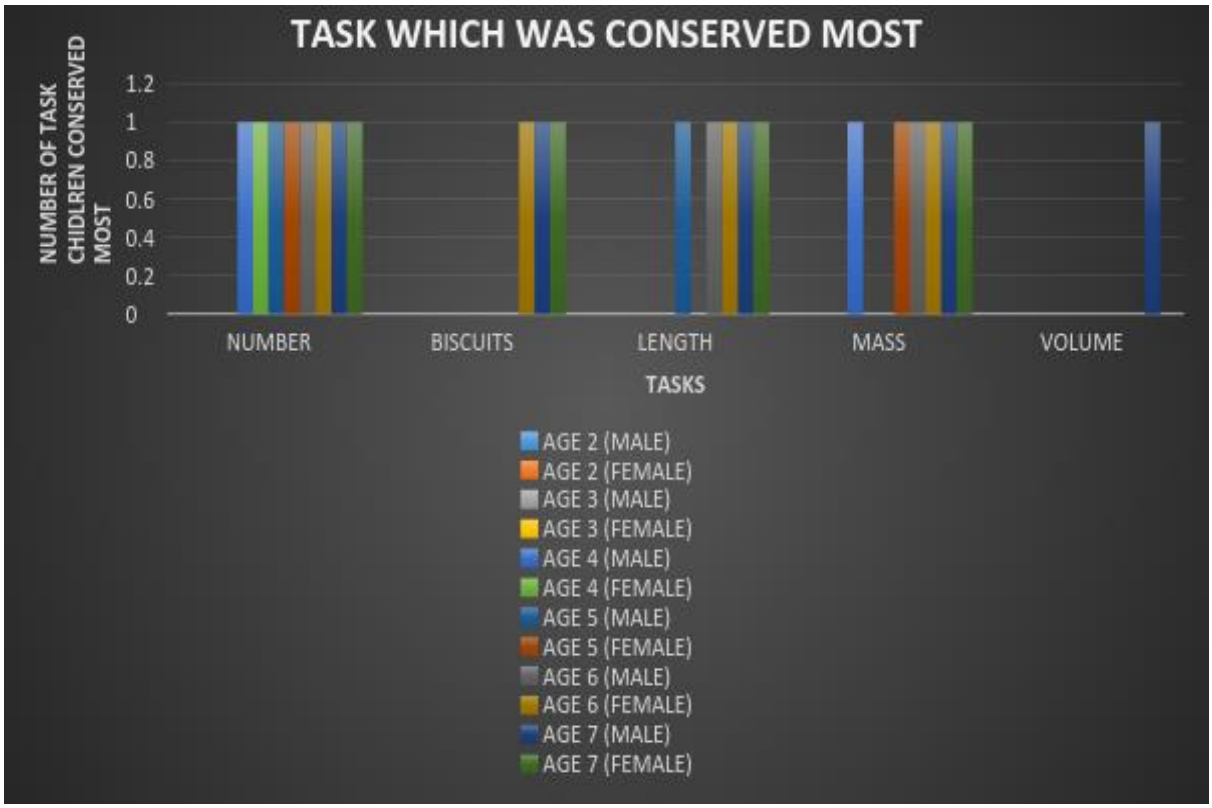

Figure 3 Task which was conserve most

DISCUSSION AND ANALYSIS

The theory given by Piaget states that there are four stages of cognitive development and that the preoperational stage has two accomplishments, which are conservation and ego-centrism. In order to observe the application of tasks given by Piaget to show conservation, the experiment was conducted. Conservation means that when the child is of 2-7 years of age, the child is not able to see all the dimensions of the object and just focus on the appearance of the object.

The result table and graph indicates that as the age increases the ability to conserve increases and that some tasks are conserved before others. As the graph is an increasing graph.

Task wise conservation

The first task was about conservation of numbers. Eight out of twelve children were able to conserve. The children were able to conserve even after the change in the appearance of one the rows having 6 coins, the children who were able to conserve on this task were capable of counting at the age of 3, children are taught counting/numbers which might have played a role in children of age 4 to 7 being able to conserve on this task. This task was the first task which children were able to conserve, this might mean they get the ability to conserve numbers before any other conservation skill. According to the researcher an important component missing from Piaget's theory is that he didn't mentioned the role of education in the tasks of conservation.

The 2nd task was of conservation of crackers or biscuits. Three out of twelve children were able to conserve on this task, which means only 25% of children were able to make out that the

researcher has given him/her half of the biscuit. In the age group of 6, a female child and children of age 7 were able to make out that the researcher has given them half of the biscuit that she is eating and the children said "yeh barabar nahi hai". This means it takes time to develop this skill of conservation and mostly 6 to 7 years old children who are in second or third class. Their social setting means having peers etc. play a role in developing this skill but in Piaget's theory he didn't mention the role of peers in acquiring certain skills.

The 3rd task was about the conservation of length, five out of twelve were able to conserve on this task-these 42% of the children were able to make out that the pencils are of same length when the pencil were placed parallel to each other and even when one of the pencil was moved to left. Other 58% children went by the appearance of the pencil and thought that when the pencils aren't parallel one of the pencil is longer than other which wasn't the case in reality. Children of age 2, 3 and 4 weren't able to conserve on this skill. It also indicates that majority of the children go by the appearance of the object which perhaps suggests that Piaget's theory which said that children go by the appearance of the objects is valid even in today's time.

The 4th task was of conservation of mass, in which the children were shown two round ball of clays having the same mass and asked whether they have the same mass? And the children said yes, it is same. But after that one of the round balls of clay was pressed to change it into a flat piece of clay. Then the children were again asked whether both of these are of same mass or not? Six out of twelve children were able to make out that both the round ball and flat piece of clay have the same mass. One child of age 4 and children of age 5, 6 and 7 were able to conserve this skill. So the ability to conserve this skill comes at an early age at an early age.

The last task was about the conservation of the volume, in order to conduct the task, two small glasses were filled by red coloured water to the brim. Then the children were asked (each

experiment was conducted individually) do they have the same amount of water? And the children said they are same and in the 2nd part of the task the water from one of the glass were poured into a longer and wider glass, and the children were asked, do both the glass have the same amount of water? But eleven out of twelve children weren't able to conserve only one; 7 year old male child was able to conserve this skill which makes this skill the hardest and the last one to be acquired at a later age. Most of children again went by the appearance and weren't able to conserve.

Fruitful use of Piaget's theory or practical use for educational purpose

The result shows that Piaget's theory is applicable in current scenario as well, so this research points out, this theory can be applied in real world. Children's age and mental ability or intelligence is interconnected and some tasks dexterity is attain at certain age. This fact should be kept in mind while making curriculum for children as overburdening small children isn't suggestible. In today's world most of the parent's are literate and they want their children to master the skills early in life but they fail to understand that child's cognitive development is still taking place. The child develops hypothetical and abstract thought later in life so it's pointless to teach a child complex mathematical concepts. We should focus more on age specific learning and should provide assistance in making the child master these skills. The curriculum should be divided in stages, units or segments.

A child show not be overburdened to learn things and a reasonable way to make a child learn skills is by exposing the child to new things as it was seen in the study, school going children were better able to pick up the tasks including numbers. In the same way a milkman's child might be able to pick up the task involving volume, for example.

If parents act as scaffold for child's learning then the child might learn better. In the age of technology using songs, movies and new classroom games could also be beneficial way to enhance age specific learning. Parents with educational background also plays a role in its learning as children with educated parents were able to understand and respond to the instructions provided, which means their language grasping, analyzing and articulation is better.

Limitation

The research findings perhaps suggest that still Piaget's theory on conservation is valid in today's context. There was time constrain as the experiments were to be conducted within a month so it made it quite hectic for the experimenter. The curiosity of the parent was a constrain while conducting the experiment as the parent tried to interrupt, which might have made the child more conscious about the fact that it's not a game and child might not give the answers which she/he would has given if she/he was alone in the room with the experimenter.

If further studies are carried out in the same direction than they can keep these suggestions in mind. The experiment should take into consideration the background of the child whether the child is able to speak in order to express him/herself and whether he/she goes to school and current level or learning should be assessed.

Conclusion

The whole experiment showed some conservation are acquired earlier and others acquired later and out of twelve children only one was able to conserve all the task, this statement validates the existence and applicability of this theory in the Indian context. As the theory says that the child is not able to reason logically. The child's view of reality is different from an adult's ones.

In some of the cases the child was using gestures and was pointing out to whatever she/he thought was the answer to the questions asked. The use of gestures may refer to the fact that language is yet not adequately developed in the child and it also points out to the slow process of acquiring language. So language acts as a hindrance and it's very difficult to make a 2 to 3 years old child sit for 10 to 15 minutes to conduct the experiment and the help of parent is needed. This presence of the parent made the child more conscious about the task.

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Effectiveness of Information and communications technology training for Children with Learning Disabilities

Seema Kaushik*

ABSTRACT

The purpose of the study was to investigate the effectiveness of information and communication technologies in the management of learning disabilities. To conduct the research *Ravens Colored Progressive Matrices (RCPM), (Raven, 1998, Behavioural Checklist for Screening the Learning Disabled (BCSLD)* and *Diagnostic Test of Learning Disabilities (DTLD)* in order to find out (I) Eye Hand Coordination (EHC), (II) Figure-Ground Perception (FG), (III) Figure Constancy (FC), (IV) Position-In-Space (PS), (V) Spatial Relation (SR), (VI) Auditory Perception (AP), (VII) Cognitive Abilities (CA), (VIII) Memory (M), (IX) Receptive Language (RL), and (X) Expressive Language (EL) were used. The study was conducted on 30 students of a Primary school in Delhi NCR. The age range of the participants was 9 to 13 years of studying in class IV to VIII. The students were assessed before Information and Communication Technology training and further these participants were sub-grouped into two groups, i.e. 15 in the Experimental group and 15 children in the control group. The participants from the experimental group were provided Information and Communication Technology training, whereas the control group was remained free from any intervention. Post Information and Communication technology training students were reassessed and results showed significant improvement in the experimental group participants.

***Keywords**: Information and Communication Technologies, Learning Disabilities, Behavioural Checklist*

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INTRODUCTION

Learning disability is a significant impairment of intellectual ability and difficulties in social, academic and adaptive functioning that are present from childhood (WHO, 1993). Developmental learning disability refers to difficulty in learning to read, write and mathematical calculation which is not due to inadequate schooling, peripheral sensory handicaps, and acquired brain damage on below overall intelligence (DSM III, 1980). Briefly, it can be stated that learning disability is the failure of acquisition of printed or written language, mathematical calculation due to inappropriate application of the cognitive components such as thinking, memory, reasoning, intelligence, perception and so on, which manifested as poor linguistic performance in learning.

In simple terms, learning disability can be defined as having problems in neurologically-based processing. These processing problems affect the basic skills of learning, writing and doing mathematical calculations. It may also affect the higher cognitive abilities such as abstract reasoning, short and long term memory. Learning disabilities can affect the lives of the people beyond the academics and it can even interfere with their relationships. The term learning disability was first coined by Kirk (1963). According to him, dysfunction of the central processing mechanism leads to child's behavioral symptoms.

Learning disabilities are considered as the problem in academic activities. In this regard it is subdivided into three main categories such as reading disorders (Dyslexia), writing disorders (Dysgraphia) and mathematical disorders (Dyscalculia).

Reading disorder (dyslexia)

Reading disability represents a complex construct of behavioral and cognitive deficit leading to reading difficulty. It involves certain basic psychological process such as understanding or using language and excluded reading problems which could be because of visual, hearing, or motor handicap, mental retardation, emotional disturbance, environmental, cultural or economic disadvantage. Originally, children whose achievements were far their capabilities were categorized as brain-injured children or with minimal brain dysfunction (Clements, 1966).

Writing Disorder / Dysgraphia

In dysgraphia, there is a trouble with handwriting. There are a few types of dysgraphia. A few people with dysgraphia have handwriting that demonstrates unpredictable and conflicting letter developments. Others compose legibly, yet gradually or potentially little. In all instances of dysgraphia composing requires unnecessary measures of vitality, stamina, and time. Dysgraphia can bring about low classroom efficiency, deficient homework assignments, and trouble in centering consideration.

Dyscalculia

The first systematic investigation of particular shortfalls in finding out about numbers and math was distributed by Czechoslovakian clinician Ladislav Kosc (1974), who presented the expression "developmental dyscalculia." Dyscalculia is sometimes called number blindness. It is the name given to the condition that influences our capacity to procure arithmetical abilities. The many-sided quality of numerical preparing has made characterizing having a particular scientific learning disability (dyscalculia) troublesome.

ICT and learning disability

ICT can be defined as “anything which allows us to get information, to communicate with each other, or to have an effect on the environment using electronic or digital equipment”. In early childhood education (ECE), the term ICT could include computer hardware and software, digital cameras and video cameras, the Internet, telecommunication tools, programmable toys, and many other devices and resources. There are many different ways in which ICT can contribute to, or transform the activities, roles, and relationships experienced by children.

The ICT remains for Information and Communication Technology and is characterized as a "Different arrangement of Technological devices and assets used to convey, and to make, spread, store and oversee data". ICT has turned into a vital piece of the instructive conveyance and administration forms. ICT, as it was, encourages the procurement and assimilation of learning, and subsequently can give remarkable chances to creating nations for improving their instructive frameworks especially for the underprivileged body electorate, and in this manner for raising the level of personal satisfaction of their kin. The new interchanges advancements guarantee to lessen the feeling of separation, and open access to learning in ways inconceivable, in the relatively recent past**.** Adam, Rigoni, and Tatnall (2006) stated that the Victorian government has started to spot respectable accentuation on the importance also accessibility about ICT to people for LD through the most recent couple a considerable length of time. Adam, Rigoni, and Tatnall (2005) affirmed that the Minister started a major policy in the seminar in support of Victoria schools in different ways. As a result, students would improve their learning and employability position prospects and this might have been also with applying will people with LD. Adam and Tatnall, (2010) stated that the use of ICT was an essential part of the classroom teaching and learning. The computer is an important apparatus for peopling to compose and store work. The utilization of word processors is currently broad and most

generally utilized frameworks likewise offer an extra component that can help clients with dyslexia. Extra programming and equipment can be utilized to give additional elements to help clients.

Need of the Present Study

Learning disability is one of the major problems in Indian schools. It is estimated that 5 to 15% of school-going children suffer from learning disabilities and among them, 80% students particularly have reading problems (Harris & Sipay, 1980). Learning competence is of great concern for every modern society. Therefore, a majority of educational institutions focus on enhancing the learning performance of people. In this regard, the effects of ICT training for the enhancement of learning skills of children with learning disabilities is proved in many western studies, But its number in Indian context is quite less. Therefore the present study is planned to see the effectiveness of ICT training for the children with learning disabilities in Delhi NCR.

METHOD

Hypothesis

a) There will be significant positive effects of ICT training in improvement of learning proficiency of the children with learning disabilities.

Population / Sample

30 children with learning disabilities were identified and participated from a pool of 200 children from the primary school setting of Delhi NCR. The age range of the participants was 9 to 13 years of age studying in class IV to VIII. Further, these participants were sub-grouped into two groups i.e 15 in the Experimental group and 15 children in control group.

Tools

***Ravens Colored Progressive Matrices (RCPM)*, (Raven, 1998)**

The standardization of RCPM is proved in many studies. The test –retest reliability of RCPM was 0.80. From the point of validation, it was stated that the correlation coefficient of RCPM with Terman Scale was 0.66. The correlation coefficient of RCPM with Critchton Vocabulary Scale was 0.65.

Behavioural Checklist for Screening the Learning Disabled (BCSLD)/ Diagnostic Test of Learning Disabilities (DTLD)

This is a test for the identification of children with reading disabilities constituting a ten subtests: (I) Eye Hand Coordination (EHC), (II) Figure-Ground Perception (FG), (III) Figure Constancy (FC), (IV) Position-In-Space (PS), (V) Spatial Relation (SR), (VI) Auditory Perception (AP), (VII) Cognitive Abilities (CA), (VIII) Memory (M), (IX) Receptive Language (RL), and (X) Expressive Language (EL). The test-retest reliability was conducted for each subtest (Total subtest were 10) and for total also. The total reliability correlation coefficient was 0.79. From the point of validation, it was found that the biserial correlation coefficient of this test ranged from 0.11 to 0.43. From the point of cross validation, the biserial correlation coefficient of this test ranged from 0.22 to 0.54 (Swarup, & Mehta, 1991).

Research design

A simple random sampling technique was followed for the entire study to select the participants for the present study. Then after the intervention of the present study was followed a

single case A-B-A_2 research design where A is the pre-intervention assessment, B is the Intervention followed by ICT training and A_2 is the post intervention assessment.

Procedure:

Rapport Formation: The researcher visited the school 3 to 4 times to make a friendly relationship with all the participants. After a warm relationship established with each participant, the researcher debriefed them about the purpose of the study. All participants were informed that participation in the present study is voluntary and the information related to the study will be kept confidential.

Instruction: Instructions for Raven's Colored Progressive Matrices and Behavioural Checklist for Screening the Learning Disabled (BCSLD) were followed according to the respective manuals.

Process: The first diagnosis was followed by Raven's Colored Progressive Matrices to differentiate the children with learning disabilities from mental retardation, by measuring their Intelligence Quotient (IQ). The Indian National language (Hindi) was the medium of instruction for the children with learning disabilities. With reference to the inclusion criteria, the children with an average minimum (IQ $\geq$70) or above average intelligence participated in the present study. Then after screening of the children having IQ more than 70, the Behavioural Checklist for Screening the Learning Disabled (BCSLD) developed by Swarup and Mehta, (1991) to check the learning proficiency of the children with learning disabilities was used.

RESULTS

The present study was intended to compare the effectiveness of ICT training on children with learning disabilities. The results of the present study contain two sections followed by descriptive statistics and inferential statistics. The comparisons of Raven's Colored Progressive Matrices and Behvaioural Checklist for Children with learning disabilities were analyzed between the experimental and the control group of the participants using Mann-Whitney U Test. To see the effectiveness of the ICT training in the experimental group, the researcher used Wilcoxon Z test for the dependent sample. As the sample size was small in nature the researcher used Non-parametric test for the inferential statistical analysis. The data analysis of the tests used in the present study was done using SPSS 16.0.

Table 1 Comparison of Parameters between Experimental Group and Control Group at Pre-Intervention Condition

Parameters	Conditions	Mean Rank	Sum of Ranks	$U^{14}{}_{14}$-Value	P=Value
Eye-Hand Co-ordination (EHC)	Experimental Group	15.27	229.00	109.00	0.902
	Control Group	15.73	236.00		
Figure Ground Perception (FG)	Experimental Group	16.07	241.00	104.00	0.744
	Control Group	14.93	224.00		
Figure Constancy (FC)	Experimental Group	16.53	248.00	97.00	0.539
	Control Group	14.47	217.00		
Position-in-Space (PS)	Experimental Group	14.77	221.50	101.50	0.653
	Control Group	16.23	243.50		

Spatial Relations (SR)	Experimental Group	15.27	229.00	109.00	0.902
	Control Group	15.73	236.00		
Auditory Perception (AP)	Experimental Group	14.60	219.00	99.00	0.595
	Control Group	16.40	246.00		
Cognitive Abilities (CA)	Experimental Group	15.43	231.50	111.50	0.967
	Control Group	15.57	233.50		
Memory (M)	Experimental Group	15.33	230.00	110.00	0.935
	Control Group	15.67	235.00		
Receptive Language (RL)	Experimental Group	15.73	236.00	109.00	0.902
	Control Group	15.27	229.00		
Expressive Language (EL)	Experimental Group	15.50	232.50	112.50	1.000
	Control Group	15.50	232.50		
Total DTLD	Experimental Group	15.30	229.50	109.50	0.902
	Control Group	15.70	235.50		

Table 2 Comparison of Parameters between Experimental Group and Control Group at Post-Intervention Condition

Parameters	**Conditions**	**Mean Rank**	**Sum of Ranks**	**$U^{14}{}_{14}$-Value**	**P=Value**
Eye-Hand Co-ordination (EHC)	Experimental Group	22.27	334.00	11.00	0.000**
	Control Group	8.73	131.00		
Figure Ground	Experimental Group	22.50	337.50	7.50	0.000**

Perception (FG)	Control Group	8.50	127.50		
Figure Constancy (FC)	Experimental Group	22.73	341.00	4.00	0.000**
	Control Group	8.27	124.00		
Position-in-Space (PS)	Experimental Group	21.87	328.00	17.00	0.000**
	Control Group	9.13	137.00		
Spatial Relations (SR)	Experimental Group	20.87	313.00	32.00	0.000**
	Control Group	10.13	152.00		
Auditory Perception (AP)	Experimental Group	22.80	342.00	3.00	0.000**
	Control Group	8.20	123.00		
Cognitive Abilities (CA)	Experimental Group	21.80	327.00	18.00	0.000**
	Control Group	9.20	138.00		
Memory (M)	Experimental Group	21.43	321.50	23.50	0.000**
	Control Group	9.57	143.50		
Receptive Language (RL)	Experimental Group	21.67	325.00	20.00	0.000**
	Control Group	9.33	140.00		
Expressive Language (EL)	Experimental Group	22.67	340.00	5.00	0.000**
	Control Group	8.33	125.00		
Total DTLD	Experimental Group	23.00	345.00	0.00	0.000**
	Control Group	8.00	120.00		

** $p < 0.01$

Table 3 Comparison Results of Parameters Between Pre and Post Intervention Condition of Experimental Group Followed by Wilcoxon Test:

Parameters	Conditions	Mean Rank	Sum of Ranks	Z-Value	P=Value
Eye-Hand Co-ordination (EHC)	Pre-Intervention	0.00	0.00	3.31	0.001**
	Post Intervention	7.50	105.00		
Figure Ground Perception (FG)	Pre-Intervention	0.00	0.00	3.37	0.001**
	Post Intervention	7.50	105.00		
Figure Constancy (FC)	Pre-Intervention	4.50	9.00	2.37	0.018*
	Post Intervention	6.90	69.00		
Position-in-Space (PS)	Pre-Intervention	0.00	0.00	3.31	0.001**
	Post Intervention	7.50	105.00		
Spatial Relations (SR)	Pre-Intervention	3.00	3.00	2.99	0.003**
	Post Intervention	7.33	88.00		
Auditory Perception (AP)	Pre-Intervention	0.00	0.00	3.45	0.001**
	Post Intervention	8.00	120.00		
Cognitive Abilities (CA)	Pre-Intervention	0.00	0.00	3.08	0.002**
	Post Intervention	6.50	78.00		
Memory (M)	Pre-Intervention	0.00	0.00	3.09	0.002**
	Post Intervention	6.50	78.00		

Receptive Language (RL)	Pre-Intervention	0.00	0.00	2.93	0.003**
	Post Intervention	6.00	66.00		
Expressive Language (EL)	Pre-Intervention	0.00	0.00	3.31	0.001**
	Post Intervention	7.50	105.00		
Total DTLD	Pre-Intervention	0.00	0.00	3.41	0.001**
	Post Intervention	8.00	120.00		

** $p < 0.01$

Illustration table 3 the mean rank of Eye Hand Coordination (EHC) of the Experimental group at pre intervention condition is 0.00. It is 7.50 at post intervention condition. The sum of the rank of EHC at pre intervention condition of the Experimental group is 0.00 and it is 105 at post intervention condition. The difference of EHC from pre to post intervention condition indicates a significant difference of participants (Z=3.31, P=0.001**). The mean rank of Figure Ground perception (FG) of the Experimental group at pre intervention condition is 0.00. It is 7.50 at post intervention condition. The sum of the rank of FG at pre intervention condition of the Experimental group is 0.00 and it is 105 at post intervention condition. The difference of FG from pre to post intervention condition indicates a significant difference of participants (Z=3.37, P=0.001**).

The mean rank of Figure Constancy (FC) of the Experimental group at pre intervention condition is 4.50. It is 6.90 at post intervention condition. The sum of the rank of FC at pre intervention condition of the Experimental group is 9.00 and it is 69.00 at post intervention condition. The difference of FC from pre to post intervention condition indicates a significant difference of participants (Z=2.37, P=0.018*). The mean rank of Position in Space (PS) of the

Experimental group at pre intervention condition is 0.00. It is 7.50 at post intervention condition. The sum of the rank of PS at pre intervention condition of the Experimental group is 0.00 and it is 105.00 at post intervention condition. The difference of PS from pre to post intervention condition indicates a significant difference of participants (Z=3.31, P=0.001**).

The mean rank of Spatial Relation (SR) of the Experimental group at pre intervention condition is 3.00. It is 7.33at post intervention condition. The sum of the rank of SR at pre intervention condition of the Experimental group is 3.00 and it is 88.00 at post intervention condition. The difference of SR from pre to post intervention condition indicates a significant difference of participants (Z=2.99, P=0.003**). The mean rank of Auditory Perception (AP) of the Experimental group at pre intervention condition is 0.00. It is 8.00at post intervention condition. The sum of the rank of AP at pre intervention condition of the Experimental group is 0.00 and it is 120.00 at post intervention condition. The difference of AP from pre to post intervention condition indicates a significant difference of participants (Z=3.45, P=0.001**).

The mean rank of Cognitive Abilities (CA) of the Experimental group at pre intervention condition is 0.00. It is 6.50 at post intervention condition. The sum of the rank of CA at pre intervention condition of the Experimental group is 0.00 and it is 78.00 at post intervention condition. The difference of CA from pre to post intervention condition indicates a significant difference of participants (Z=3.08, P=0.002**).

The mean rank of Memory (M) of the Experimental group at pre intervention condition is 0.00. It is 6.50 at post intervention condition. The sum of the rank of Memory at pre intervention condition of the Experimental group is 0.00 and it is 78.00 at post intervention condition. The difference of Memory from pre to post intervention condition indicates a significant difference of

participants (Z=3.09, P=0.002**). The mean rank of Receptive Language (RL) of the Experimental group at pre intervention condition is 0.00. It is 6.00 at post intervention condition. The sum of the rank of RL at pre intervention condition of the Experimental group is 0.00 and it is 66.00 at post intervention condition. The difference of RL from pre to post intervention condition indicates a significant difference of participants (Z=2.93, P=0.003**).

The mean rank of Expressive Language (EL) of the Experimental group at pre intervention condition is 0.00. It is 7.50 at post intervention condition. The sum of the rank of EL at pre intervention condition of the Experimental group is 0.00 and it is 105.00 at post intervention condition. The difference of EL from pre to post intervention condition indicates a significant difference of participants (Z=3.31, P=0.001**). The mean rank of Total DTLD (EL) of the Experimental group at pre intervention condition is 0.00. It is 8.00 at post intervention condition. The sum of the rank of Total DTLD at pre intervention condition of the Experimental group is 0.00 and it is 120.00 at post intervention condition. The difference of Total DTLD from pre to post intervention condition indicates a significant difference of participants (Z=3.41, P=0.001**).

Table 4 Comparison Results of Parameters of Control Group between Pre and Post Intervention Condition Followed by Wilcoxon Test

Parameters	Conditions	Mean Rank	Sum of Ranks	Z-Value	P=Value
Eye-Hand Co-ordination (EHC)	Pre-Intervention	2.50	5.00	1.09	0.276
	Post Intervention	1.00	1.00		
Figure Ground	Pre-Intervention	2.75	11.00	0.97	0.334

Perception (FG)	Post Intervention	4.00	4.00		
Figure Constancy (FC)	Pre-Intervention	5.40	27.00	1.27	0.203
	Post Intervention	3.00	9.00		
Position-in-Space (PS)	Pre-Intervention	5.17	15.50	0.36	0.722
	Post Intervention	4.10	20.50		
Spatial Relations (SR)	Pre-Intervention	1.00	1.00	1.00	0.317
	Post Intervention	0.00	0.00		
Auditory Perception (AP)	Pre-Intervention	2.00	4.00	0.96	0.336
	Post Intervention	3.67	11.00		
Cognitive Abilities (CA)	Pre-Intervention	1.50	3.00	1.34	0.180
	Post Intervention	0.00	0.00		
Memory (M)	Pre-Intervention	1.50	1.50	0.00	1.000
	Post Intervention	1.50	1.50		
Receptive Language (RL)	Pre-Intervention	0.00	0.00	1.00	0.317
	Post Intervention	1.00	1.00		
Expressive Language (EL)	Pre-Intervention	0.00	0.00	2.25	0.024*
	Post Intervention	3.50	21.00		
Total DTLD	Pre-Intervention	7.40	37.00	0.60	0.550
	Post Intervention	6.75	54.00		

* $p < 0.05$

Note- * significant at 0.05 level of significance and ** significant at 0.01 level of significance.

Illustration table 4 the mean rank of Eye Hand Coordination (EHC) of Control group at pre intervention condition is 2.50. It is 1.00 at post intervention condition. The sum of the rank of EHC at pre intervention condition of Control group is 5.00 and it is 1.00 at post intervention condition. The difference of EHC from pre to post intervention condition indicates no significant difference of participants (Z=1.09, P=0.276). The mean rank of Figure Ground perception (FG) of Control group at pre intervention condition is 2.75. It is 4.00 at post intervention condition. The sum of the rank of FG at pre intervention condition of Control group is 11.00 and it is 4.00 at post intervention condition. The difference of FG from pre to post intervention condition indicates no significant difference of participants (Z=0.97, P=0.334).

The mean rank of Figure Constancy (FC) of the Control group at pre intervention condition is 5.40. It is 3.00 at post intervention condition. The sum of the rank of FC at pre intervention condition of Control group is 27.00 and it is 9.00 at post intervention condition. The difference of FC from pre to post intervention condition indicates no significant difference of participants (Z=1.27, P=0.203). The mean rank of Position in Space (PS) of the Control group at pre intervention condition is 5.17. It is 4.10 at post intervention condition. The sum of the rank of PS at pre intervention condition of Control group is 15.50 and it is 20.50 at post intervention condition. The difference of PS from pre to post intervention condition indicates no significant difference of participants (Z=0.36, P=0.722).

The mean rank of Spatial Relation (SR) of Control group at pre intervention condition is 1.00. It is 0.00 at post intervention condition. The sum of the rank of SR at pre intervention condition of Control group is 1.00 and it is 0.00 at post intervention condition. The difference of SR from pre to post intervention condition indicates no significant difference of participants (Z=1.00, P=0.317). The mean rank of Auditory Perception (AP) of Control group at pre

intervention condition is 2.00. It is 3.67 at post intervention condition. The sum of the rank of AP at pre intervention condition of Control group is 4.00 and it is 11.00 at post intervention condition. The difference of AP from pre to post intervention condition indicates no significant difference of participants (Z=0.96, P=0.336).

The mean rank of Cognitive Abilities (CA) of Control group at pre intervention condition is 1.50. It is 0.00 at post intervention condition. The sum of the rank of CA at pre intervention condition of Control group is 3.00 and it is 0.00 at post intervention condition. The difference of CA from pre to post intervention condition indicates no significant difference of participants (Z=1.34, P=0.180).

The mean rank of Memory (M) of Control group at pre intervention condition is 1.50. It is 1.50 at post intervention condition. The sum of the rank of Memory at pre intervention condition of Control group is 1.50 and it is 1.50 at post intervention condition. The difference of Memory from pre to post intervention condition indicates no significant difference of participants (Z=0.00, P=1.000). The mean rank of Receptive Language (RL) of Control group at pre intervention condition is 0.00. It is 1.00 at post intervention condition. The sum of the rank of RL at pre intervention condition of Control group is 0.00 and it is 1.00 at post intervention condition. The difference of RL from pre to post intervention condition indicates no significant difference of participants (Z=1.00, P=0.317).

The mean rank of Expressive Language (EL) of Control group at pre intervention condition is 0.00. It is 3.50 at post intervention condition. The sum of the rank of EL at pre intervention condition of Control group is 0.00 and it is 21.00 at post intervention condition. The difference of EL from pre to post intervention condition indicates a significant difference of participants

(Z=2.21, P=0.024*). The mean rank of total DTLD (EL) of Control group at pre intervention condition is 7.40. It is 6.75 at post intervention condition. The sum of the rank of Total DTLD at pre intervention condition of Control group is 37.00 and it is 54.00 at post intervention condition. The difference of Total DTLD from pre to post intervention condition indicates no significant difference of participants (Z=0.60, P=0.550).

Scoring and Data Analysis

The scoring of each and every material was followed to its respective manuals. After doing the scoring, the researcher analyzed the data using both descriptive and inferential statistics. The descriptive data analysis was done using Mean and Standard deviation. The data were presented in both tabular and figural way of representation. The inferential statistics followed Mann-Whitney U test for the comparison of data between experimental and control group. To compare the pre and post intervention results that can prove the effectiveness of ICT training in the improvement of learning proficiency of children with learning disabilities, the researcher used Wilcoxon test for the dependent sample. The entire data were analyzed using SPSS 16.0.

DISCUSSION AND CONCLUSION

The results of the present study indicate that in all the sub-tests of DTLD- EHC, FG, FC, PS, SR, AP, CA, M, RL, EL and Total DTLD, there was no significant difference between the Experimental and Control group participants. Similarly the results of the present study indicate that the Experimental groups results in all the sub-tests of DTLD and Total DTLD there is a significant difference such a EHC (0.001**), FG (0.001**), FC (0.018*), PS (0.001**), SR (0.003**), AP (0.001**), CA (0.002**), M (0.002**), RL (0.003**), EL (0.001**) and Total DTLD (0.001**). That indicates a significant difference of results from pre intervention

condition to post intervention condition. Besides that the comparison scores of DTLD in all sub-tests such a EHC (0.000**), FG (0.000**), FC (0.000**), PS (0.000**), SR (0.000**), AP (0.000**), CA (0.000**), M (0.000**), RL (0.000**), EL (0.000**) and Total DTLD (0.000**) indicate a significant difference between the Experimental and Control group at post intervention condition which also proved that children with learning disabilities having the access to ICT training shown better performance from their counterparts those were free from intervention related to ICT training during the conduction of the present study. In other words, it can be said that ICT training improves the learning performance of children with learning disabilities. In this regard the hypothesis of the present study-There will be significant positive effects of ICT training in the improvement of learning proficiency of the children with learning disabilities is proved. In this regard, the study of Adam and Tatnall, (2010) investigate the use of Information and Communications Technology (ICT) should support the education of students with learning disabilities. The study involved participant observation of the use of ICT in two outer suburban Melbourne Special Schools, and an investigation of the role and impact of Education Department policies on these school environments. The result revealed that the use of ICT was very successful and very beneficial impact on these students with learning disabilities by improving their self-esteem and facilitating their acquisition of useful life skills. Similarly, the study of Vogel, (1990)indicate that females with LD are lower in IQ, have more severe academic achievement deficits in some aspects of reading and math, and are somewhat better in visual-motor abilities, spelling, and written language mechanics than males with LD. The result of the study also indicates superiority in mathematical reasoning in males with LD. The results indicate that findings from studies of school-identified LD samples must be interpreted cautiously because females with LD identified in the schools may not be representative of females with LD

in general. The pre post intervention results of control group indicate no significant difference which affirmed that there is no maturational or any other impact on the control group participants during the study.

Conclusion

The introduction of information communication technology in the education sector has been used for various purposes to improve the learning and academic skill related performance of children. As children with learning disabilities are not very comfortable in general classroom system and traditional teaching learning methods, numbers of researchers confirmed that application of ICT to train the children with learning disabilities is quite helpful and easily accepted by the children with learning disabilities. As numbers of intervention researches conducted in for the management of learning problems of children with learning disabilities, the effectiveness of ICT training is quite renowned and mostly accepted by the children with learning disabilities as it is fun for them to learn through information communication technology. The present study also confirms the same along with lots of previous studies in the area of concern. In this regard In the present study Quinn, (1999) and Pillay, (2000) stated that information and communications technologies (ICT) can play a very important role in the education of a student with Learning Disability. It is a very useful tool and it can influence the education of students with learning disabilities. Now the government of India also started to implement and also completed introduction of ICT facilities in most of the school setting to train for the better teaching learning process. But the importance of its application should be understood by the school authorities and by the parents also. The application of mobile phone, computer and internet can be channelized to more learning related activities which will improve

the scholastic performance of all children in general and children from a special group like learning disabilities in particular.

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Empowerment of Persons with Visual Disabilities through Printing Technology

Jasmer Singh*

ABSTRACT

Visual impairment is essentially an umbrella term used to describe the loss of sight that can be a consequence of a number of different medical conditions. Some common causes of visual impairment are glaucoma, retinopathy of prematurely, cataracts, retinal detachment, muscular degeneration, diabetic retinopathy, cortical visual impairment, infection and trauma. These are just a handful of dozens of conditions impacting sight, and each condition has its own unique characteristics and clinical features.

In addition, the impact of the visual impairment on individual learning is also tied to the onset, the severity, and the type of visual loss, as well as to any coexisting disabilities that may be present in the child. There is no one-size-fits-all model. In addition to decreased visual acuity and visual field, a number of other vision problems may also impact the visual functioning of the person with visual impairment. There may be issues with sensitivity to light or glare, blind spots in their visual fields, or problems with contrast or certain colors. Visually impairment is the consequence of a functional loss of vision, rather than the eye disorder itself. Eye disorders which can lead to visual impairments can include retinal degeneration, albinism, cataracts, glaucoma, and muscular problems that result in visual disturbances, corneal disorders, diabetic retinopathy, congenital disorders and infection.

***Keywords**: Visual impairment, Empowerment, Eye disorders congenital disorders*

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BACKGROUND AND REVIEW

Persons who have the same visual condition may use their sight quite differently. To ensure accessibility to classroom instruction, it is essential that you know how your student is using his/her vision. A specially trained teacher of students, who have visual impairments, working with the IEP team members, can help determine the best adaptations and learning media to use with each student. Below are some specific examples of barriers to learning which may be encountered by a student with a visual impairment, alongside some potential adjustments which could be made to overcome them. These are solely intended to provide an overview of the nature and scope of requirements which staff may encounter, and to demonstrate some of the ways that a disadvantage incurred by a disability could be alleviated or removed. Above all else, it is important to note that staff being receptive and sympathetic to a student´s needs is paramount and it is thus important to establish from the outset what an individual´s needs are and maintain an ongoing dialogue with him or her regarding these.

Students who are likely to have difficulties finding locations are often provided with training from a qualified mobility trainer in order to learn routes to the University from their accommodation, and to become familiar with the layout of the University campus and surrounding area. Staff should be aware that students with visual impairments may need additional time for traveling between venues. It is also important that notices of changes to venue etc. are given as far in advance as possible so as to allow for alternative arrangements to be implemented if necessary. Some severely visually impaired students may attend sessions with guide dogs. These dogs need to concentrate on their surroundings and owner, and should not be distracted. In group work and tutorials, it is sensible to ask if any students have allergies to dogs so alternative arrangements can be made if it necessary. Some visually impaired students may be

photosensitive and will thus experience difficulties with glare and bright light, whilst other students may require bright light to enable them to see more clearly. Staff should be sensitive to the light levels in a room and make adjustments as necessary. Similarly, a student with distance vision difficulties may need to be seated at the front of classes or in close proximity to demonstrations in order to be able to see them. It is important to let severely sight impaired students know if a familiar room has been rearranged and also to inform them of potential obstructions and hazards that may be walked into or knocked over - for example, pieces of furniture. The student will need to be made aware of the evacuation routes in any buildings or locations they are to be taught in, and in some cases departments will need to draw up a Personal Emergency Evacuation Plan (PEEP) in order to ensure that a student can evacuate a building safely in the event of an emergency.

The effect of visual problems on a child's development depends on the severity, type of loss, age at which the condition appears, and overall functioning level of the child. Many children who have multiple disabilities may also have visual impairments resulting in motor, cognitive, and/or social developmental delays. A young child with visual impairments has little reason to explore interesting objects in the environment and, thus, may miss opportunities to have experiences and to learn. This lack of exploration may continue until learning becomes motivating or until intervention begins.

Because the child cannot see parents or peers, he or she may be unable to imitate social behavior or understand nonverbal cues. Visual handicaps can create obstacles to a growing child's independence.

PRINT FOR THE PERSONS WITH VISUAL DISABILITIES

The visually impaired students have done reasonable adjustments in the society by using teaching, learning materials and print technology as invented time to time in the world.

The Royal National Institute of Blind People's (RNIB) Clear print guidelines (1868, London, Kevin Carey)

The size of the type (known as point size) is very important. We recommend a type size of 14 point. The better the contrast between the background and the text, the more legible the text will be. Note that the contrast will be affected by the size and weight of the type. Black text on a yellow or white background provides best contrast. Blocks of capital letters, underlined or italicized text are all harder to read. A word or two in capitals is fine but avoid the use of capitals for continuous text. Underlining text or setting it in italics should always be avoided and an alternative method of emphasis used. The space between one line of type and the next (known as leading) is important. As a general rule, the space should be 1.5 to 2 times the space between words on a line. If using white type, make sure the background color is dark enough to provide sufficient contrast.

Partially sighted people tend to have handwriting that is larger than average, so allow extra space on forms. This will also benefit people with conditions that affect the use of their hands, such as arthritis. It would be useful to use thick line or box, where need to sign if applicable. It is helpful if recurring features, such as headings and page numbers, are always in the same place. A contents list and rules to separate different sections are also useful. Leave a space between paragraphs as dividing the text up gives the eye a break and makes reading easier.

Can Visually Impaired Students read your letters?

This guidance has been written for those who may have to prepare documents for patients or clients with a visual impairment. A surprising number of people tell us that they receive documents from eye clinics and other services for visually impaired people which are not designed with their needs in mind. We hope these suggestions will help.

Font size

The larger the font the easier it will be for visually impaired clients to read. A font size of 16 is recommended for large print documents. However, for practical purposes very large font sizes are not always possible. A font size of at least 14 point is the best compromise.

Font type

Avoid highly stylized typefaces, which use flamboyant or decorative handwriting styles. They may look attractive to you but to someone who is visually impaired they are completely illegible.

Font styles

People who are visually impaired prefer a font that is easy to distinguish and it is preferable to use bold or semi-bold. Light fonts are not recommended. Blocks of capital letters, underlined or italicized text are all harder to read. A couple of words in capitals is fine but try to avoid the use of capitals for continuous text. Underlining text or setting it in italics should also be avoided. An alternative method to emphasize the relevant section should be used, such as explaining verbally or in a separate note to your client the parts of the document which need particular attention.

Numbers

When typing documents that contain numbers it's useful to remember that people with a visual impairment often have difficulty distinguishing between 3, 5, 8 and 0. Use a font type that is easy to read, and where practicable give or confirm the numbers in words.

Word spacing and alignment

Use left alignment on all documents, as this is easier to read because the spacing between words are more regular than justified text for example.

Paragraph spicing

The spacing's between lines of text in a paragraph are also important. As with font, the bigger the better, so try to use at least 1.5 sized spacing's between each line.

Columns

Some people with visual impairment prefer to read columns rather than long lines of text across a page. However, make sure that you leave enough space in between each column to differentiate them from one another and/or use a vertical line to distinguish the end and beginning of each column.

Contrast

The contrast of the type against the paper will have implications for its legibility. Avoid using colored font or paper that may disguise the text. People with a visual impairment do not see shades of color well. Black text on white or yellow paper is adequate for most visually impaired people.

Setting text

When setting text avoid using vertically placed words as these are difficult for visually impaired people to read. Also try not to place text directly over an image as this will usually camouflage the words against the image (see Contrast). Text wrapped around an image is also difficult to read.

Page layout

The layout of each page should be consistent so as not to confuse the reader. Page titles, headings, and numbers for example should be repeated in the same place and style on following pages. If the document is several pages long then a contents page can be helpful. Spaces between paragraphs can be used to divide text and improves the flow of the document, making it easier to read.

Forms

People who are visually impaired often have writing that is bigger than the average. Therefore spaces for the client to complete or sign a document need to be bigger. We can provide signature guides for use with visually impaired people on request.

Printing

Glossy finish on documents creates a glare that is difficult to read for those with visual impairment so try to choose a matt finish where possible. Thin paper that bleeds images and text from the reverse is not recommended. Choose uncoated paper that weighs at least 90gsm for the best results and print on one side only where you can.

Accessibility for students with manual dexterity difficulties is improved by offering

a) comb-binding or ring-binding

b) printed on one side of the paper

c) Thicker paper

Alternative and accessible formats

Although some visually impaired students can read documents prepared as described above, perhaps with the aid of a hand-held magnifier or CCTV, many require information printed in an alternative format. The format chosen depends on the type and degree of visual impairment, and may be a matter of preference or practicality (e.g. audio tape or an enlarged typeface).

Accessible textbooks

Blind and visually impaired students may require access to textbooks in alternative formats. Reading lists of essential books should be supplied well in advance so arrangements can be made to borrow or transcribe them via the institution's library or disability coordinator.

The RNIB Library has large print books, talking books (including digital talking books, DTB, which have improved navigation), and books in Braille. With sufficient notice they can also arrange to have other books transcribed or borrowed. Further information can be obtained from the RNIB Library Information Service.

USES OF PRINTING TECHNOLOGY

The majority of people can read print. For many however, the time and effort to do so is enormous. You can do a great deal to reduce this, and thus enhance the reader's experience, by producing information in clear print. The following tips should help you make the same document accessible to as many people as possible.

Font size

Most fully sighted people can read 12 point print easily. Visually impaired people will need different sizes depending on their level and type of sight. It is not correct to assume that the larger the font the better – this is fine for some, but others, for example those with a small field of vision, might prefer a smaller font. If you are printing for individuals, it is best to ask them their preferred size. Font size 14 is a good size to use to cover as many people as possible.

Font type

a) Always use a plain "sans serif" font such as Arial, Universe, Tahoma or Verdana.

b) Letters should be evenly spaced.

Font style

a) Never print anything using all capital letters. A mixture of upper and lower case letters, like on this information sheet, is easier for everyone to read.

b) Use bold weight to increase clarity.

c) Avoid using italics as much as possible.

d) Letters and words should be spaced conventionally.

e) Leave extra spaces between lines of text and between paragraphs for greater clarity.

Alignment

Do not use right-justified text, as this can cause irregular spacing. Use left or central alignment only.

Colour

Use dark ink on light paper – black on pale yellow is particularly good for people who are troubled by glare. For an alternative use light colored text on a dark background – yellow on black or dark blue is best. Never use dark ink on dark paper or light ink on light paper.

Enlarging

It is possible to enlarge print using a photocopier, but this can result in a grainy image and oversized paper. Always print the correct size directly from a laser or ink jet printer where possible.

Paper

Choose paper with a matt finish where possible. Glossy paper produces glare that may cause reading difficulties.

Printing on the Papers

Avoid glossy paper because glare makes it difficult to read. Choose uncoated paper that weighs over 90gsm. As a general rule, if the text is showing through from the reverse side, then the paper is too thin.

3-D PRINTERS

The applications of 3D printing for visually impaired persons are increasing. Recently in Brazil, 3D printing made it possible for doctors to allow a blind mother to see her unborn child by creating a 3D model of the baby's face from ultrasound.

CONCLUSION

Children with visual impairments should be assessed early to benefit from early intervention programs, when applicable. Technology in the form of computers and low-vision optical and video aids enable many partially sighted, low vision and blind children to participate in regular class activities. The law also requires that schools provide accessible instructional materials to all students who need them - this can include large print materials, books on tape, CD, and Braille books. New technologies in the area of printing such as 3D printing can play a vital role in such kind of visual impairment section people. Printing Technology has played an amazing role in development of the good society. Consult the "Additional Resources" section of this fact sheet for more information on how to obtain such materials for students.

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Impact of Generalised Locus of Control on Perceived Self Efficacy and Memory Functioning among Illiterate Elders

Nisha Rajput*

ABSTRACT

In this study, an attempt was made to study the impact of locus of control as internal or external and its effect on self-efficacy and memory functioning among illiterate elderly. A sample of 60 elderly illiterate who were not diagnosed with any psychological disorders and having any history suggestive of any medical illness was not included in the study. It was hypothesized that elderly illiterate who perceive internal locus of control within them will have high self efficacy and intact memory functioning. The second hypothesis was that elderly illiterate who perceive external locus of control within them will have low self efficacy and would reflect impaired memory functioning. As the statements in the worksheets (Levenson's Multidimensional locus of control) were written in English, considering the illiterate sample taken in the study, thus the researcher translated the instrument into Hindi version. The pilot study was done on a sample of 30 illiterate elders. Result supports the hypothesis that Illiterate elders who were high on internal locus of control perceived themselves more efficacious and scored better on memory functioning as compared to the individuals who were high on external locus of control. Whereas those who had a external locus of control perceived themselves less efficacious and had impaired memory functioning

***Keywords**: Locus of Control, self-Efficacy, Memory Functioning, illiterate*

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INTRODUCTION

India, a sub-continent that carries 15 per cent of the world's population, is gradually undergoing a demographic change. There has been a sharp increase in elderly population between 1991 and 2001 and it has been projected that by the year 2050, the number of elderly people would rise to about 324 million (Singh, Shukla & A. Singh, 2010). Aging refers to the process of growing old or developing qualities of the old: maturing, changes that occur as a result of the passing of the time. According to Birren (1959) "aging refers to the regular changes that occur in mature genetically representative organism living under representative environmental conditions as they advance in chronological age (Dhillon 1992).

Memory Problems among Elderly

Memory is the explicit or implicit recall of information encoded in the recent or distant past. Memory is defined as lasting brain representation that is reflected in thoughts, experiences and behaviours. Learning is the process of acquiring such things. In other words memory denotes the ability or power of our mind to retain and reproduce our learning (Morgan, King & Weisz, 2010). Memory impairment is strongly associated with increasing age. Memory complaints are the subjective aspect of the cognitive function and may be related to memory performances in older adults, but findings about this relationship are conclusive. Subjective memory complaints provide useful health information regarding cognitive aging phenomena and also may predict future decline (McDougall and Kang, 2003).

In order to study memory impairment among elderly the researcher should be careful to the normal decline in memory functioning and decline associated with pathological aging. An attempt should be made to distinguish between age appropriate forgetting and age-inappropriate forgetting. Age appropriate forgetting refers to a decline in memory based on comparison with

younger cohorts and age inappropriate forgetting refers to a decline in memory functioning as compared to younger cohorts (David Nussbaum, 1992).

Locus of Control Theory

The theory of Locus of control (LOC) derives from Julian Rotter's study of social learning theory (Rotter, 1966). 'Locus' refers to the place or origin of the control (Susan Ayers et al., 2001). Locus of control is the perceived source of control over one's behaviour and life (Rotter, 1966). Levenson (1973) presented a multi-dimensional view of locus of control that separated external control into: control by powerful others, and control by chance and luck. Internality is similar to Rotter's internal locus of control, in which people believe that they are in control over events that happen to them. Those who endorse chance would attribute events to luck. And those who consider control to be in the hands of powerful others would attribute events to others who have more power and control. According to Levenson, one can endorse each of these dimensions of locus of control independently and at the same time (L.Leong, 2008).

Figure 1 Locus of control shown as continuum with two opposing differentiates (Rotter, 1966)

Self Efficacy

Bandura defined self-efficacy as "it is defined as people's belief about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves, and behave" (Bandura, 1994). Self-efficacy is the belief in one's own ability to successfully accomplish

something. Self efficacy theory tells us that people generally will only attempt things they believe they can accomplish and won't attempt things they believe they will fail. People with a strong sense of efficacy believe they can accomplish even difficult tasks. They see these as challenges to be mastered, rather than threat to be avoided. Efficacious people set challenging goals and maintain strong commitments to them. In the face of impending failure, they increase and sustain their efforts to be successful. They approach difficult or threatening situations with confidence that they have control over them. Having this type of outlook reduces stress and lowers the risk of depression (Bandura, 1994).

Rationale of the Present Study

In India, there is an increased prevalence of memory impairment amongst the elderly. It is evident that memory functioning and memory performance is decreasing with increasing age. The objective of the research is to study the impact of locus of control, self efficacy and memory impairment among illiterate elderly. Extensive literature has been done in this area which aims to study the impact of locus of control and memory self-efficacy that is the beliefs about their memory. There are exploratory researches as well that aim to study the impact of locus of control, self efficacy on health and well-being of the elderly. There are very few studies which aim to study all the three variables together: locus of control, self-efficacy and memory impairment especially amongst illiterate elders. A review into the gerontological research suggests illiterate elders have received very few attentions. In the present study an attempt was made to determine the extent of relationship between generalized locus of control scale, self efficacy belief and memory functioning among illiterate elders.

METHOD

Aim: to study the effect of locus of control on self-efficacy and memory functioning among illiterate elders.

Objectives

a) To study the nature of locus of control among illiterate elders.

b) To study the impact of locus of control on self efficacy and memory functioning among illiterate elders.

Hypothesis

H^1 Elderly illiterate who perceive internal locus of control within them will have high self efficacy and intact memory functioning.

H^2 Elderly illiterate who perceive external locus of control within them will have low self efficacy and would reflect impaired memory functioning.

Null hypothesis

a) There will be no significant relationship between internal locus of control, self efficacy and memory functioning among elderly illiterate.

b) There will be no significant relationship between external locus of control, self efficacy and memory functioning among elderly illiterate.

About the research

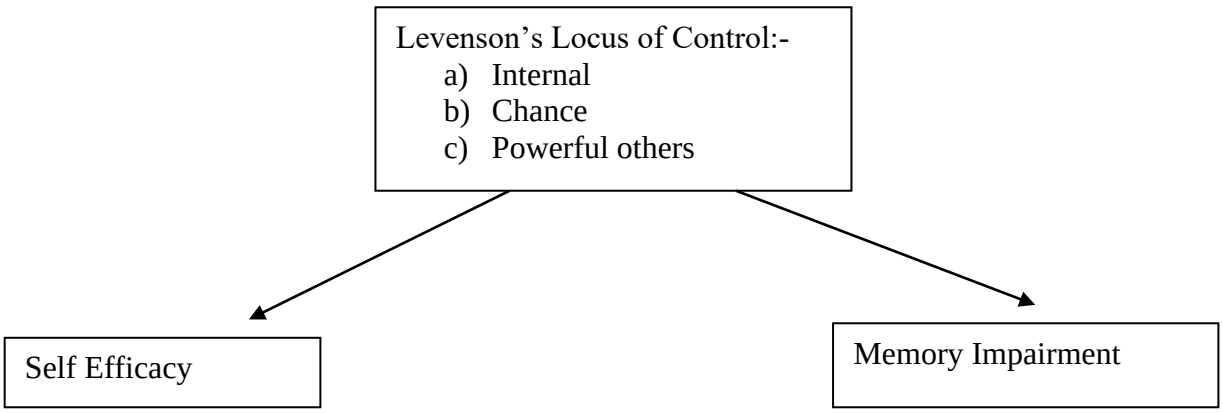
The study was explanatory research, in nature. In this study, an attempt was made to study the impact of locus of control as internal or external and its effect on self-efficacy and memory functioning among illiterate elderly.

Sample

Sample of 60 elderly between the age 60 and above was taken in the present study. Purposive sampling was used to draw the sample of individuals in order to assess the locus of control and its impact on their self-efficacy belief and memory functioning. The assessment was done using Levenson's multidimensional locus of control scale (Hindi version), generalised self-efficacy and PGI-memory functioning among illiterate elders.

Research Design

The present study is an exploratory research comparative in nature, in which three groups of elderly population having different dimensions of Multidimensional locus of control internal, chance and powerful others will be compared on a linear combination of two dependent psychological variables i.e. perceived self efficacy and memory functioning. The design of the present study involves appropriate sample selection and statistical application to test the various hypothesis formulized in the study and to meet the objective mentioned earlier. The diagrammatical presentation of the design is as follows:



The following criteria will be applied to all the subjects before inclusion in the study:

Inclusion Criteria

a) All the subjects aged 60 and above were included in the study.

b) Subjects who had not completed their formal education were taken in the study

c) Were married irrespective of whether their spouses were or were not alive at the time of the study.

Exclusion Criteria

a) Any respondent who had been ever diagnosed with a psychiatric illness and/or was being treated for that was not included in the study.

Tools

The questionnaires and the research strategy were planned carefully and practicalities were considered.

a) *Socio Demographic data sheet:* A socio-demographic study was designed on the basis of the study.

b) *Locus of control scale (Levenson, 1981)***:** Levenson's Locus of control scale was developed in order to measure the three dimensions of locus of control, viz., internal, powerful external and chance external. Each dimension is represented by eight items in a 6-point likert format.

c) *General Self Efficacy (Jerusalem & Schwarzer, 1981):* The General self efficacy scale provides 2 dimensions of self-efficacy, viz., high and low self-efficacy. It is 10 item psychometric scale. Each item is provided with 4 alternatives (Likert response format). Responses are obtained on the test booklet itself. There is no time limit but generally 5-10 minutes have been found sufficient for responding all the items. The minimum score obtained can be 10 and the maximum can be 40.

d) *PGI –Memory scale:* The PGI memory scale defines the memory as ability to retain and reproduce impressions once perceived intentionality. The PGIMS is administered

in Hindi, the national language and has been validated for use in the Hindi speaking populations.

Procedure

The present study will be proceeding through the following stages

Questionnaire construction

The first part contains the consent form and personal data sheet was used to elicit demographic information regarding the age, gender, education, socioeconomic status etc. The second part consisted the Levenson's Locus of Control scale (Hindi version), for which the pilot study was carried which is discussed below and the third part consisted the PGI-memory scale, for assessing memory functioning of the subjects.

Pilot Study

The pilot study was carried out to determine whether respondents understood the questions and were able to answer them. It aimed to reduce ambiguity, highlight pitfalls and possible interpretation of the questions. As the statements in the worksheets were written in English, considering the illiterate sample taken in the study, thus the researcher translated the levenson questionnaire into Hindi version. The pilot study was done on a sample of 30 elderly illiterate. The aim of the pilot study for questionnaires was twofold. First, to check for grammatical and language errors and secondly, to find out if the questions were understood/made sense and if they would elicit the answers the researcher anticipated from the main study. The collected Data was analysed using SPSS 16.0.

ITEM analysis – the scale scores of all subjects were totaled and sorted according to the order. The mean of scores for each statement got by the subjects of higher scores (the first 25% of subjects) and low scores (the last 25% of subjects) was differentiated; that each item ($p<0.05$)

means a significant difference was taken as a basis for judging whether the item is of discrimination. All items achieved significant differences showing that these questions have discrimination. Thus all questions were reserved.

Reliability -Through analysis, the Cronbach's a coefficients regarding each dimension of the scale i.e. 0.705 for "internal locus of control", 0.835 for "powerful others", 0.716 for chance locus of control. Based on this, it is feasible to say that scale has good reliability (for table refers to Appendices G).

The responses obtained from this pilot study went a long way in providing the useful insights on the wording of the scale and making it more understandable. One pilot participant complained that the scale was too long and was tired by the time she finished filling it out. However this was not changed since the researcher felt that all the data in the scale was needed in the final analysis.

Data Collection

For collecting the data, personal face to face interviews were conducted. The elderly meeting all the inclusion and none of the exclusion criteria were recruited from general population through survey method. Thus a total of 60 subjects of both the genders formed the sample and studied. After completing whole assessment, they were thanked for their cooperation and participation in the study.

a) Identification of elderly with perceived internal locus of control and those elderly who have external locus of control.

b) After completing the baseline assessments, the sample was divided into three groups. Out of these subgroups, one group was of those who perceived locus of control as

internal, second was of those who perceived their life is in control of fate or chance and third one was of those who perceived their life events are controlled by powerful others. After this the self efficacy scale and memory functioning among elderly was self administered.

RESULTS

This part describes the method used to analyze the collected survey data. Data analysis was done using the Statistical Package for the Social Sciences. After testing all the assumptions required for MANOVA, the same was used to find the test results.

Table 1 Correlations

		GLOC	PGI-Memory Scale	Self-Efficacy
Generalised LOC	Pearson Correlation	1	-.701**	-.712**
	Sig. (2-tailed)		.000	.000
PGI-Memory Scale	Pearson Correlation	-.701**	1	.562**
	Sig. (2-tailed)	.000		.000
Self-Efficacy	Pearson Correlation	-.712**	.562**	1
	Sig. (2-tailed)	.000	.000	

Significant at .001 level (2 tailed)

Illustration of the table 1 suggests that there is negative correlation between Perceived self efficacy scale and memory functioning among illiterate elderly population (Pearson's r = .562). The above table suggests that there is a correlation between Generalised locus of control and self efficacy among elderly illiterate which is statistically significant at ($r = -.712$, $p<0.01$). There is also a correlation between Generalised locus of control and memory functioning among elderly illiterate which is statistically significant ($r = -.701$, $p<0.005$).

Table 2 Tests of Between-Subjects Effects

Tests of Between-Subjects Effects						
Source	**Dependent Variable**	**Type III Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
Category (GLOC)	Self Efficacy	3221.658	2	1610.829	31.837	.000**
	PGI-Memory Scale	7408.828	2	3704.414	74.251	.000**

** $p < 0.01$

Because the MANOVA was significant, attempt will be made to examine the univariate ANOVA results. Note that these tests are identical to the two separate univariate one-way ANOVA's which would have been performed if the decision to carry out MANOVA would not have been made. Because the Self-efficacy and PGI-memory scale dependent variables are statistically significant and there are three levels or values of locus of control scale (LOC), post hoc multiple comparison or contrasts to see which pair of means

Above is a portion of the output table reporting the ANOVA tests on the two dependent variables, self efficacy and memory functioning among illiterate elders. Significant univariate main effects for locus of control were obtained for self efficacy F (2, 57) = 50.956, p <.001 and for PGI-memory scale F (2,72) = 49.89.

Table 3 Multiple Comparisons

Dependent Variable		**(I) Category**	**(J) Category**	**Mean Difference (I-J)**	**Std. Error**	**Sig.**
Self Efficacy	Tukey HSD	Internal locus of control	Powerful others	11.8485*	2.47647	.000
			Chance	16.2235*	2.16691	.000
		Powerful others	Internal locus of control	-11.8485*	2.47647	.000
			Chance	4.3750	2.78603	.267

		Chance	Internal locus of control	-16.2235*	2.16691	.000
			Powerful others	-4.3750	2.78603	.267
PGI-Memory Scale	Tukey HSD	Internal locus of control	Powerful others	21.2727*	2.45913	.000
			Chance	23.0170*	2.15174	.000
		Powerful others	Internal locus of control	-21.2727*	2.45913	.000
			Chance	1.7443	2.76652	.804
		Chance	Internal locus of control	-23.0170*	2.15174	.000
			Powerful others	-1.7443	2.76652	.804

The mean difference is significant at the .025 level

The table 3 shows that for mean scores for Self efficacy were statistically significantly different between internal locus of control and powerful others (p <.05), but not between powerful others and chance locus of control (p = 0.267). The Mean scores for PGI-memory functioning was found to be statistically significantly different between the internal locus of control and powerful others (p < .05), but not between chance and powerful others (p = .804) p < .001 respectively.

Table 4 showing the estimated marginal means of the LOC categories on Self-efficacy and PGI-memory scale.

Dependent Variable	Category	Mean	Std. Error
Self-Efficacy	Internal locus of control	31.848	1.238
	Powerful others	20.000	2.145
	Chance	15.625	1.778
PGI-Memory Scale	Internal locus of control	54.455	1.230
	Powerful others	33.182	2.130
	Chance	31.437	1.766

Significant at .001 level (2 tailed)

The table 4 displays the mean score of internal locus of control, powerful others and chance on the linear combination of 2 dependent variable that is Self-efficacy belief and PGI-memory scale scores. As the table suggests the respondents who had an internal locus of control scored better on self efficacy (M=31.48) and PGI-memory scale (M=54.45) as compared to the elders who had a powerful others and chance locus of control with no statistical significant mean difference amongst them. On PGI-memory scale mean score of powerful others was (M=33.18) and Chance was (M=31.43). On Self-efficacy score mean score of powerful locus of control was (M=20.00) and chance locus of control was (M=15.625).

As indicated by the above statistical procedures the hypothesis of the study was accepted. Illiterate elders who were high on internal locus of control perceived themselves more efficacious and scored better on memory functioning as compared to the individuals who were high on external locus of control. Whereas those who had a external locus of control perceived themselves less efficacious and had impaired memory functioning. In next chapter these findings will be discussed in detail and necessary models in order to support the research findings.

DISCUSSION

In the present study findings revealed that there exists a significant relationship between locus of control and self efficacy and memory functioning among illiterate elders. The mean score suggested that illiterate elders who were high on powerful other and chance locus of control perceived themselves less efficacious as compared to the elders who were high on internal locus of control. Respondents who were high on internal locus of control also showed better memory functioning as compared to the respondents of other two dimensions powerful other and chance locus of control. Giving the impression that respondents who were high on

internal locus of control had high perceived self efficacy and better memory functioning as compared to the respondents who were high on external locus of control with decreased self efficacy and decreased memory functioning. The study findings are consistent with researches (Devolder & Pressley, 1992; Goodman & Zarit, 1995; Hertzog, McGuire, & Lineweaver, 1998; West &Yassuda, 2004) exploring the relationship between control beliefs and memory performance in older age, effect sizes vary substantially from r=.07 to r =.45. In an attempt to understand this variability, Beaudoin and Desrichard (2011) recently conducted a meta-analysis of 107 studies, identifying a significant but small (weighted mean r = .05) correlation between self efficacy and episodic memory performance.

Furthermore, a number of earlier findings (Luszcz & Hinton, 1995) and arguments by Berry (1999) and Miller and Lachman (2000) suggest that the relationship between memory performance and control beliefs should be strongest for older adults, due to the increased salience of memory in older adulthood and the greater influence of motivational and strategic factors on age-sensitive tasks.

The finding of a relationship between general perceived control and everyday memory problems is consistent with previous research carried out by Lachman & Agrigoroaeiv (2012) examining the BP relationship of control beliefs in relation to memory tasks assessed in the lab. The present study extends this work by studying the multidimensional locus of control, self-efficacy and memory functioning among elderly illiterate. In the field of Gerentology illiterate elders have been have not been studied well. The present study tried to explore how locus of control has an influence on perceived self-efficacy and memory performance among illiterate elders. The earlier research has only paid attention to the study of above mentioned constructs

among elders and young only. The present study tried to study the constructs among illiterate elders.

In the present study it was concluded that the locus of control and self efficacy beliefs do have an impact on the memory functioning of illiterate elders. The internal locus of control and high self efficacy beliefs are considered desirable in memory functioning as compared to the external locus of control. It's not aging rather ageism that make elderly disabled or dementiated.

Future Implications / Limitations

In spite of the significant important findings portrayed by the study it has various limitations also:-

a) Sample size of the study is small and incidental. A random sample in the present study was small and incidental. A random sample could have been more authentic and reliable to generalize the findings.

b) The sample is collected from the geographical area of Delhi, therefore generalizing the findings with other population may be difficult.

c) The study does not attempt to give in detail which aspects of the memory start declining as the person grows older.

d) The study does not elaborate the differences between male and females which could have impacted the study.

e) The study does not attempt to study the changes that occur in memory functioning in a chronology from the onset of ageing period.

f) The information provided by the examiner may not be reliable as of the tendency of the people to be good in front of others.

g) Memory performance may have got affected among elderly who were high on neuroticism personality trait.

h) The study has included only the illiterate population. A comparative analysis of the literate and illiterate would have yielded better results.

i) The locale of the present study; as the respondents of present study are residents of urban or rural area, no comparative study was done between both the groups. Therefore the respondents from rural, urban and semi urban areas and a comparative analyses between all the 3 areas would have contributed its' better generalizability.

j) The present study was a cross-sectional survey research. A longitudinal research starting with respondent's young age- to- much advanced years of life would have revealed interesting effects of aging on cognition and memory functioning.

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Optimism, Self-Compassion and Psychological Wellbeing among Parents of Autistic and Non-Autistic Children

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ABSTRACT

The aim of the study was to understand the influence of optimism and self-compassion on psychological wellbeing among parents of disabled children. Participants of the study were 30 parents of autistic and non-autistic children each.

The instruments used for data collection were Life Orientation Test-Revised LOT-R,(Scheier, M.F., Carver, C.S, & Bridges, M.W., 1994), Self-Compassion Scale-Short form, SCS-SF, (Raes, F., Pommier, E., Neff, K.D., & Van Gucht, D., 2011) and Ryff's Psychological Well Being Scale.

The data analysis was done by using Karl Pearson's correlation and t-test. The results and implications were also discussed.

***Keywords**: Optimism, Self-Compassion, Psychological Well-Being, Autistic*

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INTRODUCTION

Parents of children with autism spectrum disorder (ASD) face numerous challenges, including obtaining a diagnosis, finding appropriate treatment and educational programs, and struggling with the financial burden of paying for services (Whitman 2004). As a result of coping with these and many other challenges associated with raising a child with ASD, parents report greater levels of depression (Olsson and Hwang 2001), higher levels of stress (Benson 2006), and generally lower overall well-being (Ekas et al. 2009).

Optimism is a form of positive thinking that includes the belief that you are responsible for your own happiness, and that more good things than bad will continue to happen to you in the future. Specifically, optimistic people believe that negative events are temporary, limited in scope and manageable. Optimism has been proven to improve the immune system, prevent chronic disease, and help people cope with unfortunate news. They are more likely to engage in problem solving when faced with difficulties, which is itself associated with increased psychological well-being (e.g., Taylor et al., 1992). Multiple studies have investigated the role of optimism in people undergoing treatment for cancer (e.g., Carver et al., 1993; Schou, Ekeberg, and Ruland, 2005). These studies have found that optimistic people experience less distress when faced with potentially life-threatening cancer diagnoses.

In a study, conducted among elderly it was found that optimism predicted better immune outcomes (Kohut, Cooper, Nickolaus, Russell & Cunnick, 2002). In another study it was found that optimism provided protection against drinking problems in people with a family history of alcoholism (Ohannessian, Hesselbrock, Tennen & Affleck, 1993).

As defined by Dr. Kristin Neff, self-compassion is comprised of three elements: mindfulness, common humanity and self kindness. Having compassion means that you offer understanding and kindness to others than judging them harshly. Self-compassion involves acting the same way towards yourself when you are having a difficult time. Instead of mercilessly judging and criticizing yourself for various inadequacies or shortcomings, self compassion means you are kind and understanding when confronted with personal feelings. You may try to change in ways that allow you to be more healthy and happy, but this is done because you care about yourself not because you are worthless or unacceptable as you are. It means you honor and accept your humanness. People feel compassion for themselves because all human beings deserve compassion and understanding, not because they possess some particular set of traits.

According to Huppert "Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively." People with high psychological well-being report feeling happy, capable, well-supported, and satisfied with life, better physical health, mediated possibly by brain activation patterns, neurochemical effects and genetic factors.

In a study conducted by Natalie et al Hancock in 2009, it was found that there were no differences in levels of optimism and pessimism between children with cancer and healthy children. Another study by Martino, Barbato and Jacques in 2006, showed no differences in career/achievement and personal life orientation. Whereas a study conducted by Pinquart et al Silbereisen in 2007, showed that it may be more important to be less pessimistic than to be optimistic when diagnosed with cancer. Studies show that there is a relationship between self-compassion and age, psychological well-being, and self-compassion moderates the association between self-rated health and depression in adults (Kristin Homan, 2016).Kristin Neff and

Daniel Faso (2014) conducted a study that showed, self-compassion may play significant role in wellbeing for parents of children with autism. In a study by Karen Bluth and Priscilla Blanton (2014), the results showed that older female adolescents had lower self-compassion than either older male adolescent or early adolescent of either gender .Studies show that family support was associated with increased optimism that, in turn, predicted higher levels of positive maternal outcomes and lower levels of negative maternal outcomes in mothers of children with autistic spectrum disorder (Ekas, N.V., Lickenbrock, D.M., & Whitman T.L, 2010).

Need and significance of the study

The present study focuses on assessing the level of optimism, self compassion and the effect of these on psychological well- being in parents of children with autism. The present study helps us to become aware about the difficulties experienced by these parents. Parents of children with autism tend to have a more pessimistic outlook about the educational resources available to their children than parents of children without autism. They are also more worried about their children's health, future financial independence, and community support. So if the difficulties experienced by the parents of children with autism are identified, people may become more aware about it. In this way everyone would be able to provide support to these parents in their difficulties. This study also aimed to help the professionals to understand the importance for the better guidance and education of these parents.

METHOD

Hypotheses

H^1 There will be no significant relationship among optimism, self-compassion and psychological well-being among parents of children with autism.

H^2 There will be no significant relationship among optimism, self-compassion and psychological well-being among parents of children without autism.

H^3 There will be no significant difference between parents of children with autism and parents of children without autism with regard to their optimism.

H^4 There will be no significant difference between parents of children with autism and parents of children without autism with regard to their self-compassion.

H^5 There will be no significant difference between parents of children with autism and parents of children without autism with regard to their psychological well-being.

Sample

The participants of the study consisted of 60 parents (mothers), among 30 are parents of children with autism and 30 individuals are parents of children without autism. Age ranges from 20-50 years. They are with the same socio economic status, education level; same religion & belongs to Palakkad and Wayanad districts of Kerala.

Measures

a) Life Orientation Scale-Revised (Scheier,M.F., Carver,C.S and Bridges,M.W.,1994).

b) Self-Compassion Scale-Short form (Raes, F., Pommier, E., Neff, K.D., & Van Gucht, D., 2011).

c) Psychological Well-Being Scale PWB (Ryff,1995).

Life Orientation Scale-Revised

This scale was developed by Scheier, M.F, Carver, C.C., and Bridges, M.W (1994). It assesses individual differences in generalized optimism versus pessimism and is a four point likert scale. It is used in a good deal of researches. It is a very brief measure that is easy to use. It has an internal consistency of 0.76 and test-retest correlation of 0.79. It has a positive correlation with success and negative correlation with hopefulness and depression.

Self-Compassion Scale- Short from

This scale was developed by Raes, F., Pommier, E., Neff, K.D., & Van Gucht, D. (2011). Questions are rated on likert scale from 1(almost never) to 5 (almost always) with the total score derived by adding the means of each subscale together. The 6 subscales measure an individual's level of self kindness, self judgment, common humanity, isolation, mindfulness and over identification. Self –Compassion Scale has a positive correlation with Social Connectedness Scale and Trait-Meta Mood Scale. The test-retest reliability coefficient is .93.

Ryff's Psychological Well-Being Scale

The Psychological Well-Being Scale (PWB; Ryff and Keyes 1995) is a 42-item self- report measure that assesses well-being in multiple domains. The Ryff's scale of psychological well-

being is a theoretically grounded instrument that specifically focuses on measuring multiple facets of Psychological Well-Being. Questions are rated on likert scale (1 = strongly agree to 5 = strongly disagree).The test-retest reliability coefficient of PWB (MSPSS) was 0.82. The subscales of self acceptance, positive relation with others, autonomy, environmental mastery, purpose in life and personal growth were found to be 0.71,0.77,0.78,0.77,0.70 respectively which were statistically significant ($p<0.001$).

Procedure

The parents of both children with autism and without autism were identified. The participants were personally met by the investigator and they were explained the nature and purpose of the study. After obtaining the consent from the participants, they were given the respective questionnaires. The instructions were clearly given and made to fill the questionnaires. Confidentiality was maintained.

Administration of the Tools

The tools used for present study, namely Life Orientation Scale-Revised, Self- Compassion Scale-Short form, Psychological Well-Being Scale (PWB) were administered in uniform manner. The tools were distributed to subjects individually; oral instructions were given of how to respond to each scale. Instructions of responding to statements were printed in tool itself very clearly.

Data Analysis

Karl Pearson's correlation analysis was used to find relation among optimism, self-compassion and psychological well-being for both groups and independent sample t-test was used to find the difference between two groups of parents.

RESULTS AND DISCUSSION

Table 1 Mean, SD and t-value after comparing the parents of children with autism and without autism with regard to their optimism, self-compassion and psychological well-being

Variable	Group	N	Mean	SD	t-value
Optimism	Parents of children with autism	30	10.00	2.76	8.795**
	Parents of children without autism	30	4.36	2.15	
Autonomy	Parents of children with autism	30	21.0	4.84	10.02**
	Parents of children without autism	30	32.96	4.39	
Environmental mastery	Parents of children with autism	30	22.9	4.14	8.93**
	Parents of children without autism	30	31.06	2.80	
Personal growth	Parents of children with autism	30	21.96	2.85	12.94**
	Parents of children without autism	30	34.53	4.48	
Positive relation	Parents of children with autism	30	24.00	2.81	13.97**
	Parents of children without autism	30	33.13	2.20	
Purpose in life	Parents of children with autism	30	21.03	4.06	12.61**
	Parents of children without autism	30	32.63	2.97	
Self -acceptance	Parents of children with autism	30	21.76	4.32	12.53**
	Parents of children without autism	30	35.26	4.01	
Self -compassion					

** $p < 0.01$

The result of t-test indicated that there is a significant difference in parents of children with autism and parents of children without autism with regard to their optimism at 0.01 levels. While looking at the mean it is clear that the parents of children with autism (M=10.00, S.D=2.76) have higher optimism than parents of children without autism (M=4.36, S.D=2.15). Thus the null hypotheses which states that there will be no significant difference between parents of children with autism and parents of children without autism in terms of optimism is rejected. Maria

Fotiadou, J.H Barlow, L.A Powell and H. Langton (2007) conducted a study that found parents of children with cancer had higher levels of anxiety, depression, optimism and satisfaction with life and subjective health perception with the comparison group.

The current study clearly shows that mothers of children with autism are more optimistic than mothers of children without autism. Mothers of children with autism may have high resilience and coping and also might be having more hope about their children's improvement. They may be having low expectations about the performance of their children than mothers of children without autism. And when these children with autism improve a little bit, the level of optimism may increase in these mothers. Training and education given to mothers of children with autism might result in a change in their attitude. All these might have contributed to the increase in optimism in mothers of children with autism.

There is also a significant difference in mothers of children with autism and mothers of children without autism in case of various dimensions of psychological well-being such as self-acceptance, autonomy, environmental mastery, personal growth, positive relations and purpose in life. From the mean value it is clear that the mothers of children without autism have higher Psychological Well-Being than mothers of children with autism. Thus the null hypotheses which states that there will be no significant difference between mothers of children with autism and mothers of children without autism in terms of Psychological Well-Being is rejected. Usually mothers of children with autism are more dependable on others for their daily needs than other mothers. They also have more responsibilities and they are always concerned about children's daily needs and wellbeing rather than their colorful future. They might be having financial crisis than other parents as they spend more on their child's treatments. As a result they might be having lower psychological well- being than the comparison group.

Similarly, the result of t-test shows that there is a significant difference between mothers of children with autism and mothers of children without autism with regard to self-compassion. From the mean value it is clear that mothers of children without autism (M= 21.76, SD=2.74) have higher self-compassion than mothers of children with autism (M= 15.68, SD=3.59). Thus, the null hypotheses which states that there will be no significant difference between parents of children with autism and parents of children without autism with regard to self-compassion is rejected.

It may be a possibility that parents of children with autism have less time to take care of themselves and may also feel less interactive with the society which might be a reason to a lower level of self-compassion.

Table 2 Result of Pearson moment correlation among the variables optimism, self - compassion and psychological well-being of mothers of the children with autism

Variable	**Optimism**	**Self compassion**
Autonomy		.489**
Environmental mastery		.544**
Personal growth	-.371*	.489**
Self -acceptance		.598**

**Correlation is significant at 0.01 levels

*Correlation is significant at 0.05 levels

The table clearly shows that there is a positive correlation between self-compassion and autonomy (.489; $p<0.01$), self-compassion and environmental mastery (.544; $p<0.01$), self-compassion and personal growth (.489; $p<0.01$), self-compassion and self-acceptance (.598; $p<0.01$).There is a negative correlation between personal growth and optimism (-.371; $p<0.05$).

It may be noted that the magnitude of the relationship is not high. Thus we could assume that the variables are not strongly related as the magnitude of correlation is low.

Table 3 Result of Pearson moment correlation among the variables optimism, self-compassion and psychological well- being of mothers of the children without autism

Variables	**Optimism**	**Self compassion**
Purpose in life	-.515**	
Self acceptance	-.394*	
Personal growth		-.388*

**Correlation is significant at 0.01 levels

*Correlation is significant at 0.05 levels

The table clearly shows that there is a negative correlation between optimism and purpose in life and it is significant (-.515; $p<0.01$).There is a negative correlation between optimism and self - acceptance and it is significant (.-394; $p<0.05$). There is negative correlation between personal growth and self compassion and it is significant (.-388; $p<0.05$). It may be noted that the magnitude of the relationship is low. Thus we could assume that the variables are not strongly related as the magnitude of correlation is low.

CONCLUSION

Today, parents of the children with autism are considered more pessimistic. This may be due to the difficulties they experience from family and society. The present study helps us to become aware about the fact that though these parents experience a lot of difficulties they are optimistic in their life. Though at times self-compassion and psychological well-being are compromised. This clearly gives an idea that these mothers are optimistic regarding their children and also about the support given. It also reflects to the needs and care they require, which shall help to be a guideline for further help and support.

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To Study about the Psychosocial Problem of the Patients with Psychoactive Substance Abuse

Esther Bloria*

ABSTRACT

Substance abuse is an increasingly ongoing problem in the present day world. People have been using various kinds of substance as a means of coping with their various problems in life and also to derive pleasure out of it. It leads to addiction and has been associated with wild rage of psychosocial problems. The researcher seek to identify some of the factors associated with substance abuse and also seek to understand the impairments in psychological, social, health, family and personal of substance abuse.

Keyword*: Substance Abuse, psychosocial problem, Psychoactive Substance*.

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INTRODUCTION

Global increases in problems of illicit drugs both reflect and contribute to international tensions. The origins of some of these tensions are clear: rapid changes in political alignment, reduced family and community cohesiveness, increased unemployment and underemployment, economic and social marginalization and increased crime. At a time when dramatic improvements are taking place in some sectors, e.g. communications and technology, improvement of the quality of life for many people has fallen far short of the potential that exists and the rising expectation of people who know life can be better. Today there is more awareness of the problems of illicit drugs and drug trafficking than ever before. How to translate that awareness into constructive action is a major challenge.

For the society at large, substance abuse extracts a high cost in health care, education failure, mental health services. The consequences of substance abuse are acute on both a personal and a social level. Psychosocial included psychiatric, psychological and social functioning, substance abuse associated with variety of problems. These problems can be in any areas of the patients functioning: physical, psychological, family, interpersonal, social, academic, occupational, legal etc.

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (WHO). Psychoactive substance use can lead to dependence syndrome - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to

drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Commonly used substances include

a) Opiates and other narcotics are powerful painkillers that can cause drowsiness and sometimes intense feelings of well-being, elation, happiness, excitement, and joy. These include heroin, opium, codeine, and narcotic pain medicines that may be prescribed by a doctor or bought illegally.

b) Stimulants are drugs that stimulate the brain and nervous system. They include cocaine and amphetamines, such as drugs used to treat ADHD (methylphenidate, or Ritalin). A person can start needing higher amounts of these drugs over time to feel the same effect.

c) Depressants cause drowsiness and reduce anxiety. They include alcohol, barbiturates, benzodiazepines (Valium, Ativan, Xanax), chloral hydrate, and paraldehyde. Using these substances can lead to addiction.

d) LSD, mescaline, psilocybin ("mushrooms"), and phencyclidine (PCP, or "angel dust") can cause a person to see things that are not there (hallucinations) and can lead to psychological addiction.

e) Marijuana, (cannabis, or hashish).

Causes of substance abuse

The exact cause of substance use disorder is not known. A person's genes, the action of the drug, peer pressure, emotional distress, anxiety, depression, and environmental stress can all be factors. Many who develop a substance use problem have depression, attention deficit

disorder, post-traumatic stress disorder, or another mental problem. A stressful or chaotic lifestyle and low self-esteem are also common. Children who grow up seeing their parents using drugs may have a high risk of developing substance use problem later in life for both environmental and genetic reasons.

Psychological problems of substance abuse

Psychological problem of substance abuser involved in "craving" of the substance. Craving is a problem of substance abuse whereby the abuser is obsessed with obtaining and using the substance or drugs, to the exclusion of all else. One of the psychological problems of substance involved in craving is the belief the abuser cannot function or handle life without use of the drug.

Other psychological problems of drug addiction include:

a) Wild mood swings, depression, anxiety, paranoia, violence
b) Decrease in pleasure in everyday life
c) Complication of mental illness
d) Hallucinations
e) Confusion
f) Psychological tolerance to the drug's effects creating a desire to do ever-increasing amounts of the drug
g) Desire to engage in risky behaviour (unsafe sex, crimes and violence)

Physical Problem with Substance Abuse

Substance abuse health effects can also lead to physical damage of the body. Substances interfere with brain circuitry and chemicals, potentially altering a person's genetic framework and making it difficult for them to function without continued use of the substance.

Habitual drug use will often expose people to environmental dangers, which may increase their risk for diseases like HIV/AIDS, hepatitis and other infectious diseases.

Substance abuse can cause physical health effects and damage to the

a) Heart: Most recreational drug use is associated with an increased risk of cardiovascular disease and stroke.
b) Liver: Heroin, along with any inhalant drug or steroid can prompt significant damage to the liver.
c) Kidney: The use of heroin and other psychoactive drugs can cause kidney damage and may result in the need for dialysis.
d) Brain: Drug abuse leads to chemical alterations in the brain that can interfere with healthy pain and pleasure receptors, mental health, cognition and memory.
e) Lungs: Smoking any substance significantly increases your risk for lung cancer.

Short and Long-term Physical Effects

Substance abuser can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used, how they are taken, how much is taken, the person's health, and other factors.

a) Short-term effects: Short-term effects can range from changes in appetite, wakefulness, heart rate, blood pressure, and/or mood to heart attack, stroke, psychosis, overdose, and even death. These health effects may occur after just one use.

b) Long-term effects: Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term substance use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuit's work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit.

Physical problems of drug addiction are also seen in babies of drug abusers as well as in mortality statistics. One problem of drug addiction is: children born to drug-using mothers can be cognitively affected throughout life. Regarding mortality, one-in-four deaths are due to the problems of drug addiction.

Physical effect on those around them

Drug use can also have indirect effects on both the people who are taking drugs and on those around them. This can include affecting a person's nutrition; sleep; decision-making and impulsivity; and risk for trauma, violence, injury, and communicable diseases. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involved.

Psychiatric condition of substance abuse

Substance abuse is often associated with psychiatric disorder. The two most common psychiatric disorders observed in persons with substance abuse are antisocial personality and depression. In addition, conduct disorder, attention deficit disorder, and anxiety disorders are also associated with an increased risk of substance abuse. Psychiatric problems can occur after substance use or abuse; thus the precise nature of the co-occurrence of substance abuse problems with other psychiatric illness is an important area of research. Substance abuse directly affects brain function and alters various brain chemical (i.e., neurotransmitter) and hormonal systems known to be involved in the development of many common mental disorders (e.g., mood and anxiety disorders). Thus, it is not surprising that substance abuse can manifest itself in a broad range of psychiatric symptoms and signs. (The term "symptoms" refers to the subjective complaints a patient describes, such as sadness or difficulty concentrating, whereas the term "signs" refers to objective phenomena the clinician directly observes, such as fidgeting or crying.) In fact, such psychiatric complaints often are the first problems for which a substance abuser seeks help.

a) Substance abuse can cause abusers to experience one or more symptoms of another mental illness. The increased risk of psychosis in some marijuana abusers has been offered as evidence for this possibility.
b) Mental illnesses can lead to substance abuse. Individuals with overt, mild, or even subclinical mental disorders may abuse drugs as a form of self-medication. For example, the use of tobacco products by patients with schizophrenia is believed to lessen the symptoms of the disease and improve cognition.

c) Both drug use disorders and other mental illnesses are caused by overlapping factors such as underlying brain deficits, genetic vulnerabilities, and/or early exposure to stress or trauma.

Depression with substance abuse

Problem drinking and drug abuse are more common in depressed individuals than in the general population. According to other researcher people diagnosed with major depression are nearly three times more likely to develop a dependence on alcohol, while women with depression are over four times more likely to become alcohol-dependent. Depressive disorders affect the health and productivity of the general population as well as the life of the individual. The World Health Organization (WHO) notes that depression is one of the leading causes of disability around the globe. Substance abuse can worsen the course of depressive disorder, increasing the risk of outcomes such as:

a) Drug or alcohol addiction

b) Psychiatric hospitalization

c) Suicide attempts

d) Accidental or intentional overdose

Individuals who are diagnosed with depression and a substance use disorder are more likely to drop out of conventional substance abuse treatment programs before they finish rehabilitation.

Anxiety Disorder with substance abuse

Chemicals in drugs like cocaine, marijuana, hallucinogens, and prescription anti-seizure and pain-relieving medications, as well as alcohol and even seemingly harmless substances like caffeine, can affect the way the brain functions and cause anxiety symptoms, including:

a) Constant worry and nervousness
b) Feeling of impending disaster or something bad happening
c) Panic, even feeling like dying
d) Insomnia and other sleep problems
e) Memory loss and problems with concentration
f) Physical symptoms like vomiting, diarrhoea, fast heart rate, sweating, and difficulty breathing

Not only can these symptoms occur while using drugs, they may also last for weeks after the drug use has stopped. This is a difficult cycle to break because the anxiety, depression, and other symptoms that people feel when the drug wears off just make them want to use it again. They begin "treating" the anxiety problems that result from substance abuse with more substance abuse.

Substance abuse and anxiety disorders are closely related. People with anxiety disorders may begin using drugs and alcohol to manage their anxiety symptoms. And people who are substance abusers initially for other reasons may develop anxiety disorder as a result of substance abuse, and then have both problems to deal with. So it's important to first understand whether the underlying problem is addiction and substance abuse or an anxiety disorder that led to those behaviors.

Psychosis with Substance Abuse

Psychotic states may occur after using a variety of legal and illegal substances. Usually such states are temporary and reversible, with fluoroquinolone induced psychosis being a notable exception. Drugs whose use, abuse, or withdrawals are implicated in psychosis

Prominent psychotic symptoms (i.e., hallucinations and/or delusions) determined to be caused by the effects of a psychoactive substance is the primary feature of a substance-induced psychotic disorder. A substance may induce psychotic symptoms during intoxication (while the individual is under the influence of the drug) or during withdrawal (after an individual stops using the drug).

The speed of onset of psychotic symptoms varies depending on the type of substance. For example, using a lot of cocaine can produce psychotic symptoms within minutes. On the other hand, psychotic symptoms may result from alcohol use only after days or weeks of intensive use.

The type of psychotic symptoms also tends to vary according to the type of substance. For instance, auditory hallucinations (specifically, hearing voices), visual hallucinations, and tactile hallucinations are most common in an alcohol-induced psychotic disorder, whereas persecutory delusions and tactile hallucinations (especially fornication) are commonly seen in a cocaine- or amphetamine-induced psychotic disorder.

Personality disorders with Substance abuse

Drugs and alcohol do not cause personality disorders, but substance abuse features prominently in several PDs. Individuals with borderline personality disorder, for example, have high rates of substance abuse. Dr. Robert O. Friedel, author of a well-known book on borderline

personality disorder, states that approximately two-thirds of individuals with borderline PD abuse drugs, alcohol or both. According to the National Institute on Alcohol Abuse and Alcoholism(NIAAA), people with antisocial personality disorder — a PD characterized by aggression, lack of empathy for others, destructive behavior, and avoidance of meaningful relationships — have a higher rate of alcohol abuse and alcoholism than the general population. These individuals are more likely to behave violently when they are drinking and more likely to have personal, financial or legal problems related to their alcohol use. Substance abuse and personality disorders are linked in several ways. It is possible that the genetic factors that contribute to drug or alcohol addiction also encourage the development of personality disorders. It is also likely that the psychological trauma experienced by many individuals with PDs contributes to a higher rate of alcoholism and drug addiction. Substance abuse can temporarily relieve the emotional pain, anxiety and distress of personality disorders. People with avoidant personality disorder may drink or use drugs in order to escape their fears of social situations or to numb feelings of worthlessness and incompetence. Individuals with borderline personality disorder may abuse drugs or alcohol as a means of self-destruction. They may also get intoxicated to fill the profound sense of emptiness that they feel.

SOCIAL PROBLEMS OF SUBSTANCE ABUSE

Substance abuse doesn't just affect the abusers: it has a far reaching effect which encompasses family, friends, employers, healthcare professionals and society as a whole.

Substance abuse can negatively impact upon the following:

Marriage / Relationships

The person who is addicted to substance has mood swing, violent outburst, secrecy and other forms of extreme behavior. This is difficult for their partner to deal with. couples in which a partner abuses drugs or alcohol are often very unhappy; in fact, these partners are often more unhappy than couples who don't have problems with alcohol or other drugs, but who seek help for marital problems. As drinking or drug use gets worse, it starts to take more and more time away from the couple, taking its toll by creating an emotional distance between the partners that is difficult to overcome. These couples also report that they fight and argue a great deal, which sometimes can become violent. It is often the fighting itself that can create an environment or situation in which the partner with the drinking or drug problems uses these substances to reduce his or her stress. When the substance use eventually becomes one of the main reasons for fighting or arguing, what we see happen is a vicious cycle, in which substance use causes conflict, the conflict leads to more substance use as a way of reducing tension, conflict about the substance use escalates, more drinking or drug use occurs, and so on. Couples in which a partner abuses drugs or alcohol have a very difficult time getting out of this downward spiral; fortunately, we also know of proven ways to help these relationships.

Home / family life

Substance abuse can cause serious emotional damage in family life/home. Substance abuse may cause to become violent, emotionally abuse with their spouse, parents and children. Many children of substance abuse suffer from long term emotional and psychological damage that causes serious affects on their social stability, as well as their education and mental health.

There is also the possibility that the rest of the family may feel embarrassed or ashamed at this behavior. They are bothered by what others might think and are unsure as to what to do for the best. Substance abuse can create destruction in all areas of life, as well as the lives of their loved ones. Family dynamics may be greatly impacted; causing damage that cannot be easily repaired. This is because, substance abuse is a disease that does not only affect themselves, and it affects nearly everyone in which they contact with, especially their family.

Education

Drug and alcohol use on college campuses is universal. Students articulate many reasons why they do it, but most neglect to consider both the long-term consequences of their actions. Teenagers today admit to extensive experimentation. Some feel pressured to use drugs or alcohol at social gatherings either because everyone else seems to be doing it, or because they believe it's the cool thing to do. Others believe that drug or alcohol abuse offers a way to escape from school or work related stress, financial worries or relationship problems. Some feel that alcohol or drugs provide a way to compensate for feelings of shyness or low self-esteem. Sometimes, these drugs act as a substitute for satisfying relationships, educational accomplishments or self-fulfillment. Substance abuse can seriously affect academic performance. Aside from long-term addiction it can cause grades to plummet. Substance use affects entire body, including brain, in a variety of ways. Judgment is often the first attribute to be affected, difficult to make good decisions, difficulty concentrating and paying attention, especially when in class or trying to study. Substance abuse will impact upon education, their concentration will be poor and motivation will have dropped. They may be spending inordinate amounts of time in their room or on the other hand, be staying out most of the night.

Work or Employment

Work status includes more than being either employed or unemployed. Increased rates of unemployment are projected to occur in the same age group as those persons most likely to use drugs and have drug problems. Add to this the fact that many of the jobs that are available are separated from the community and the family support network necessary to sustain workers, and the ingredients for intensification of social problems are clear. Drug abuse occurs more frequently in young people than in other age groups. The risk factors for drug use often occur before entry into the workforce.

The relationship between drug and alcohol abuse and the workplace is significantly influenced by national, social, cultural, ethnic, and religious and gender issues. Cultural or group practices may also facilitate drug or alcohol abuse. Drinking or drug abuse cultures exist in some workplaces and some of them set a standard that may be imposed on the non-user. In addition, conditions in some workplaces involve exposure to harmful or dependence-producing substances, such as glue in shoe factories. Employees may follow fads or local customs and accept substance abuse, holding views that are clearly inconsistent with known facts about their physical effects. A recent study in Portugal found that there are "still some workers who believe they can work with more precision if they drink a certain amount of wine and there are some employers, both in the building and agricultural sector, who offer free wine to get some work done.

Drug effects seen in the workplace depend partly on the Performance requirements of the job. Tasks that require higher level judgment, constant attention, immediate memory and fine motor skills are more easily disrupted by drugs than physical labour. Marijuana, for example, may disrupt cognitive functions, increase response time and lower psychomotor accuracy.

Opiates, even in low doses, may bring about mood changes, decrease activity and impair psychomotor skills related to driving and related tasks. Cocaine, at low doses, may enhance performance on simple tasks as long as the takers do not overestimate what they can do and do not take risks beyond their capacity to perform. Repeated use of cocaine, crack or related substances quickly leads to compulsive use, dependence and problems on and off the job. In spite of all these qualifications, it is clear that drug problems reduce job attendance and impair performance.

Employers are affected if any of their employees develops substance abuse. The employee concerned may have changed from a smart, punctual and efficient worker to someone who is late for work, has neglected their appearance and personal hygiene and id displaying erratic or unacceptable levels of behaviour.

Alcohol and drug use among employees and their family members can be an expensive problem for business and industry, with issues ranging from lost productivity, absenteeism, injuries, fatalities, theft and low employee morale, to an increase in health care, legal liabilities and workers' compensation costs.

a) after-effects of substance use (hangover, withdrawal) affecting job performance
b) absenteeism, illness, and/or reduced productivity
c) preoccupation with obtaining and using substances while at work, interfering with attention and concentration
d) illegal activities at work including selling illicit drugs to other employees,
e) Psychological or stress-related effects due to substance abuse by a family member, friend or co-worker that affects another person's job performance.

Two specific kinds of substance use behavior significantly contribute to the level of work-performance problems: taking substance right before or during working hours (including drinking at lunch and at company functions), and heavy use of substance the night before that causes hangovers during work the next day, and it isn't just substance abuser who can generate problems in the workplace. Research has shown that the majority of substance abuser has work-performance problems are associated with those who are not.

On the one hand, drug abuse can reduce a person's employment prospects, both by reducing productivity and by decreasing the chance of getting a job in the first place, especially if an employer tests applicants for illegal drug consumption. On the other hand, those who are unemployed or otherwise out of the labor force may face financial hardship or simply have more unstructured time, either of which can result in a higher propensity to consume these substances, everything else held constant.

Health and wellbeing

Health problems impair family life and productive employment, diminish the quality of life and may threaten survival. Substance abuse is harmful with extensive damage to the individual, family and the community.

A most obvious effect of substance abuse is that on physical health. Apart from the long term effects on health there is also the fact that an addiction can be fatal. Alcohol, cigarettes and drugs can kill either as a result of an overdose, suicide, an accident or from the physical damage caused by these substance.

Substances commonly associated with drug abuse-related deaths are cocaine, heroin (and other opiates), barbiturates and amphetamines (and amphetamine derivatives). Benzodiazepines,

hallucinogens, cannabis and other substances are less frequently implicated. Combinations of drugs and alcohol were frequently noted. Although commonly used, the term "overdose" is misleading since different reactions, such as hypersensitivity, may be the real mechanism of death in some cases rather than an acute intoxication effect due to excessive amounts of the drugs.

Drug abuse has an immediate impact on the body and mind but it can also affect future and their relationship with others. When drug use becomes an important part of their life, their relationships suffer. They would behave more violently for the access of money for their need for drug. Conflict and breakdowns in communication would become a routine. Drugs would affect their ability to concentrate and focus at work. The side effects of using drugs like a hangover feeling can reduce the ability to focus.

Personality

The most obvious sign is the fact that substance abuser behave in ways which are totally out of character. They may become secretive or deliberately offensive; self-harm; lie, cheat or steal; or place their need for their abuser above their family and friends. Other examples include paranoia, restlessness, low self-esteem or a lack of trust in themselves and anyone else. On the other hand they may behave in an arrogant and uncaring manner as if only their needs matter and no-one else's. As the abuse worsens they may start to withdraw from their family and friends or spend time with people who they don't know.

Personality trait linked with substance abuse is negative emotionality/neuroticism, or the tendency to experience negative feelings, such as anxiety and depressed mood, and respond

poorly to stressors. People with substance use disorder, and other mental health disorders, often have high levels of this personality trait.

Financial issues

The person who is substance abuse may be in financial difficulties which the other person is unaware. Loss of their job means a reduction in income - especially if he/she is the main breadwinner then impacts upon their home and family life. A person may not be able to fulfill their job responsibilities due the effects of their substance abuse, to the extent that they lose their job. If this happens, their family may suffer. In other case, they spent money for drugs or alcohol. Substance abusers also miss work relatively frequently and miss out on promotions that could decrease their financial status. In addition abusers typically have a lower educational standing than other members of the workforce from similar social backgrounds. Over a lifetime, the income lost from dropping out of school or failing to gain an advanced education can add up to literally tens or hundreds of thousands of dollars-sometimes even more in extreme cases.

Crime

Crime and substance abuse may be related in several ways, none of them simple. First, illicit production, manufacture, distribution or possession of drugs may constitute a crime. Secondly, drugs may increase the likelihood of other, non-drug crimes occurring. Thirdly, drugs may be used to make money, with subsequent money-laundering. And fourthly, drugs may be closely linked to other major problems, such as the illegal use of guns, various forms of violence and terrorism.

Illicit drug use, delinquency and crime are best seen as closely interrelated behaviours, especially when they occur in contact with the supply of illicit drugs. Drugs and crime cannot be considered separately, in isolation from each other, especially if they emerge from a common set of circumstances. The close connection between drug use and criminal behaviour is supported by many studies. A national survey in the United States examined the relationship between drug use and criminal behaviour. Results show that "drug use is a strong correlate of being booked for a criminal offence, but age is the more important correlate of criminal involvement. There were few differences in models predicting violent as opposed to property crime, although minority status was a more important predictor of violent crime, and poverty was a more important predictor of property crime.

People who are substance abuse very often turn to crime as a means of paying for their craving. People who have developed to alcohol very often engage in drunken, anti-social behaviour. The police have the job of dealing with fights or semi-conscious people lying in the street which is due to the effects of excessive alcohol consumption.

CONCLUSION

Substance abuse is always associated with impairments in psychological development, social adjustment, family and social relations, school and work performance, financial status, health and personal independence. Most substance abusers think they can stop taking substance without the help of formal treatment, but unfortunately, without treatment many of them fail. Because substance abuse develops over time, the user's life and brain is altered before they attempt to quit substance and this makes recovery more difficult. Formal treatment for substance

abuse is important if a substance abuser is to succeed in recovery. Additionally many find counseling and stress-management programs to be the most effective.

Prevention of substance abuse problems can employ knowledge about family dynamics to address personal and social concerns of family members that otherwise would lead to drug abuse, both with respect to dysfunctional as well as intact families. In this regard, it is important to avoid assuming "... either that parents are invariably responsible for the problems experienced by their children or that substance users can be blamed for all the problems experienced by the families in which they live.

The strength of relationships within the family, structure of authority and overall happiness can affect the development and acceleration of abuse. While the family is not the sole source of influence on many young adults, they play one of the most critical roles as they determine an individual's earliest social interactions.

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Effect of Youth Problem among Adolescence

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ABSTRACT

The study was undertaken to draw comparisons between the youth problem of boys and girls students of secondary schools of Jalna district (Maharashtra). A sample of 50 students was taken; it was further divided in to 25 boys and 25 girl's students studying in different secondary schools regions of Jalna district. Scale was used for data collection youth problem Inventory by Mithillesh Verma. Simple research design was used and data were Analysis by Mean, SD and one way ANOVA. The finding of present research revealed that 1) there is no significant difference between boys and girls students with youth problems dimension on family problem, school problem, social problem and personal problem. 2) there is no significant difference between boys and girls students with youth problems dimension on family problem dimension on parental indifference, parental strict supervision and lack of freedom, criticism and lack of recognition by parents, demands by family, interference, parental dominance, rejection from parents, fear of parents, lack of affiliation, overdependence parents, inter-generation gap in ideology and sibling relations. But significant difference maintenance of difference between was and daughters and projection by parents. Boys have high significantly maintenance of difference between was daughters' than girls; girls have significantly high projection by parents than boys. 3) There is no significant difference between boys and girls students with youth problems dimension on schools problem dimension on fear of college activities, fear of teachers, rejection and indifference by teachers, incompetence of teacher, harsh, rude and sarcastic behavior of teacher and other handicaps at school, but significance difference ideation.

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Girls have significantly high isolation than boys. 4) There is no significant difference between boys and girls students with youth problems dimension on social problem dimension on social inferiorities and social isolation. 5) There is no significant difference between boys and girls students with youth problems dimension on personal problem dimension on health and constitution, beauty consciousness, manners and habits, present and future career, personal handicaps, frustrations and feelings of failure and inferiorities, but significantly difference illogical fears and depressions. Girls have high significantly illogical fears and depressions than boys.

Key words*: Family problem, School problem, Social problem, Personal problem*

INTRODUCTION

The word youth or adolescent can be interchanged. The synonyms of youth are teenager, youngster, adolescent, stripling etc. Adolescence is the most important as well as challenging period of growing up. It includes both experimentation with outer world and adjustment with biological and psychosocial changes. Most of the people see this change as a biological process but it is much social and psychological as well. The multi-dimensional nature of the concept involves a gradual transformation of a child into a new person as an adult. However, required changes in a young person during adolescence differ with culture. The biological changes further lead to physiological, sexual and psychosocial changes.

Physiological changes include change in height, weight, and change in appearance. Sexual changes include production of sex hormone which triggers sexual desire, arousal and urge in Adolescents. Psychosocial changes include formation of new identity, self-concept, and self regulation; need to find a place in society, and expectations. The difficulties include emotional

problem up to 15 percent of individuals under the age of 18 years of age experience emotional problems. In some cases they face some Problems in school and show decreased interest, negative attitude, and drop in performance and discipline problems.

The adolescent develops close relationship and moves from being part of a family group to being part of a peer group and to stand alone as an adult. Psychosocial changes include formation of new identity, self concept, and self regulation; need to find a place in society, and Expectations. Self concept is a basic theoretical construct which is closely related to the psychosocial adjustment in adolescents. All these changes vary between individuals and May lead to different behavioral problems if not handled appropriately.

The problems of adolescents are quite serious as compared to those of children. They are confused and anxious regarding the biological, psychological and social challenges they have confronted. The difficulties include emotional problems, up to 15 percent of individuals under the age of 18 years of age experience emotional problems like sudden mood changes, irritability, irresponsible behaviors, depression etc. serious enough to justify special treatment. Some other problems include familial problems like starting arguments, breaking rules or withdrawing from family; delinquency like missing school, stealing, and acts of vandalism. Substance abuse was seen as a major problem, approximately one of every four young adolescents (12 to 17 years old) report having used illicit drugs. In some cases they face some problems in school and show decreased interest, negative attitude, and drop in performance and discipline problems. Difficulties experienced by adolescents vary with age, sex and culture.

Review of the literature

According to study of Srishti Singh, (2016) indicated that no significant gender differences lie in family problems, college problems, social problems or personal problems of college students. Paul et.al (2014) found that youth are having positive attitude towards research and the research attention of urban area youth is better than the rural area youth. Ghanshyam Thakur and Dinesh kumar Lahari, (Apirl 2016), indicated that difference rural and urban youth is significant difference among gender and locale. Interaction effect was insignificant effect show gender (Male, Female) Locale (Rural, Urban). Anjana Chauhan and Gandhrva Joshi, (April 2014), indicated that male and female college students do not differ significantly to their youth Problems. However Educational streams affect on Youth Problems at .05 level and insignificant interaction effect found between gender and educational streams. From the obtained result it is clear that type of family significantly differ in Youth Problems of the students. Whereas, there is no significant difference found between type of residence and Youth Problems of students as well as Socio-economic status and Youth Problems of College students. Sharma, Sonia (1992) found that adolescents have to face maximum number of problems, whereas urban boys have more family problems.

The study of Sangeeta, Sharma, & Kumar, (November 2013) found that Significant difference was detected between mean scores on 'Family Problems' in adolescent girls, 'Social Problems' and Personal Problems' were significantly high in girls. And Social Problems' and 'Personal Problems' were found to be significantly higher in adolescent girls.

Significance of the study

In present circumstances youth as well as children are facing difficulties in life. These difficulties are giving way to many psychosomatic problems such as anxiety, tensions, frustration

and emotional upsets in day to day life. The young are the future of society if the youth have any problem that will spoil the future of the nation. That is why youth should be secure in all manners. The adolescent undergoes a continuous process of adjustment. His personal and social behavior does not develop in a vacuum. Those interests and modes of behavior that are particularly the result from the relationship that exists between his personal desires, needs or inherit potentialities and existing environmental conditions by which he is stimulated. In the main goal of my research is to estimate the carious problems of adolescence and their effect on behavior of the individual. The findings also call for further inquiry into affective family, home, school, social relations so as to cause least youth problem in the adolescence.

METHOD

Statement of the Problem

To study the youth problem among boys and girls adolescent.

Aim of the study

To search the gender on youth problems among boys and girls adolescent.

Objectives of the study

a) To Examine the youth Problem among boys and girls Adolescent.

b) To Examine the Family Problem among boys and girls Adolescent.

c) To Examine the School Problem among boys and girls Adolescent.

d) To Examine the Social Problem among boys and girls Adolescent.

e) To Examine the Personal Problem among boys and girls Adolescent.

Hypotheses of the study

H^1 There is no significant difference between boys and girls Adolescent dimension on youth problem.

H^2 There is no significant difference between boys and girls Adolescent dimension with family problem on Sub factor.

H^3 There is no significant difference between boys and girls Adolescent dimension with School problem on Sub factor.

H^4 There is no significant difference between boys and girls Adolescent dimension with Social problem on Sub factor.

H^5 There is no significant difference between boys and girls Adolescent dimension with Personal problem on Sub factor.

Sample

The present study sample go was selected from Art's college students of Jalna district in Maharashtra. To select the sample Gender in which students study of Art's College Students were considered as per independent variable taken in this research stratified random sampling method was employed to select the unit of sample. Total sample of present study 50 college students, in which 25 were male's and 25 female's students. The subject selected in this sample was age group of 16-18 year. The sample of present study was shows as below.

Research Design

Simple research design used in the present study

Table 1 Variables of the Study

Variable	**Type of variable**	**Sub. variable**	**Name of variable**
Gender	Independent	2	1) Boys 2) Girls
Youth Problem	Dependent	04	1) Family Problem 2) School Problem 3) Social Problem 4) Personal Problem

Operational Definition

Collins English Dictionary (2000), "Youth means quality or condition of being young, immature, or inexperienced; the period between childhood and maturity especially adolescence and early adulthood; the freshness, vigor or vitality characteristics of young people; any period of early development; a young person, especially a young man or boy".

Adolescents Problems

Adolescents Problems refers to various social, personal and academic problems faced by the adolescents due to physiological and psychological changes and difficulty in social adjustment.

Family Problems

such problems pertain to parental indifference, parental strict supervision and lack of freedom, criticism and lack of recognition by parents, demands by family, interference, parental dominance, negative discrimination between sons and daughters, rejection from parents, fear of parents, projection by parents, lack of affiliation, over dependence over parents, inter-generation gap in ideology and sibling relations.

School Problems

These problems refer to fear of school activities; fear of teachers; rejection and indifference by teachers; incompetence of teachers; harsh, rude and sarcastic behavior of teachers; isolation; difficulties in teaching subjects and other handicaps at school.

Social Problems

The area pertains to social inferiorities and social isolation.

Personal Problems

Illogical fears; depression; health and constitution; beauty consciousness; manners and habits; present and future career; personal handicap; frustrations; feelings of failures; and inferiorities are covered under this area.

Table 2 Tool

Aspect	Name of the Test	Author
Youth Problem	Youth Problem Inventory (YPI)	Dr. Mithilesh Verma

Youth problem inventory (YPI):

This inventory developed by M. Verma (2010). This scale consists 80 items belonging to the under mentioned 4 areas i.e. Family Problems, School/College Problems, Social Problems and Personal Problems and Over Sensitivity. There were three alternative true, partially true and false. The reliability Co-efficient of the entire Inventory is .80 and area wise reliabilities are .85, .86, 76, and .81 respectively.

Procedure

The primary information was gathered by giving personal information from to each to each student. The students were called in a small group of 10 to 15 students. To fill the inventories subjects were given general instructions belongs to each scale. The students provided the Youth Problem Inventory.

Data analysis

The Mean and SD with graphical representation for Gender (Male and Female College Students) on psychological well being was analyzed. A simple design was selected to adequate

of statistical analysis of ANOVA in order to examine the roll of main as well as subsequently on students psychological well being.

RESULTS AND DISCUSSION

Table 3 the mean, SD and F value of Youth Problem

Factor	Gender	Mean	SD	N	DF	F	Sign
Youth Problem	Boy	45.28	21.88	25	48	0.409	NS
	Girl	49.88	28.56	25			

Significant level of 'F' value: 0.05 level 7.17(df=48), 0.01 level 4.03 (df=48)

Observation of the table 3 indicated that the mean value of two classified group seems to differ from each other on youth problem**.** The mean and SD value obtained by the Boy Adolescent were 45.28; SD 21.88 and Girls Adolescent were 49.88, SD 28.56. Both group 'F' ratio was 0.409 at a glance those Girls Adolescent shows high score than Boys Adolescent.

In the present study was first hypothesis related youth problem and Gender. It was "There is no significant difference between boys and girls Adolescent dimension on youth problem.'' Gender effect represent the youth problem was no significant (F- 0.409, 1and 48, P- NS). This is no significant 0.05 and 0.01 levels because they obtained 'F' value are low than table values at 0.05 and 0.01. In the present study was found that boys and girls Adolescent no differ from youth problem. The findings of the supported the first hypothesis, they are first hypothesis Accepted the present study. Finding was found that there is no significance difference between boys and girls Adolescent on youth problem.

Table 4 Show the mean, SD and F value of Family Problems

Factor	Sub-Factor	Gender	Mean	SD	N	DF	F	Sign
Family Problems	AI	Boy Girl	0.32 0.44	0.74 0.96	25 25	48	0.243	NS
	AS	Boy Girl	1.56 1.96	1.15 1.45	25 25	48	1.155	NS
	AC	Boy Girl	1.28 1.56	1.42 1.78	25 25	48	0.376	NS
	AD	Boy Girl	2.28 2.28	1.33 1.54	25 25	48	0.01	NS
	AIN	Boy Girl	2.76 2.36	1.50 1.28	25 25	48	1.018	NS
	ADO	Boy Girl	1.24 1.36	1.20 1.15	25 25	48	0.130	NS
	AM	Boy Girl	0.68 0.08	0.85 0.27	25 25	48	11.20	0.01
	AR	Boy Girl	0.96 0.60	0.73 0.81	25 25	48	2.68	NS
	AF	Boy Girl	2.08 1.88	1.35 1.26	25 25	48	0.591	NS
	AP	Boy Girl	1.40 2.52	1.19 1.61	25 25	48	7.820	0.01
	AA	Boy Girl	0.64 0.56	1.07 1.00	25 25	48	0.074	NS
	AO	Boy Girl	1.92 1.48	1.25 1.22	25 25	48	1.56	NS
	AG	Boy Girl	0.64 0.60	0.75 0.81	25 25	48	0.032	NS
	ASR	Boy Girl	1.00 1.36	0.81 1.35	25 25	48	1.301	NS
Family Problems		Boy Girl	18.68 19.12	6.90 9.60	25 25	48	0.034	NS

Significant level of 'F' value: 0.05 level 7.17(df=48), 0.01 level 4.03 (df=48)

Observation of the table 4 indicated that the mean value of two classified group seems to differ from each other on Family problem**.** The mean and SD value obtained by the Boy Adolescent were 18.68; SD 6.90 and Girls Adolescent were 19.12, SD 9.60. Both group 'F' ratio was 0.034 at a glance those Girls Adolescent shows high score than Boys Adolescent. In the present study was first hypothesis related Family problem and Gender. It was "There is no

significant difference between boys and girls Adolescent dimension with family problem on Sub factor.'' Gender effect represent the Family problem was no significant (F- 0.409, 1and 48, P- NS). This is no significant 0.05 and 0.01 levels because they obtained 'F' value are low than table values at 0.05 and 0.01. In the present study was found that boys and girls Adolescent no differ from Family problem. The findings of the supported the first hypothesis, they are first hypothesis Accepted the present study. Finding was found that there is no significance difference between boys and girls Adolescent on Family problem.

Gender effect represent the Family problem sub factor was no significant (AL- F- 0.24, AS- F- 1.55, AC- F- 0.37, AD- F- 0.01 AIN- F- 1.01, ADO- F- 0.13, AR- F- 2.68, AF-, F- 0.29, AO- F- 0.074, AA-, F- 1.56, AG- F- 0.32, ASR- F- 1.30., 1and 48, P- NS). This is no significant 0.05 and 0.01 levels because they obtained 'F' value are low than table values at 0.05 and 0.01.but (AM-, F- 11.2, AND AP-, F- 7.82, 1and 48, P- NS). This is significant 0.05 and 0.01 levels because they obtained 'F' value are high than table values at 0.05 and 0.01.

(AL-parental indifference, AS- parental strict supervision and lack of freedom, AC-criticism and lack of recognition by parents, AD-demands by family, AIN- interference, ADO -parental dominance, AM-- rejection from parents, AR-fear of parents, AF- lack of affiliation, AP-overdependence parents, AO-inter-generation gap in ideology AA-sibling relations.AG-daughters ASR projection by parents.)

Table 5 Show the mean, SD and F value of School/ College Problems

Factor	Sub-Factor	Gender	Mean	SD	N	DF	F	Sign
School/ college Problems	BF	Boy Girl	0.40 0.28	0.64 0.61	25 25	48	0.454	NS
	BFT	Boy Girl	1.72 2.44	0.97 2.04	25 25	48	2.52	NS
	BR	Boy Girl	0.56 0.88	0.71 1.33	25 25	48	1.12	NS
	BI	Boy Girl	0.72 0.32	1.13 0.62	25 25	48	2.37	NS
	BH	Boy Girl	2.00 2.44	1.80 2.02	25 25	48	0.659	NS
	BIS	Boy Girl	0.92 1.84	1.28 1.86	25 25	48	4.12	0.01
	BS	Boy Girl	1.64 2.24	1.31 1.87	25 25	48	1.71	NS
	BHA	Boy Girl	0.84 1.12	0.94 1.16	25 25	48	0.871	NS
School/college Problems		Boy Girl	8.84 10.68	5.71 8.11	25 25	48	0.860	NS

Significant level of 'F' value: 0.05 level 7.17(df=48), 0.01 level 4.03 (df=48)

Observation of the table No.03 indicated that the mean value of two classified group seems to differ from each other on School problem**.** The mean and SD value obtained by the Adolescent 8.84, SD 5.71 and Girls Adolescent were 10.68, SD 8.11. Both group 'F' ratio was 0.860 at a glance those Girls Adolescent shows high score than Boys Adolescent. In the present study was third hypothesis related School problem and Gender. It was "There is no significant difference between boys and girls Adolescent dimension with School problem on Sub factor. '' Gender effect represent the School problem was no significant (F- 0.860, 1and 48, P- NS). This is no significant 0.05 and 0.01 levels because they obtained 'F' value are low than table values at 0.05 and 0.01. In the present study was found that boys and girls Adolescent no differ from School

problem. The findings of the supported the first hypothesis, they are third hypothesis Accepted the present study. Finding was found that there is no significance difference between boys and girls Adolescent on School problem.

Gender effect represent the school problem sub factor was no significant (BF- F- 0.45, BFT- F- 2.52, BR- F- 1.12, BI- F- 2.37 BH- F- 0.65, , BS- F- 2.68, BHA-, F- 0.87, , 1and 48, P- NS). This is no significant 0.05 and 0.01 levels because they obtained 'F' value are low than table values at 0.05 and 0.01.but (BIS- F- 4.12, 1and 48, P- NS). This is significant 0.05 and 0.01 levels because they obtained 'F' value are high than table values at 0.05 and 0.01.

(BF- fear of college activities, BFT- fear of teachers, BR- rejection and indifference by teachers, BI- incompetence of teacher, BH- harsh, BIS rude and sarcastic behavior of teacher, BS- other handicaps at school, BHA- ideation.)

Table 6 Show the mean, SD and F value of Social Problems

Factor	Sub- Factor	Gender	Mean	SD	N	DF	F	Sign
Social Problems	CS	Boy Girl	1.44 1.60	1.78 1.65	25 25	48	0.108	NS
	CI	Boy Girl	0.84 0.88	1.17 0.97	25 25	48	0.017	NS
Social Problems		Boy Girl	2.28 2.48	2.71 2.18	25 25	48	0.82	NS

Significant level of 'F' value: 0.05 level 7.17(df=48), 0.01 level 4.03 (df=48)

Observation of the table 6 indicated that the mean value of two classified group seems to differ from each other on Social problem**.** The mean and SD value obtained by the Boy Adolescent were 2.28; SD 2.71 and Girls Adolescent were 2.48, SD 2.18. Both group 'F' ratio was 0.82 at a glance those Girls Adolescent shows high score than Boys Adolescent. In the present study was third hypothesis related Social problem and Gender. It was "There is no significant difference between boys and girls Adolescent dimension with Social problem on Sub

factor". Gender effect represent the School problem was no significant (F- 0.860, 1and 48, P- NS). This is no significant 0.05 and 0.01 levels because they obtained 'F' value are low than table values at 0.05 and 0.01. In the present study was found that boys and girls Adolescent no differ from Social problem. The findings of the supported the first hypothesis, they are third hypothesis Accepted the present study. Finding was found that there is no significance difference between boys and girls Adolescent on Social problem.

Gender effect represent the social problem sub factor was no significant (CS- F- 0.10, CI- F- 0.17, 1and 48, P- NS). This is no significant 0.05 and 0.01 levels because they obtained 'F' value are low than table values at 0.05 and 0.01.

(CS- social inferiorities, CI- social isolation,)

Table 7 Show the mean, SD and F value of Personal Problems & over Sensitivity

Factor	**Sub-Factor**	**Gender**	**Mean**	**SD**	**N**	**DF**	**F**	**Sign**
Personal Problems & Over Sensitivity	DF	Boy Girl	1.24 1.84	0.87 1.43	25 25	48	3.18	NS
	DD	Boy Girl	1.48 2.64	2.06 1.68	25 25	48	4.74	0.01
	DH	Boy Girl	1.12 1.24	1.20 1.30	25 25	48	0.115	NS
	DB	Boy Girl	1.36 1.00	0.75 0.95	25 25	48	2.17	NS
	DM	Boy Girl	1.60 1.48	1.38 1.22	25 25	48	0.105	NS
	DC	Boy Girl	1.48 1.76	1.04 1.47	25 25	48	0.597	NS
	DP	Boy Girl	2.44 2.04	1.68 1.74	25 25	48	0.680	NS
	DFR	Boy Girl	1.28 1.28	1.20 1.36	25 25	48	0.01	NS
	DFF	Boy Girl	3.20 3.56	2.56 2.82	25 25	48	0.222	NS
Personal Problems & Over Sensitivity		Boy Girl	14.80 16.56	8.76 10.47	25 25	48	0.415	NS

Significant level of 'F' value: 0.05 level 7.17(df=48), 0.01 level 4.03 (df=48)

Observation of the table 7 indicated that the mean value of two classified group seems to differ from each other on Personal problem**.** The mean and SD value obtained by the Boy Adolescent were 14.80; SD 8.76 and Girls Adolescent were 16.56, SD 10.47. Both group 'F' ratio was 0.415 at a glance those Girls Adolescent shows high score than Boys Adolescent. In the present study was fifth hypothesis related Personal problem and Gender. It was "There is no significant difference between boys and girls Adolescent dimension with Personal problem on Sub factor. '' Gender effect represent the Personal problem was no significant (F- 0.415, 1and 48, P- NS). This is no significant 0.05 and 0.01 levels because they obtained 'F' value are low than table values at 0.05 and 0.01. In the present study was found that boys and girls Adolescent no differ from Personal problem. The findings of the supported the fifth hypothesis, they are fifth hypothesis Accepted the present study. Finding was found that there is no significance difference between boys and girls Adolescent on Personal problem.

Gender effect represent the school problem sub factor was no significant (DF- F- 3.18, DH- F- 0.11, DB- F- 2.17 DM- F- 0.10,DC-F-0.59 , DP- F- 0.68, DFR-, F- 0.01, DFP-, F- 0.22, 1and 48, P- NS). This is no significant 0.05 and 0.01 levels because they obtained 'F' value are low than table values at 0.05 and 0.01.but (DD- F- 4.74, 1and 48, P- NS). This is significant 0.05 and 0.01 levels because they obtained 'F' value are high than table values at 0.05 and 0.01.

(DF- illogical fears, DD- depressions, DH- health and constitution, DB- beauty consciousness DM- manners and habits, DC- present and future career, DP, personal handicaps, DFR-, frustrations and feelings of failure, DFP- inferiorities,

Limitations of the study

a) The finding of the study is based on very sample.

b) The sample was restricted to Jalna city in Maharashrta.

c) The study was restricted to only 12th class arts college students (arts facility) only.

d) The study was restricted students are only 17-18 years only.

CONCLUSION

a) There is no significant difference between boys and girls students with youth problems dimension on family problem, school problem, social problem and personal problem.

b) there is no significant difference between boys and girls students with youth problems dimension on family problem dimension on parental indifference, parental strict supervision and lack of freedom, criticism and lack of recognition by parents, demands by family, interference, parental dominance, rejection from parents, fear of parents, lack of affiliation, overdependence parents, inter-generation gap in ideology and sibling relations. But significant difference maintenance of difference between was and daughters and projection by parents. Boys have high significantly maintenance of difference between was daughters' than girls; girls have significantly high projection by parents than boys.

c) there is no significant difference between boys and girls students with youth problems dimension on schools problem dimension on fear of college activities, fear of teachers, rejection and indifference by teachers, incompetence of teacher, harsh, rude and sarcastic behavior of teacher and other handicaps at school, but significance difference ideation. Girls have significantly high isolation than boys.

d) There is no significant difference between boys and girls students with youth problems dimension on social problem dimension on social inferiorities and social isolation.

e) There is no significant difference between boys and girls students with youth problems dimension on personal problem dimension on health and constitution, beauty consciousness, manners and habits, present and future career, personal handicaps, frustrations and feelings of failure and inferiorities, but significantly difference illogical fears and depressions. Girls have high significantly illogical fears and depressions than boys.

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Efficacy of Cognitive Mind Maps in Enhancing Academic Achievement among High School Students

Chandini Bhoopal* and Saroj Arya**

ABSTRACT

Cognition is a vital component of learning. 'Mind Maps' represent the essence of a topic visually with key words. They are effectively used for presentation of information in corporate and business sectors. Globally, interest has sprung up about its usefulness in education. India is a country of much diversities- cultural, social, linguistic and economical. Its strong educational system is defined by the global success of Indians in every field. Though the English language is ubiquitous as a consequence of British rule, a large proportion of the student population are challenged by an inability to communicate (read, write, speak) adequately in English, at the same time attending schools where the medium of instruction is English. Statistics show High School drop outs and failures are common especially among lower socio-economic groups. The present research investigates the effectiveness of Mind Maps in enhancing academic achievement in high schools. It is multi-disciplinary research involving visual studies and experimental psychology. It is pre and post research conducted on students from four schools in Telangana.

***Keywords**: Cognition, Mind Maps, Achievement, School*

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INTRODUCTION

Cognitive Mind Maps are a practical and effective way of representing an entire subject as a visual outline using keywords, connecting links and colours. The term is attributed to Psychologist Tony Buzan (1974, 1996) who first used it during his BBC (British Broadcasting Company) Television shows. Subsequently he wrote several books on the subject promoting what he calls 'Mental Literacy'. The visual impact on the brain is one among the most significant Cognitive senses responsible for memory and recall. (Galotti, 2012). Mind Maps aid the perceptual factors in registering the 'Layout' of important constituents and links in a subject assisting the 'mind's eye' in recording images that improve recall and memory for information in learning (Esgate, Groome, 2012). The processes occurring during perception, storage, encoding and the responses involved in the neural representation describes visual memory (Hunt, Reed and Ellis, 2006). The present study is experimental research based on the pre-test post-test design. The participants are three hundred and six High School students from four schools in the area of the twin cities of Hyderabad and Secunderabad in the state of Telengana, formerly part of Andhra Pradesh. Cunningham's research (2005) found that 80% of the students in the study thought "mind mapping" helped understanding concepts and ideas in science subjects. Other studies report positive effects with usage of mind maps. Farrand, Hussain, and Hennessy (2002) explored the effect of spider diagrams (similar to concept maps) and discovered they had a significant, partial effect on memory and recall in undergraduate students.

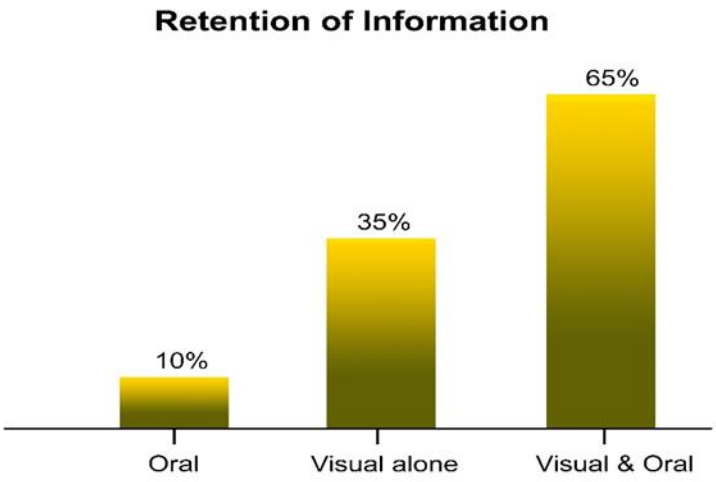


Figure 1 Information Retention with Visuals

Cognition

"Cognitive senses include vision, (sight), audition, (hearing), olfaction (smell), gustation (taste) and tactition (touch) among others. Cognitive processes include attention, perception, memory, understanding, reasoning, problem solving, knowledge and intuition" (Galotti, 2008).

Mind Maps and Key words

"The terms "Mind Map" and Key words were first used by British Psychologist Tony Buzan. (2005). He says while "traditional" text layouts compel readers to browse left to right and top to bottom, in reality they tend to scan the whole page in a non-linear, radial fashion."

"Mind Maps are visually representing important features of a subject" (Buzan, 1996.)."Visual memory is one of several cognitive systems, which are all interconnected parts that combine to form the human memory."

Academic Achievement

"Academic achievement is commonly measured by examinations or continuous assessment. Students in high schools are reviewed periodically for academic progress. These are the key progress indicators for the students' achievements."

Academic Progress

Mind Maps have been proved effective in several informal reports and published studies conducted abroad in schools at primary, secondary and even graduate levels (U.K.,Cain, 2002).The Seabrook school reports (Australia,) is one of suchcases. Esgate and Groome say that "Mind Maps increase association, imagination and creativity –they can be tools to improve memory"(2012).

Need and Justification

Mind Maps are effectively used in the corporate world and even Research for clarity in presentation. Buzan claims that, though this technique is employed by two hundred and fifty million people the world over, its use in schools has not been practically availed of to its potential. A studied and systematic approach to the usage of Mind Maps to productively enhance teachers' instructional methods and students' study skills in High schools could prove extremely beneficial to a large section from the lower socio-economic strata.

Currently, in some schools, where teacher pupil ratios are higher, teaching methods poor and facilities below average, the students seem to comprise a large number who cannot communicate in English, nor is it spoken at home, but they attend "English medium schools"! Their only exposure to the English language is through media such as newspapers (though mostly only regional newspapers are read), T.V. (again, mostly programs in the regional

language are viewed) and films (but largely seen in the regional languages only). Often the children are sent to inadequate tuitions and tutorials after school hours which the families can ill afford. In High school, the lessons are more complex and longer than in the lower classes. There is a lot of reliance on 'guides' and published study material to the SCERT textbooks. Student's who can barely read, attempt to memories whole answers to questions in a vain attempt to pass the exams. Statistics show that High School drop outs are on the increase. The newspapers are publishing reports that more than 5000 schools in Andhra Pradesh and Telangana alone are changing from the regional language as the mode of instruction to English. In this kind of educational climate, with a fast increasing population growth, there is an urgent requirement for technologically up to date reforms if India wishes to maintain and improve the education at school level to match those of developed countries of the West.

METHOD

Objectives

The research was implemented with the following set of objectives:-

a) To examine the role of Mind maps in the enhancement of academic achievement in the subjects of General Science and Social studies among students from 8^{th},9^{th} and 10^{th} classes in High schools.

b) To investigate the effect of Mind Map usage on the Learning style of students in 8^{th}, 9^{th} and 10^{th} classes in High schools in the subjects of General Science and Social studies.

c) To investigate the effect of Mind Map usage on the Thinking style of students in 8th, 9th and 10th classes in High schools in the subjects of General Science and Social studies.

d) To study the impact of Intelligence on Mind Map usage in General Science and social studies among 8th, 9th and 10th class students in High schools.

e) To find out if Mind Map usage is more effective in the study of General Science or in the study of Social studies among the students of 8th, 9th and 10th classes in High Schools.

Hypotheses

H^1 Cognitive Mind Map usage enhances academic achievement in General Science and Social Studies among the students of 8th, 9th and 10th classes in High Schools. H3. Cognitive Mind Map usage will have an effect on the learning style of students in 8th, 9th and 10th classes in high Schools.

H^2 Cognitive Mind Map usage will have an effect on the learning style of students in 8th, 9th and 10th classes in High Schools.

H^3 Cognitive Mind map usage will have an effect on the Thinking style of students in 8th, 9th and 10th classes in high schools.

H^4 Intelligence will have an impact on Cognitive Mind Map usage in General science and Social Studies among students of 8th, 9th, and 10th classes in High Schools.

H^5 Cognitive Mind map usage will be more effective in Social Studies than in general Science among students of the 8th, 9th and 10th classes in High Schools.

Research Design

The research is multi-disciplinary and experimental based on the Pre and Post Test design. The participants' baseline results and the results after the Cognitive Mind Map intervention were recorded and tabulated.

Tools Used

a) Draw a Man Test for Indian Children to measure Intelligence Quotient. Dr. Pramila Phatak.

b) Style of Learning and Thinking (SOLAT). Dr. D. Venkatraman, Administrator's Manual.

Draw a Man Test for Indian Children

The revised test with extension, VIIIth Edition, 2013 by Dr. Pramila Phatak was used. The Test-uses is based on the development of the concept of the human body. It comprises 25 scoring points for each bodily part including 'face',' bust,' 'full figure', 'proportion of feet' and 'indication of sex'. Scoring points are critically evaluated to determine the intelligence quotient (IQ).The upper age limit of the scale is 15 years and 5 months which corresponds to the average 10th class age group. The Test was conveniently administered to groups of children simultaneously. There is no time limit but usually no child draws more than 30 minutes.

Style of Learning and Thinking Test (SOLAT)

Differences in preference of the two brain hemispheres for information processing have been referred to as styles of learning and thinking (SOLAT) by Torrance (1977). The Administrator's manual of Dr. D. Venkatraman was used. Research studies conducted by

Reynolds and Torrance(1978), Bracken and Torrance (1979); Venkatraman (1989) indicate it is possible to

modify a person's preferred style of learning and thinking over a relatively brief period(six to ten weeks).The Tool consists of 100 statements explicating 50 preferences each for right and left hemisphere functions. Numbers 1 to 25 items measure Learning style- Verbal, Content preference, Class preference, Learning preference, Interest. Numbers 26 to 50 items measure Thinking style-Logical / Fractional, Divergent/Convergent, Creativity, Problem solving, Imagination. SOLAT has a built in scoring key which makes scoring easy."

Population / Sample

The participants comprised High school children of 8th, 9th and 10th classes from four schools of these categories- government aided, private schools, CBSE and SSC curriculums and all girls and co-educational schools. Students whose study skills were found inadequate or who were striving to cope with the curriculum were suggested by the teachers. Three hundred and six students were included in the program. Absenteeism, changing schools and age exceeding the criteria (over fifteen years and five months) were some of the reasons of exclusion.

Procedure

Workshops to familiarize students and teachers were conducted in each school on Mind Maps. The help of Buzan's 'I MIND MAP SOFTWARE" (version 7) was availed of through Power Point Presentations. All the guidelines for Mind Maps like- start center of the page, using key words, free flowing network of links and using minimum three colours were demonstrated. The Draw a man Test was administered to measure IQ. The SOLAT test was conducted before and after the training to measure any changes in styles of learning and thinking and its

relationship to Mind Map intervention. The marks and progress reports were recorded from the school pre and post training.

Figure 2 Example of a computer generated Mind Map

Mind Map Training Sessions

The sessions were organized on completion of the lessons, and conducted in the activity period, library period or the study hours. The subjects chosen were General Science and Social Studies. Students were trained to make Mind Maps using the key words from lessons. The duration was one or two school periods (approximately ninety minutes). Eleven sessions were conducted during one academic year.

METHOD

All the data, the results of Draw a Man Test, baseline and post-test marks, pre and post scores for SOLAT test and demographic details of age, gender and class were entered into the Statistical Package for Social Sciences (SPSS) and tabulated.

Descriptive Statistics

a) Frequency distributions of the demographic variables and thinking and learning style were computed.

b) Baseline and Post Intervention Mean (M) and Standard Deviation (SD) s of the study variables such as Academic achievement (Marks), Learning Style (LS), Thinking Style (TS), were computed.

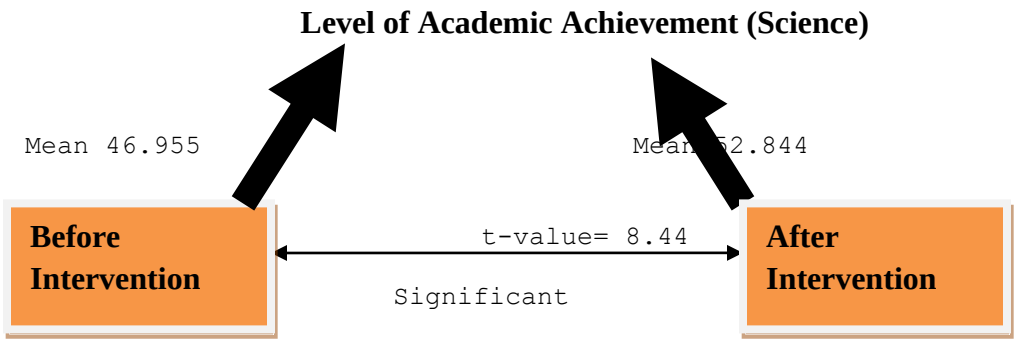
Inferential Statistics for testing of Hypothesis

a) Paired t-test was used for comparing pre and post mean scores of Academic achievement, Learning, Style, and Thinking Style.

b) One-way Analysis of Variance (ANOVA) was used for comparing academic achievement (in the subjects of Social Studies and General Science) with respect to Learning Style as well as Thinking Style.

c) Chi-square test was used to see the association between Learning style as well as Thinking style with respect to demographic variables such as Gender, Type of School, Type of Curriculum, Class Standard and IQ.

RESULTS



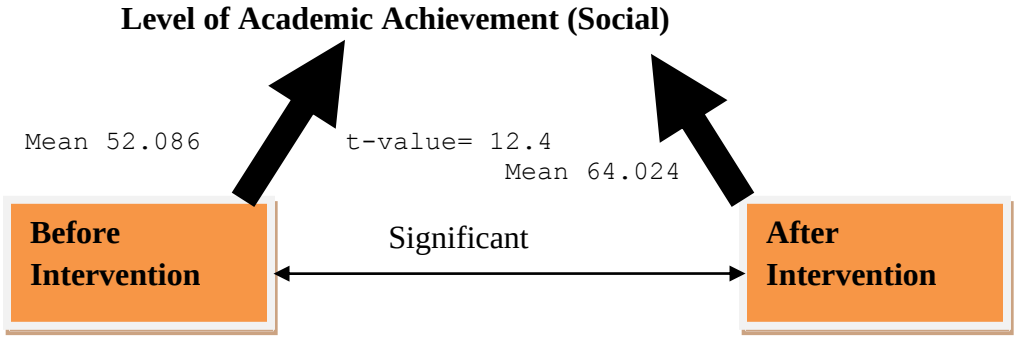


Figure 3 Levels of Academic achievement with mean, t value, significance Pre-Post Intervention for Science and Social Studies

The results were found to show a significant positive effect of Mind Map usage on academic achievement in the subjects of General science and Social Studies.

The learning style changes that were noticed showed an increase of right brain hemispherical learning by 28 per cent in 8^{th} class, 44 percent in 9^{th} class and 34 percent in 10^{th} class students. Though Chi square analyses suggests these results are not significant.

The results showed an increase of 10 per cent, 12 per cent and 14 per cent in right hemispherical thinking among 8^{th}, 9^{th} and 10^{th} class respectively. But chi square analyses evidence suggests the results are not significant.

The impact of Intelligence on Mind Map Training was not found to be significant though there was an overall increase of 30 per cent towards right brain learning style among all levels of IQ (Intelligence Quotient). There was a change of 22 percent towards right brain hemispherical thinking among students in the dull IQ range. There was a change of 10 percent in the other

levels and the very superior IQ levels showed only a 2 per cent shift towards right hemispherical thinking.

Mind Map training was found to be more effective in the subject of Social Science when compared to General Science with a significance level of 0.01.

With reference to gender, school type and curriculum there were changes but were not found to be of significant levels. A higher percentage of CBSE students used right brain hemispherical learning than SSC students post training but the levels were not significant.

DISCUSSION AND CONCLUSION

There was a lot of enthusiasm in learning the new method of learning. According to the teachers' feedback some students showed new confidence in academically learning and personality. An improved understanding of subject matter and overall comprehension was noted.

Limitations

The limitations of this study were that the samples were from students of $8^{th,}$ 9^{th} and 10^{th} classes of English medium schools from private and government aided schools, hence not a representation of all students of 8^{th} class, 9^{th} class and 10^{th} class. The schools were from the areas of Hyderabad and Secunderabad, Ranga Reddy district only and rural and regional language schools are not represented.

Conclusion

For several students attending English medium schools reading, writing and comprehension is very difficult as the language of communication is not English in homes and

exposure to it is minimal. Very often, intelligent children do not achieve their potential academically. A positive significant effect of Mind Maps on academic achievement was noted by an increase in performance in General Science and Social Studies. The experiment may be repeated over a longer duration by following the progress of students from 8th class through 10th class. After test re- test verification a valuable practical application of the research will be inclusion of Mind Maps at end of every lesson in NCERT and SCERT text books.

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Psychosocial Study of Parent of Children with Autism of Vadodara city

Jigna Thakkar*

ABSTRACT

This Study shows the societal reaction towards children with autism, which exclude children with autism and their parents thus Society need to be inclusive to give those children equal opportunity to grow. Case studies in the research, explain the situation of the parents of children with autism of four diverse groups: Distress environment in child's family, Economical problems in child's family, Twins study along with working parent having special child, and Young girl child.

It is rightly said by Dr Tample Grandin that *"There need to be a lot more emphasis on what child can do rather what he can't*" thus study explore unique skills of special child and ability of parents to recognize those skills so that parents can provide suitable environment to grow and excel their child in society uniquely.

Study explore about the awareness among parent for the recent amendment in disability bill and also explore about the parent's awareness related to organization working for the special children in Vadodara city.

Keywords: *Psycho-social aspects, Autism, Parents of Special Child, Inclusive Environment*

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INTRODUCTION

It means that study which includes both psychological and social aspects of children and their parent. 'Child' defines as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18. Parent means one of two persons from whom one is immediately biologically descended: a mother or father. It also means a person who brings up or care for another.

Disability and health

The World Health Organization (WHO) defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."Thus dysfunction in physical, mental and social well-being may lead to following situation.

Disease ⟶ Impairment ⟶ Disability ⟶ Handicap

According to the Inter-national Classification of Diseases (ICD): Impairments, concerned with abnormality of body structure and appearance and with organ or system function) resulting from any cause; in principle, impairments represent disturbances at the organ level. Disabilities, reflecting the consequences of impairment in terms of functional performance and activity by the individual; disabilities thus represent disturbances at the level of the person. Handicaps, concerned with the disadvantages experienced by the individual as a result of impairment and disabilities; handicaps thus reflect interaction with and adaptation to the individual's surroundings.

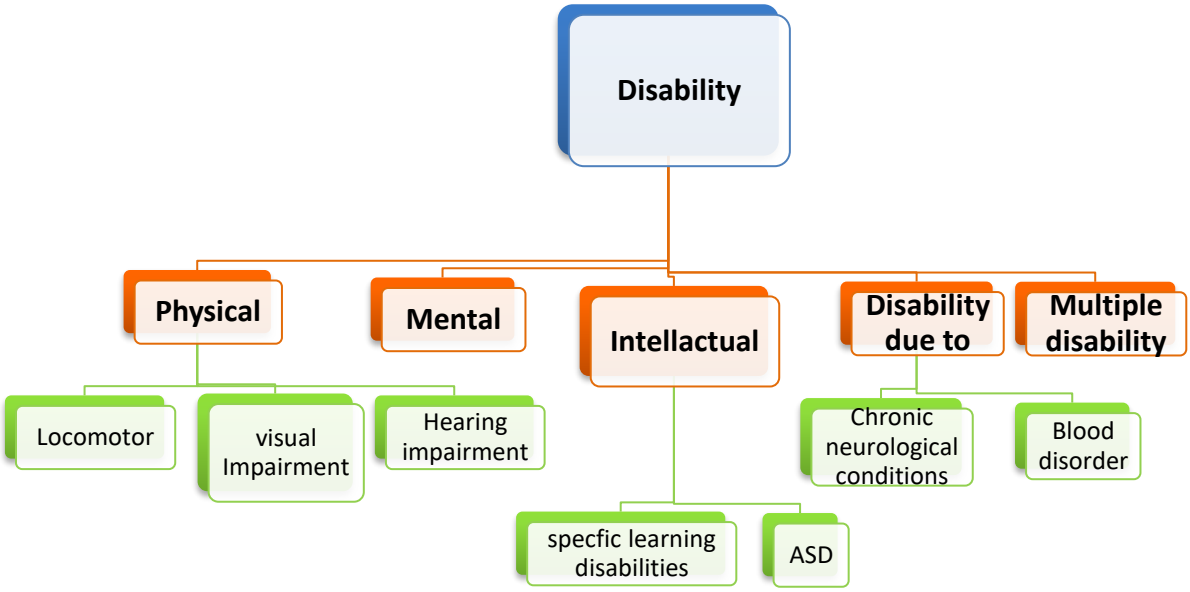

Figure 1 Classification of Disabilities (According to RPWD act, 2016)

ASD (Autism Spectrum Disorder)

According to DSM-V, Autism spectrum disorder includes various kind of behavior of child which has following diagnostic criteria:

a) Persistent deficits in social communication and social interaction across multiple contexts, currently or by history:

b) Restricted, repetitive patterns of behavior, interests, or activities, currently or by history:

c) Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

d) Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

e) These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make co-morbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Table 1 Severity levels of autism spectrum disorder differ and it is defined by the new criteria

Severity levels	**Social communication impairments**	**Restricted, repetitive patterns of behavior**
Level 3: Requiring very substantial support	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others For example ,a person with few word of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interferes with functioning in all spheres. Great distress/difficulty changing focus or action.
Level 2: Requiring substantial support	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who	Inflexibility of behavior, difficulty coping with change or other restricted/repetitive behaviors appears frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.

	speaks simple sentences, whose interaction is limited to narrow special interests, and how has markedly odd nonverbal communication.	
Level 1: Requiring support	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social Interactions and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but who's to - and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

Significance of study

Societal response towards children with autism restrict the parents to send their child freely to socialize with others and also obstruct the child to development, thus it shows the need to spread the awareness regarding autism in society so that society will be inclusive enough to help children in his/her progress.

Social worker has a role in policy making thus it give the idea to policymakers to see the awareness of amended disability law among parents of children with autism, so there is need to think upon the way to spread awareness and to find the other gaps in law which restrict the disable to participate in society and create the equal world for all.

Majority of parents may not aware about the amendment in disability act so the researcher made them aware through this research which may help them to get the security by various government program.

Providing referral service to client is also one of the important role in social work practice, thus study will enable the researcher to provide the referral services to parents to be interviewed according to the need of service child requires. This way study can help parents as well as child.

METHODS

Objective

a) To study difficulties faced by parents of children with autism.

b) To understand the society's reaction for child with autism and the way parents manage societal reaction.

c) To know the awareness of parents regarding recent amendment in Disability Act (2016) and various treatment options available for child.

d) To understand the parents' capability to recognize child's skills.

e) To study parent child interaction pattern.

Research design

Study is of explorative as it explores about the awareness of parents of children with autism related to amended law and organizations for special children with autism and also one which describe the psychosocial situation of parents of children with autism and the way society respond towards them which also affect children as well as parents. Therefore it is of explorative cum descriptive one.

Universe

The universe of study is all parents availing the services cater by six institutions working for special children.

Sample and Sampling

Researcher had requested all possible organization related to special children working in vadodara city for data collection and asked about the list of children with autism but many organizations have not register autism children in their organization. From few organizations who have register child with autism, were asked the list of children with autism and from that list parents were requested for interview and from those only few parents had given consent for interview. Thus researcher had planned to conduct the research through "Random sampling method" But as very few parents had given the consent for interview researcher had applied "Purposive sampling" method for the research.

Thus the size of sample is of 41 parents availing services from six institutions for treatment of their special child who had given consent for interview.

Table 1Sample Distribution (N=41)

Sr. no	**Particulars**	**Frequency**	**Percentage (%)**
1	Spandhan NGO	9	22
2	Isha hospital	21	56.1
3	Sai residency	3	7.3
4	Sankalp	2	4.8
5	Prayaas, pediatric therapy centre	2	4.8
6	Others	4	9.8
Total		41	100

Researcher had collected majority of information (56.1%) from Isha hospital where as rest of information from rest of agencies. Others include one interview from ladharam special school, rest from parents association.

Tool of data collection

Tool of data collection consist of primary sources as well as secondary source of data collection.

Primary sources: Structured interview schedule comprising open and close ended questions comes under the primary source of data collection, which is quantitative method for collecting information, whereas observation is qualitative method of data collection used for case study describing the condition of parents of children with autism.

Secondary Source: For designing the structured interview schedule, various books and few dissertations had been taken for the reference.

Plan of Analysis

Study undertaken is of qualitative as well as quantitative in nature. Analysis of various psychosocial aspects of parents of children with autism has done through uni-variant and bi-variant frequency distribution method, which is part of quantitative method. Whereas case study is describing psycho social situation of parents of children with Autism, are the part of qualitative study through observation.

Reference period

The Reference period for the data collection is from May 2016 to September 2016

Content Validation

The tool was validated by well-known academicians and professionals working in this area in order to incorporate their views and upgrade the tool accordingly.

Ethical consideration

Researcher had taken consent from organization authority as well as from the parents for interview and also maintained confidentiality principle during study. As a part of ethical guideline, participant can drop out any time during the interview and researcher can't force them to continue, in this study two parents were not comfortable to answer certain details, researcher had not forced

for answering those questions. Researcher made the parents aware about the recent amendment in disability bill (2014).Apart from this researcher had referred few parents to parents association so that they can get help about the information of service related to the same field and parents don't have to pay anything for the same. Thus study had provided referral service whosoever needed. This way, researcher had followed ethical guideline for research.

Limitations:

a) Study is only limited to Vadodara city only.

b) Time factor was a big constraint from parent's side as well as from researcher side hence size of sample is small and thus universal male to female ratio of autism had not been achieved.

c) Majority of respondents were from the Isha Hospital, treatment of which can be afforded by economically stable family thus the situation of economically weak family had not been covered.

RESULTS

Bi-variant analysis

Table 2 Showing Relation between Education level of Parents and Special Treatment taken by Child

Education	Special treatment taken		Total
	Yes	No	
Illiterate	0	0	0
SSC	7(100)	0	7(100)
HSC	4(100)	0	4(100)
Graduate	10(90.9)	1(9.1)	11(100)
Others	19(100)	0	19(100)
Total	40(97.6)	1(2.4)	41(100)

(Note: Numbers in parenthesis indicate row percentage)

Illustration of table 2 shows that all parents from diverse educational background were giving special treatment to their child where as only one parent (2.4%) who had done education till graduation were not willing to send their child for special treatment.

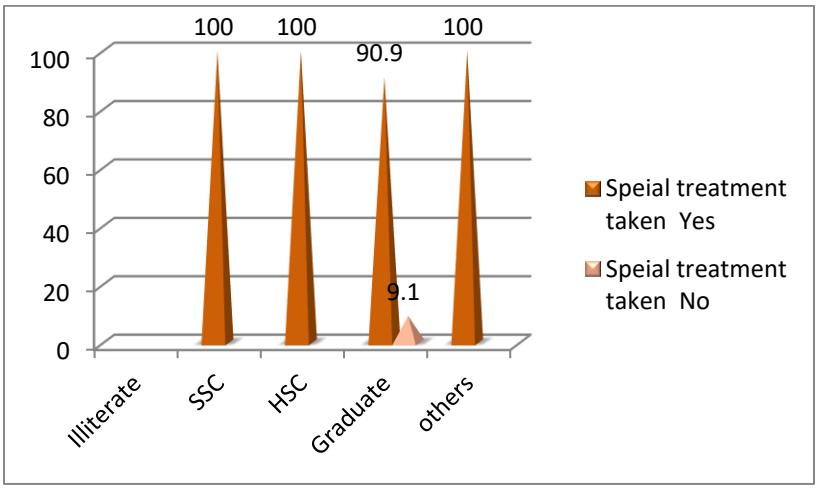

Figure 2 Showing relation between Education level of Parents and Special treatment taken by Child

Table 3 Showing Any Special Skills of Child

Sr. no	Particulars	Frequency
1	Good memory	15
2	Music listening and singing	6
3	Good dance	5
4	Good observer	3
5	Good physical strength	2
6	Good at house hold work	2
7	Good follower	2
8	Curiosity	2
9	Other skills	13
10	No skills	2

DISCUSSION AND CONCLUSION

Many believe that the greatest scientist Albert Einstein had autism spectrum disorder (possibly Asperser's Syndrome). Einstein had difficulties with social interactions, had trouble learning in school and didn't like to be touched. Others, however, consider his behavior to be a direct result of his passion for science.

It can be perceived from above table that majority of the parents(N=15) believe that their children have good memory skill and most of other parents (N=13) were mentioned variety of skill which include football playing, skating ,gymnastic ,writing ,gymnasium ,mimicry, good test of food, drawing, dedication, ambidextrous, travelling, creativity and visualization.

Rest of parents had mentioned skill like listening music, singing, good observing skills, good physical strength, much curious especially for learning and study. But only two parents believe that their child have not any skill

Conclusion

It seems that every special child speaks: "My ability is stronger than my disability" as society always consider them Unable rather than Enable. This study shows the mirror of society to us by describing the societal reaction towards special child.

As society is not inclusive and supportive, parents of special child get frustrated and exclude them as well child from society which can be seen in study through the parents' willingness to send child to play with neighborhood child is low, but parents need to understand and make the society understand that "Special children doesn't need special parents but parents become special by having special child."

Study also shows that special child has special skills so as autism child. The great scientist, Einstein also had autism thus it shows that autism child has savant skills which is already seen in many researches, thus Albert Einstein had rightly said that "Everybody is geniuses, but if you judge fish by its ability to climb tree it will live its whole life believing that it is stupid".

The fact has been proved from study that autism prevalence is more in boys than girls. From the Study it can be concluded that Most of educated parents who had perused graduation or more education, were not even aware about their own child's autism score, amendment in Disability bill, and also about organization working for special child, which shows that either government is not doing their job properly or parents are reluctant to know this things which may help their child to develop.

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Role of Psychology for Children with Special Needs

Ratnesh K Singh* and Rinku Kumar**

ABSTRACT

Psychology is an important for each child with and with ought disabilities because if gives an increasingly role in solving human problem. Psychology is the study of all aspects social behavior and mental process. Children with special needs are people who need special help or care. Modern Psychology may be most successfully for children with special needs because through this we can assess the behavior and abilities. Different sources psychology is *beneficiary* for children with special needs.

Keywords: *Role of Psychology, Special Needs, beneficiary*

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INTRODUCTION

Psychology concern itself with the scientific investigation of human behavior. Psychology touches almost every aspect of our lives. As society has become more complex, psychology has assumed an increasingly important role in solving human problem. Psychology is the study of all aspects of behavior and mental processes. It includes topics such as how the brain works, how our memory is organized, how people interact in groups and how children learn about the world. Because of its breadth, virtually everyone can find something in psychology that is of interest to them. Psychology has links to the natural sciences, the social sciences and the arts, and leads to a variety of career opportunities. Professional psychologists work in the areas of clinical psychology, educational psychology, organizational psychology, forensic psychology, counseling psychology and health psychology.

The history of psychology can be divided into two broad periods:-

a) Pre-scientific: - Extending from the work of the Greek philosophers through the latter half of the nineteenth century.
b) Scientific- Extending from about 1879 to the present.

Children with special needs are people who need special help or care, for example because they have a disability. "Special needs" is an umbrella term for a staggering array of diagnoses. Children with special needs may have mild learning disabilities or profound cognitive impairment; they may have food allergies or a terminal illness. A child's special needs may include developmental delays that catch up quickly or remain entrenched. It may also refer to children with occasional attacks or serious psychiatric problems. No matter the reason, the

designation is useful. It can help you obtain needed services, set appropriate goals, and gain an understanding for a child and stressed family.

Modern Psychology may be most successfully for children with special needs because through this we can assess the behavior and abilities (i.e. achievement, socials and emotional functioning, personality, and developmental status), intervention, prevention, health promotion, crisis intervention, and program development and evaluation services with a special focus on the developmental processes of children with special needs.

Psychology and education

Education has to depend on psychology finding for what is done and how it is done (B.N.Jha)

a) Education is most important for modifies the behavior. It brings such changes in the behavior which is for his mind. Today education is not taken in the sense of simple information. The aim is to help child in the growth and development of child. It is a phase of social process that is fostered by society for the purpose of fitting its members for life in the group. Modern education aims at the harmonious development of the personality of the child.

Education and psychology are related because both are concerned with nature of behavior. To bring effective changes in the behavior through education, it is necessary that child's emotional and social make-up is studied.

Role of Psychologists

The Role of Psychologists in Health Centers - April 2010. Psychologists provide mental and behavioral health services. Psychologists focus on prevention; address health disparities; aim to reduce psychological distress; and enhance and promote psychological wellbeing in all populations. The role of the psychologist can be looked at under headings:

Case work

Psychology is a useful for direct and indirect intervention with students. It involves identifying strategies to develop the child's potential, to educate the child more effectively and sometime to manage the child more effectively. This strategy may be including changing the environment in which the child is taught and sometime in which the child lives.

Assessment

Assessment is a good technique to assess the child with special needs. Through these psychologists ideally takes the holistic approach or overview of all aspects of the person's functioning in life rather than of one discrete aspect of functioning base on psychological experience. Assessment concerns are with child cognitive, emotional, social, interpersonal relationship, self care and independence. Assessment is a collaboration technique with the service user, teachers, doctors, parents, and other professionals. It is also useful for development if Individual educational Plan (IEP), Individual Transition Plan (ITP) and Individual Care Plans (ICP). After assessment of child we can make the better strategies, teaching learning material and other technique for teach the children with special needs.

Guidance and counseling

Guidance and counseling is playing the vital role to provide the information and guidance on children problems. It may also be about helping individuals to clarify their issues and concerns and to identify their own solutions to their own problems.

Support in Positive behavior

It is useful to improve the positive behavior_of children with special needs. Psychologists work on multi-element, positive programming approaches. This process may involve intensive and long term work. A comprehensive, multi-elements intervention has many stages including a functional analysis of presenting problems, careful prioritization of intervention goals, altering the environment which may be contributing to the presenting problems.

Control of Emotions

A child's behavior is more guided by his emotions than by his intellect and reason. It is very useful to develop the emotion of child such feeling of the child, guilt, behavior etc.

Source of Psychology

1. Philosophy
    a) Greek Philosophers namely Plato and Aristotle
    b) Hindu, Jain and Buddhist philosophy.
    c) Kant of Germany
    d) William James of the USA
2. Clinical Studies
    a) Sigmund Freud

b) Jung

c) Adler

3. Physiology

a) Gustav Fechner

b) Hermann Von Helrmholtz

c) Pavlov

4. Mental Testing

a) Alfred Binnet

THE CHALLENGE OF CHILDREN WITH SPECIAL NEEDS

Labels abound, some of them distasteful, some inaccurate, some just in vogue, others useful to understanding and planning. I am speaking about children who have substantial special needs. They may be diagnosed with complex disorders such as Autism, Asperger's, Pervasive Developmental Disorders, Bipolar Disorder, Tourette's, or Mental Retardation. All are challenging to identify reliably, and even more challenging to treat effectively. We can add the physical disabilities of blindness, deafness, and a multitude of serious medical disorders that strike children and significantly limit their ability to function.

Each of these disorders has books, websites, and national organizations devoted to them. Parents often know more about the specific disorder than any individual professional involved in treating the child because they devote hours to researching out all available information. The Internet has made much more available including the ability to contact other parents with similar concerns.

Yet, as I recently listened to a group of such parents share their pain and frustration, I could hear some common issues being expressed repeatedly: the need for parental support systems, the reality that in many situations nothing really works to resolve the challenges their children present, the lack of social opportunities for their children, the impact on marriage, the impact on siblings, and fears about the future.

Parent Support Groups

As I sat and listened to these parents share their painful stories, I felt particularly powerless. I had no magic solutions and rarely an idea that they hadn't already heard from some other professional. Yet, as the meeting drew to a close they were so thankful! The process of sharing their struggles face-to-face with other parents who understood them best made a difference. Some actually exchanged phone numbers and planned to meet again.

The main plea was the need to have ongoing support groups. There was talk about the lack of respite from the 24/7 challenge of caring for these children. Finding someone to watch their child for a few hours so they could have time for personal, marital, or family activities was a universal challenge. The typical sitter lacks the skills and even if one lives near family, they too often lack the understanding or patience required to help. In fact extended family non-support was a key issue. Too often these parents are criticized by their own extended family for not being able to better manage the behavior of their child with severe special needs. The frequent result is avoiding attending family and community events.

These parents need a level of support that is difficult to give if you haven't been in their shoes. The understanding that was shared within the group was very powerful. It was especially

helpful because these parents are very isolated and despite information that may be available, still end up feeling as if their struggles are unique and represent their failures as parents.

But the emotional support and social connection was only part of the group's value. These parents knew so much that they were terrific resources about the latest information as well as being able to share what strategies or services had proven helpful with their child. So there was a practical, informational aspect to the value of the group.

It was obvious in reflecting on this meeting that more community agencies need to commit to providing an opportunity for these focused parent support groups. Online chat rooms help but talking to other parents in a real room, especially parents who live in the area and can become a true personal connection, is essential to the coping ability of these parents.

Impact on Family

Children with severe special needs drain enormous amounts of time, energy, and money. Marital problems are reported to be present to a greater degree because of the lack of time for nurturing the marriage plus the frequent problem of parents disagreeing on what needs to be done for the child.

Another source of tension is that often one parent is more effective in managing the difficult behaviors. The reduced couple's time is especially important because there is more that needs to be discussed and dealt with including the feelings of grief and disappointment that sometimes never get processed. The ability to learn to enjoy the positive aspects of the child and to take a more spiritual perspective about what all family members gain from having to address

these challenges can only take place after having grieved the loss of what the parents had expected from that child at birth.

Sibling issues need attention. Parents and professionals alike often lose sight of the need to help siblings understand the problem that is affecting their brother or sister. Then there is the challenge of trying to reduce the jealousy that results when so much attention is focused on one child as well as the frequent limitations on doing common family activities. It is clear that siblings need an opportunity to voice their questions, concerns, and feelings.

A particularly important issue is helping them identify their negative feelings as normal and reduce the guilt that often complicates their behavior within the family and toward their sibling. Once again we are talking about the need for support groups. To learn that they are not alone in their situations and in their feelings is critical to a healthy attitude and the ability to cope. Communities need to provide these opportunities.

Conclusion

In Psychology we can say that the role of psychology for children with special needs are a reflection of the social value with which such person are regarded and are of grave concern for the perceived ramifications on professional behavior and psychology outcomes.

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Study of Psychological Spiritual Undertones in Tantric practice and its Significance in Modern Cognitive Outlooks

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ABSTRACT

The aim of the study was to explore psychological spiritual undertones in tantric practice and its significance in Modern Cognitive Outlooks. Socio-cultural model play an important role in the study and culture relies to a great extent on visual expression. The medieval Indian tantric language and the perform of visualization concentrated upon a central focus on cognitive aspects while studying images. This allows utilizing the contemporary theories of metaphor and cognitive blends. While weaving the contemporary textures of cognitive science and semantics into the fabric of culture without minimizing the intrinsic psychological and cultural significance. The ritual of Tantra visualization brings into play two kinds of different inputs having different functions.

Cognitive science has made significant progression in perceptive human nature. This philosophical and psychological cognitive analysis allows material from Indian culture to be read in a new light. At the same time engaging contemporary theories of cognitive sciences and semantics, this attempts to demonstrate how rituals, images and the language are used to encode those rituals which can be addressed without diminishing their intrinsic cultural significance.

Keywords*: psychological spiritual, Modern Cognitive, significance progression*

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INTRODUCTION

When we try to comprehend our Indian socio-cultural model, we see that it is a peculiar anomaly of modern industrial society. In this context transmission of age-old values and the contextual manifestation and interpretation of the universal can be understood through certain belief systems. Tradition is not a persistent symbol or motif in community culture or a repetitive behavioral pattern; it is a revival and regeneration of the life force of the community, an assertion of an identity. When the cultural changes are supposed to be beneficial, it may be difficult for an individual within a culture to accept the change, because a society is influenced by certain norms and beliefs. What is required for social psyche and development is a change in the belief and value systems of people, making them more adaptive and responsive to organic development and growth.

Traditional art forms have survived for centuries and will continue to do so in the future due to their flexibility. Functionally speaking- when Art is created, it is intended to do a job within a culture. In the following examples, Art assists us in rituals that promote our spiritual or physical well-being. They could also be with reference to soci0-psychological changes in India. According to Ananda Kumara Swamy "tradition and its transmission implies- value judgment, about the desirability or superiority of some transmitted element. Change is characteristic of all cultures but the pace and directions of the change vary considerably. In traditional society, art is an integral part of living".

The culture of India relies greatly on visual expression. The medieval Indian tantric language and the practice of visualization concentrated upon a central focus on cognitive aspects while studying images. This allows utilizing the contemporary theories of metaphor and

cognitive blends. Additionally, it applies the classical theory of Rasa to unravel the meaning of opaque images. Indian psychology and culture is understood in a nouveau fashion, while weaving the contemporary textures of cognitive science and semantics into the fabric of culture without minimizing the intrinsic psychological and cultural significance. The ritual of Tantra visualization brings into play two kinds of different inputs having different functions.

Tantric Practices-What effect do they have on the human psyche?

While examining Tantric practice from a cognitive viewpoint we arrive at an alternative to a contemporary approach to indigenous psychology and culture. This brings about different outlooks: Culture in terms of internal elements like self- awareness, contemporary cognitive science, visualization and the conceptual aspect of Indian classical aesthetics.

During the fifth century CE, there was an orientation in South Asia about the Tantric texts which have a body of literature that teaches certain ritual activities and disciplines to the practitioners who are initiated (Bhattachrya, N.N., 1982).

Psycho-cultural Significance

The texts of Tantra provide specific guidelines for meditation and also particular worldviews and philosophies that aim to modify the practitioner's outlook and reaction to the world. Each tantric text, in general, addresses a primary deity, explaining how to invoke the deity. This invocation is through the use of syllables which are sacred (mantra) and also practicing visualization which includes geometric images that are abstract in nature (mandala). Performing such actions results in both achievement of perfections or magical powers,(practiced by siddhis) as well as the realization of the self. It is because of the internal philosophical flavour of this discourse, the entanglement of its rituals, and inaccessibility of comprehensible

contemplative practices, that a unitary understanding of Tantra has escaped western scholars (Gupta 1981), (Alper, 1991), (White, 2000).

Foremost among Tantric practices is the formation of a mental image (visualization).Tantric rituals begin with the follower mentally seeing various syllables and mantras in his own body. The practitioner imagines the syllables transforming into the image of the deity, then envision the body of the deity either within the various centers of his body or in his mental frame of awareness. In some cases, he also visualizes specific geometric designs that correlate with the divine body. In these rituals of imagination, the body of the deity is visualized at the center of a mandala or in the heart of the aspirant; with the associate deities being visualized in the surrounding area. As a function of imagination, the *sadhaka* mentally enlivens the image or assumes it to be alive and performs ritual offerings.

The aim of this complex practice is to experience the oneness of the aspirant, deity, and all that exists. In the mental space of the practitioner- he perceives the world as if it is emanating from the deity and then being reabsorbed within her. (Fauconnier, 1985),(Lakoff, 1990),(Hart, 2007), and (Fauconnier and Turner, 1998). The clarity in the visualization process is an attenuation of the mind's focus in creating reality, as if confronting the deity- occurring during the course of visualization as a very real perception. This process of creating and manipulating mental images requires a heightened degree of cognitive attention.

Some of the most salient features of Tantric discourse include the concept that the world is directly linked with the human body and that both are composed of the same cosmic energy.If this connection is recognized, the texts claim, the human body and mind can interact with and affect the course of cosmic events. Many Saiva and Sakta Tantras embody a monistic world view

wherein the central deity emanates in the form of the world. Thus, such traditions reject the oppositional dualism between matter and consciousness or body and self. Tantras are generally understood to be world affirming; the bliss and consciousness that occur in cognitive and somatic experiences are in fact quintessential to tantric transformation. These Tantric practices not only alter the subject's perception of reality, butthey are also claimed to be effective in including or altering certain somatic state (White, 1993), (Flood, 2005) and (Rawson, 1973).

Greed-material gains, rituals without the concept of hard work and deserving the benefits of such rituals

Ricoeur also categorizes rituals as the trait of manifestation of the sacred, acknowledging that the importance of ritual is found in the experience itself and not in the interpretation. The tantric language of images and practice of visualization fit very well in the parameters of manifestation and proclamation that Ricoeur identifies. These images are a product of experience, and their goal is to transform experience and stimulate distinctive responses of subjects in their engagement with the natural world and the sacred .They form a distinct communication pattern, following similar parameters to our natural language. These images capture the experience, the subjects' aim to transform his own understanding of his body, as well as his experience of the natural world. Reading images, both as a distilled form of experience, containing the tools for cultivating the experience on the one hand and as a language to communicate it on the other helps us identify the ways this experience has been institutionalized and shared across times in different cultures.

Connections to the Balance between good Karma and bad Karma according to the Hindu Religion-the Signs, the Symbols of psycho-social and psycho-religious Literature

In Indian Tantric cultures, deity images and the geometric designs called Mandalas are used in a way that is comparable to mnemonic devices. While these images bear considerable religious and devotional significance, in the context of visualization practices, they are utilized to evoke complex systems of signification-sometimes encompassing entire tantric systems .Visual images play a central role in thought and are used to enhance attention and retain memory. Such images are intertwined with imagination and the creative aspect of human cognition(Mc Ginn, 2004), (Brann, 1991), (Flanagan, 2000), (Satre, 1966).Studies recently established that visual images are powerful devices for enhancing memory(Einstein and Mc Daniel, 2004).

The interaction of images with each other effectively consolidates the retention of meaning (Esgate and Groome, 2005), (Benjafield, 2007). These research studies help us to describe the aspects that have remained misunderstood. It is important to demonstrate that visualization fits the criteria of mnemonic techniques. For example entities to be recollected in these practices are specialized, and categories are vertically or horizontally organized. The categories to be remembered are localized in the body through the ritual of installation (nyasa). Different limbs in the body thus relate to Sanskrit phonemes, various mantras, the underlying philosophical principles (tattvas), and the cosmic planes (bhuvanas).A contemporary finding suggests that specialization is twice as effective in recollecting the items Groninger,1971)).Similarly retrieval of memory is easier if its organization follows a systematized framework. In this method, firstly, the items to be remembered are conceptualized in meaningful units. Secondly, they are arranged in hierarchy, and thirdly designated by the first letters of each article to create an abbreviation formed from other words. In tantric visualization all these techniques are used.

Speech is the primary device of visualization in Tantras. Rather than simply recalling words; visualization practice uses mantras as a template for contemplating various other categories. They are mentally situated in different parts of the body and are seen as images. Speech and image merge in a single cognitive domain, as speech becomes very subtle at the stage of *Pasyanti* (Padoux, 1990), (Iyer, 1992). This type of communication merges speech and vision, where words are seen on the screen of mind. This allows facilitation of exploration of the internal domain of some of these meditative practices, particularly the relationship of image to speech. Johnson (1990) outlines the stages of mental rotation, where the subjects first create a mental image of an object until a comparison is possible, then compare and contrast and make a decision (Sternberg, 2006) and (Shepard, 1982). While these cognitive mechanisms are at play in every decision –making act, visualization creates a scenario where subjects learn to observe their own mental state while undergoing these processes.

Tantric images resemble cognitive maps that integrate information acquired through various perceptual modes. In this method, where the practitioner generates deity images and performs rituals by means of visualization parallels, the mechanisms involved are special cognition, including the acquisition, organization, utilization and revision of our awareness about special environments. These processes of special cognition are integral to everyday decision-making and common to cognitive behavior. Tantric practice involves imagination, manipulation of images, integration of different inputs in a single cognitive domain, activation of a particular emotion that corresponds to the cultivation of a specific image called to mind, retention of the projected images for particular span of time, and integration of complex cosmologies and philosophies during the course of visualization. Practitioner's reflections upon their own practice

offer us firsthand information on altered states of consciousness, and provide insights into deeper phenomenal states that are hard to observe objectively in the laboratory.

Tantric manuals prescribe the visualization of sequentially complex imagery .even with regard to a single deity, for instance the goddess Tripura from the tradition of Srividya- over the course of a sequence of visualizations, the images invoked successively progress from a simple image of the goddess with two arms, to a goddess with four, sixteen, or a hundred and eight arms. At the same time, the seat upon which the deity is enthroned also becomes increasingly intricate and complex. In essence, the field of attention expands as the meditation progresses. Crucial to this progression is an integration of different inputs that gives rise to a single image of the deity .This process of visualization evokes Fauconnier's theory of conceptual blending. The graphically visual culture of Tantra demonstrates findings made in the scientific field of cognitive study on introspection, image formation, concepts, retention of imagery, and the mechanisms at play when organizing imagery for long term memory .There by unexplained aspects of tantric rituals and philosophies can be better understood, if findings from the cognitive domain are engaged.

For example, the details of the meditative practices within the pantheon of Tripura. Though there are particular aspects specific to every deity, they all follow the same framework. For this reason, addressing one visualization in detail will provide us with a template for further observation and analysis. We also see that salient features in this visualization are shared with the more familiar meditation practices of Patanjali's Yoga. Patanjaliidentifies the fixation of the mind in a particular place as concentration (dharana) and meditation (Dhyana) as the continuation of a single flow of consciousness that is focused on a single object(Whicher,1993 , 1998), (Vasudeva, 2004). Gronbold (1996) in addition to this,introduces new terms such as

visualization (Bhavana), recollection (Anusmarana) memory (Smarana) and imagination (Kalpana).Essential to Tantric visualization are the singular aspect of recollecting the deity image or her mandala, mentally drawing the image or mandala, creating a dialogue with the deity image by considering her to be alive and giving various mental offerings, evoking positive emotions of devotion or love and remembering the correlation between specific aspects of mantra or image with its corresponding philosophy and cosmology. Relatively, the isolation (kaivalya) of the self with the binding principles, as is the goal of Patanjali meditation, visualization in Tantra seeks a direct encounter (saksatkara) or an experience of the identity of the deity and the self.

The socio psychological significance of Tantra and Yantra in various periods

The description of the process of visualization in Tantra briefly addresses the visualization of goddess Tripura with a focus on her image, mandala and mantra. To see the goddess with the mind's eye thus recalls the entire philosophical scaffolding. The mandala of the goddess, identified as Sri Chakra, is used in the same way to recollect all her essential aspects .This is her pantheon, which represents the cosmos and reflects the human body. The geometric design comprising nine intersecting triangles and two circles of eight and sixteen petals enclosed by four gates is also a blue print for the shrine of the goddess. Meditating upon mandala consists of viewing the goddess at the centre, with her intimately close emanations encircling the triangular seat around the geometric center .The practitioner walks through the constructed mental space and encounters different deities seated in their specific shrines, greeting them with mantras. The essence is the compression of multiple concepts into a single image so that the practitioner can remember it at will .In this way understanding visualization in Tantra as a mnemonic practice facilitates the comprehension of complex rituals in a cognitive manner.

THERE ARE CENTRAL POINTS WHICH GO ON IN THE VISUALIZATION PROCEDURE

a) Positioning the deity's image in the heart of the worshiper.

b) Body Visualization (both of the aspirant and the deity) as identical to the Srichakra, and establish the correlation of the phonemes of the mantra within specific parts of chakra.

c) Visualizing the deities, associating the phonemes and finding the corresponding deities with chakra.

d) Gaining awareness of the most subtle aspects of time which are effectively divided into more and more subtle units and recollect the deity image, mandala and mantra in one attempt of consciousness.

e) Developing an awareness of the six fold categories identified as the paths (adhvans that are viewed within the body of the practitioner called installation (nyasa).

f) Emphasis on the consciousness; Consciousness is the essential thread that weaves together all the cognitive modes. Expands the time span of this experience by the recognition it.

g) Affirming oneself with Siva and Sakti. These two principles are identified with the self-awareness as transcendent and immanent.

h) Mantra and Kundalini identification, the serpentine forces in its dormant form. This energy is Kundalini. This step of practice relates speech or mantra with cosmic energy.

i) Oneness of mantra and Srichakra realization.

The cognitively challenging practice is that as the above mentioned points are activated in a single stream of consciousness, additionally reciting the 15 syllable mantra of the goddess.

(Brooks 1990, Nitya sodasikarana).The two-fold aims of imagination are to have a direct - encounter Saksatkara and have the transformative effects, including attaining siddhi. All this happens by

meticulous visualization. Through deep contemplative practices, one's self estimation and response to the world and various stimuli are reframed allowing oneself to engineer once own experience.

CONCLUSION

In present times, cognitive science has made significant advancement in understanding human nature. By connecting the discipline of tantric studies and the disciplines of cognitive studies, linguistics and consciousness studies, this research also aims to advance a rational scientific approach to the study of religions. Also it attempts to engage classical Indian and contemporary Western philosophies, and current studies on cognitive sciences and its application in reading visual culture .This philosophical and psychological cognitive analysis allows material from Indian culture to be read in a new light. At the same time engaging contemporary theories of cognitive sciences and semantics, this attempts to demonstrate how rituals, images and the language are used to encode those rituals which can be addressed without diminishing their intrinsic cultural significance.

Figure 1 Yantra , Rajasthan, c. 17 century copper plate.

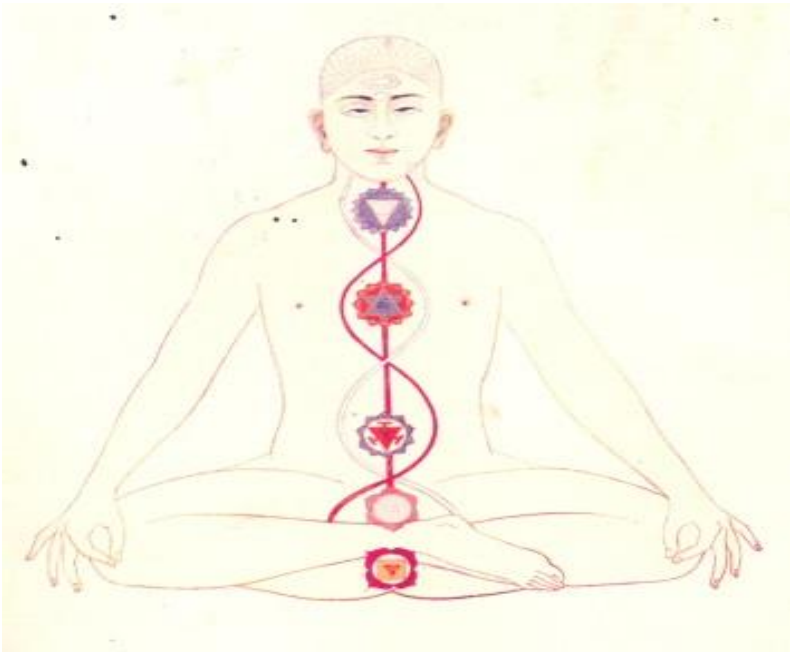
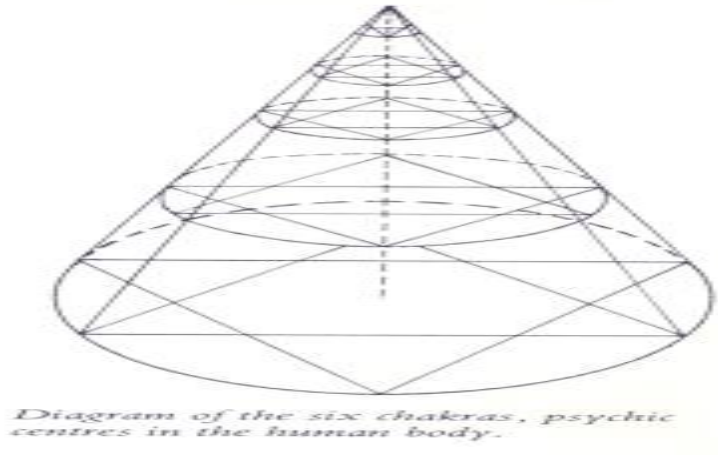


Figure 2 Arthur Avlon 1924, Serpant Power, Shat chakra Nirupana and Paduka Panchaka

Ganesh &co, Madras



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Wellness Programmes in Schools

Ritu Nagar* and Aditi Gaur**

ABSTRACT

World Health Organization's definition of human health as a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity (WHO, 1948). Wellness is generally viewed from a holistic perspective, and represents the positive aspects of physical, mental, social, and spiritual health. Learning in an environment that promotes health and wellbeing will ensure that children and young people develop the knowledge, understanding, skills, capabilities and attributes which they need for mental, emotional, social, spiritual and physical wellbeing now and in the future.

This paper intends to review the wellbeing programmes being implemented in India as well as abroad and focus on the shortcomings of programmes being implemented in schools in India. We propose that the following dimensions be incorporated and assimilated in our education policy: Socio-emotional, Environmental, Financial, Intellectual, Physical, Social and Spiritual to ensure positive schooling experience for all children.

***Keywords**: Wellness, Socio-emotional, education policy, positive schooling*

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INTRODUCTION

Wellness means overall well-being. It incorporates the mental, socio-emotional, physical, financial, intellectual, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life, so it's important to consider all areas.

School Wellness Programme

A School Wellness program is a systematic approach that addresses the interrelationships between the school environment, health and learning. It recognizes that schools are multifaceted, and they can help or hinder the health of their students. Health and wellness interventions and programs are much more effective than health education alone.

There is ample evidence that shows the positive impact of the coordinated school health approach on student health and learning outcomes. School administrators have reported that coordinating school health initiatives results in

a) Minimizing absenteeism

b) Fewer behavioural problems

c) Improved scholastic performance

d) Increased participation in fitness activities.

e) Delayed onset of certain health risk behaviours

Objectives of a school wellness program

The aim of school wellness programs is to support and enhance the health and well-being of students by improving the school environment, policies and educational opportunities. Children attend school during the most formative years of their lives. These are the years where

many habits and preferences develop, and these habits are often maintained into adult life. Indicators of poor health - such as hunger, substance abuse, physical inactivity, and violence—have been consistently shown to negatively impact academic performance and affect school attendance, grades and test scores, and the ability to learn and focus in class.

However, research shows that school health and wellness programs can have a positive impact on academic performance and educational outcomes, as well as improving students' health outcomes and reducing high-risk behaviour.

WELLBEING INDICATORS

Physical Wellbeing

Physical wellness is probably the most common dimension included in health and wellness frameworks, and generally refers to an individual's physical health, physical activity level, nutrition, self-care, and vitality or longevity (Miller & Foster, 2006; Alcoe, 2010; Brown & Alcoe, 2010). A comprehensive health curriculum addresses the physical, mental, emotional and social dimensions of health and provides knowledge and skills that help students maintain and improve their health, prevent disease and reduce health-related risk behaviors.

Incorporating physical wellbeing in schools

a) Provide professional development opportunities for health teachers on effective health education.

b) Afford flexibility in the health curriculum to address risky health behaviors specific to each age level and school situation:

c) Identify individuals and leaders within the community to invite as speakers on different health topics.

d) Provide a qualified school nurse at school full-time

e) Quality physical education should be promoted, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives.

f) The school nutrition services should be designed to maximize each child's health and provide an environment that promotes health eating habits for all children.

Socio-emotional wellbeing

Provision of special needs and counseling services

Social wellness relates to the relationships and interactions one has with others, the community, and nature (Foster and Keller, 2007). Included in social wellness is how an individual engages with and supports the community and environment in everyday actions such as volunteer work (May, 2007) or belonging to a community or social group.

Services are provided to improve students' mental, emotional and social health; this includes individual and group assessments, interventions and referrals. School counselors, Special Educators and Psychologists contribute not only to the health of students but also to the health of the school environment. Prevention services facilitate positive learning and healthy behavior, and enhance healthy child and adolescent development.

Incorporating socio-emotional wellbeing in schools

a) Include mental health education as part of the general curriculum to educate students and teachers about mental health, attitudes and behaviour.

b) Foster communication between counsellors-school staff to identify students who are dealing with challenging issues in their lives.

c) Provide targeted programs, individual counselling, consultation with parents, or referrals to outside agencies to assist students who require additional support at certain stages of their lives, or in response to challenging life situations.

d) To provide remediation to children with special needs in order to include them in the main stream.

e) A small percentage of students will require additional professional treatment for mental health problems, and schools can play an essential role in supporting a student undergoing treatment and/or reintegrating them back into school life.

Environmental Wellbeing

Environmental well-being includes trying to live in harmony with the Earth by understanding the impact of our interaction with nature and the school environment, and taking action to protect the world around you. To educate children to protect themselves from environmental hazards and minimizing the negative impact of their behavior on the environment.

Incorporating environmental wellbeing in schools:

a) Provide safe, free drinking water for all students.

b) Require that all school buses turn engines off while picking up or unloading students to reduce asthma-triggering air pollution from engine idling.

c) Improve indoor air quality by preventing pest infestations (mice, cockroaches, etc.) by using the least-toxic integrated pest management solutions.

d) Assess building and grounds for needed structural and aesthetic repairs.

e) Create a list of safe, non-toxic products to be used for cleaning.

f) Keep schools building and grounds free of litter.

Financial wellbeing

Financial literacy refers to adequate knowledge of personal finance facts and the vocabulary for successful personal financial management. Prior studies of college students consistently found that they are not receiving a good education in personal financial fundamentals and have poor knowledge.

Incorporating financial wellbeing in schools:

a) Encourage early childhood consumer experiences to improve financial literacy which in turn have significant effect on students' financial management.

b) Students should be encouraged by parents, teachers, and university instructors to learn about money management and practice good financial behavior in their daily lives. Providing basic knowledge on personal finance to school-aged children through the school systems would seem to be an effective approach to educate students to become responsible and prudent consumer

c) Financial education should be made available to all school aged-children, college students, and parents to enhance financial management.

Spiritual wellbeing

Spiritual wellness includes an increased contentment and a sense of connection with something 'greater' than oneself, and involves learning more about "who you are" and recognizing inner values and resources (Alcoe, 2010; Brown &Alcoe, 2010). It can provide a

feeling of fulfillment, giving one meaning in life and connection to other human beings (Canadian Institute for Health Information, 2008).

Spiritual wellbeing is about our inner life and its relationship with the wider world. It includes our relationship with the environment, our relationships with others and with ourselves. Spiritual wellbeing does not just reflect religious belief although for people of a religious faith it is obviously a central feature. Each person's spirituality is greatly impacted by the community they are a part of and their relationships. To be spiritually well will mean a positive engagement with others, self and our environment.

Incorporating spiritual wellbeing in schools

Because spiritual wellbeing is personal, different people will find some approaches or factors more helpful than others, however some of the things that can help spiritual wellbeing are:-

a) Teaching children to spending time alone to find inner peace.
b) Encouraging them to appreciate environment.
c) Organizing visits to local place of worship (Church, Temple, and Mosque etc).
d) Promoting experiential sharing of spiritual beliefs in groups.
e) Meeting regularly with someone who can help you reflect on your life and your spirituality.
f) Engaging with the arts.

Intellectual Wellbeing

Intellectual wellness is the degree to which one engages in creative and stimulating activities, as well as the use of resources to expand knowledge and focus on the acquisition,

development, application, and articulation of critical thinking. Durlak (2000) includes the development of talents and abilities, learning how to learn, and higher order thinking skills in intellectual wellness. Furthermore, he defined the problem areas as underachievement, test anxiety, and school dropouts.

Incorporating intellectual wellbeing in schools:

a) Encouraging children to read books on unfamiliar topics, increasing one's personal vocabulary,

b) Engaging children to focus attention on information that is different than their beliefs, this can improve intellectual wellness.

c) Gathering information about the various processes of the mind.

d) Introducing learning of foreign language. Helps to learn ways to communicate, our mind expands. This not only helps in being receptive to new knowledge, but also broadens information already learned.

e) Playing board games, cards, doing sudoku and solving puzzles can also help with your intellectual wellness.

f) Teaching children to play a musical instrument increases intellectual wellness as music has a powerful impact on our minds.

g) Encouraging children to write down their thoughts or journal frequently. This will help the students to identify their feelings and understanding themselves and their actions better by engaging in deeper thinking.

RESEARCHER/ THEORIST	GENERAL APPROACH TO CONCEPTUALISING WELLBEING	IDEINTIFIED DOMAINS AND COMPONENTS OF WELLBEING				
Understanding based on a systematic review of child wellbeing literature (Pollard & Lee 2003)	The analysis of literature suggests that there is no consistent, unified definition of wellbeing or agreement on how to measure it. Wellbeing is multi-dimensional and should not only be measured with deficit indicators.	**Physical** Positive indicators (including physical health, nutrition, personal body care, safety-related behaviour) Deficit indicators (including health compromising behaviours, physical manifestations of stress and/or illness)	**Psychological** Positive indicators (including life satisfaction, resilience, self-worth) Deficit indicators (including depression, fearfulness, hyperactivity)	**Cognitive** Positive indicators (including academic achievement, cognitive ability, school-related behaviours) Deficit indicators (including developmental delay, school behaviour problems)	**Social** Positive indicators (including parent-child relations, relationship with peers, participation in cultural activities) Deficit indicators (including anti-social behaviour, poverty, troubled home relationships)	**Economic** Including assessments of family resources, adequacy of parental income and economic hardship
Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) (Fraillon 2004)	Understanding based on the definition of a measurement construct for student wellbeing in Australian schools. The primary purpose was to develop recommendations regarding elements of wellbeing that may be susceptible to school intervention.	The **intrapersonal dimension**: a student's internalised sense of self and capacity to function in their school community, including: ƒ autonomy ƒ emotional regulation ƒ resilience ƒ self-efficacy ƒ self esteem ƒ spirituality ƒ curiosity ƒ engagement ƒ mastery orientation			The **interpersonal dimension**: a student's appraisal of their social circumstances and consequent capacity to function in their school community, including: ƒ communicative efficacy ƒ empathy ƒ acceptance ƒ connectedness	
UNICEF child wellbeing framework (Statham & Chase 2010: 7; UNICEF 2007; Bradshaw, Hoelscher & Richardson 2006)	Researchers produced an index of child wellbeing based on OECD surveys and databases	**Health and safety** The basis of achieving wellbeing, closely related to family resources and freedom from violence	**Subjective wellbeing** The result of how children respond to the demands and resources in their environment including ƒ self-defined health ƒ personal wellbeing ƒ wellbeing at school	**Peers and family relationships** Key is the quality of relationships within the family; relationships with peers gain importance as children get older	**Behaviour and risks** Provides insights into young people's interactions with their environment, pointing to resources (healthy behaviour) and vulnerabilities (risk behaviour)	**Education** Relevant for current as well as future wellbeing. Children's outcomes are interdependent with conditions they find in the educational system	**Material wellbeing** The conditions children find at home and in their neighbourhood, particularly their economic situation
Report Card on the Wellbeing of Young Australians developed by the Australian Research Alliance	The framework for measuring wellbeing considers outcomes for children and young people and the conditions needed for	**Material wellbeing** Determines economic resources	**Health and safety** Mental health is an important component of	**Education, training, employment** Educational achievement	**Peer and family relationships** Caring, quality family	**Behaviours and risks** Behaviours may negatively	**Subjective wellbeing** Assists in understanding how risk and	**Participation** Participation in community and decision making activities	**Environment** Environment contributes to wellbeing through health

RESEARCHER/ THEORIST	GENERAL APPROACH TO CONCEPTUALISING WELLBEING	IDEINTIFIED DOMAINS AND COMPONENTS OF WELLBEING							
for Children and Youth (ARACY 2008); draws on the UNICEF index developed by Bradshaw et al (2006)	them to develop their full potential. Indicators are grouped into 8 domains, which together constitute 'wellbeing for young Australians'	available to purchase services, housing and peer activities. Poverty impacts on children and young people indirectly through the strain it places on parents and the family's lifestyle	health and safety. Mental health disorders commonly manifest themselves in adolescence	and participation are indicators of wellbeing and also predictive of outcomes later in life	relationships have a significant and lasting impact on development and wellbeing. In the absence of peer relationships, children and young people may experience social exclusion	impact on wellbeing as they contribute to poor health or social outcomes. Behaviours and the taking of risks may often be linked to peer relationships and the need to belong.	protective factors actually play out for children and young people	provides opportunities for children and young people to learn new skills, communicate and cooperate with their peers, build community networks and express their opinions and views	and socio-economic impacts. Future livelihoods depend on future environmental conditions
Child and Youth Wellbeing Index (CWI), developed by the Foundation for Child Development and the Child and Youth Well-Being Index Project at Duke University, USA (Land 2010)	Designed to measure how USA children are faring over time, the CWI is based on a composite of 28 key indicators of child and youth wellbeing that are grouped into seven domains. Annual reports using the CWI have enabled measurement of trends in child and youth wellbeing in the USA from 1975 to the present	**Family economic wellbeing** Including: ƒ poverty rate (families with children) ƒ secure parental employment rate ƒ median annual income (families with children)	**Safe/Risky behaviour** Including: ƒ teenage (aged 10-17) birth rates ƒ rate of violent crime offenders (aged 12-17) ƒ rate of binge alcohol drinking (Grade 12)	**Social relationships** ƒ rate of children in families headed by a single parent ƒ rate of children (aged 1-18) who have moved within the last year	**Emotional/ spiritual wellbeing** ƒ suicide rate (ages 10-19) ƒ rate of weekly religious attendance (Grade 12) ƒ per cent who report religion as being 'very important' (Grade 12)	**Community engagement** Including: ƒ rate of youths not working and not in school (ages 16-19) ƒ rate of voting in Presidential Elections (ages 18-20)	**Educational attainment** ƒ reading test scores (ages 9, 13 and 17) ƒ mathematics test scores (ages 9, 13 and 17)	**Health** Including: ƒ mortality rate (ages 1-19) ƒ rate of children with very good or excellent health as reported by parents ƒ rate of overweight children (aged 6-19)	
UK National Survey of Young People's Wellbeing (Rees, Bradshaw, Goswami & Keung 2010a)	Based on surveys carried out in 2005 and 2008 in the UK that aimed to develop a better understanding of the concept of wellbeing as it relates to young people, taking full account of the perspectives of young	**Overall subjective wellbeing** A five item measure of overall wellbeing consists of the following statements: ƒ *'My life is going well'* ƒ *'My life is just right'* ƒ *'I wish I had a different kind of life'* ƒ *'I have a good life'* ƒ *'I have what I want in life'* Young people are asked to indicate how much they agree or disagree					**Satisfaction with particular domains of wellbeing** Measurements of wellbeing in particular domains can indicate aspects of young people's lives that are more or less important for their wellbeing. The development of the list of domains was guided by consultation with young people, literature on wellbeing and statistical analysis. The list contains ten domains of wellbeing, namely: ƒ family ƒ friends		

RESEARCHER/ THEORIST	GENERAL APPROACH TO CONCEPTUALISING WELLBEING	IDEINTIFIED DOMAINS AND COMPONENTS OF WELLBEING	
	people themselves. Self-report measures of wellbeing were used to identify the reasons for variations in wellbeing and to monitor changes in wellbeing over time.	with each statement on a five point scale from 'Strongly agree' to 'Strongly disagree', producing a total life satisfaction score in the range from 0 to 20	f health f appearance f time use f the future f home f money and possessions f school f amount of choice
Warwick-Edinburgh Mental Well-being Scale developed in the UK on the basis of a scale developed in New Zealand in the 1980s (Tennant et al 2007)	The Scale focuses entirely on positive aspects of mental health and is intended to support mental health promotion initiatives. It was developed by an expert panel drawing on current academic literature, qualitative research through focus groups, and psychometric testing of an existing scale. It was validated on a student and representative population sample.	Individuals completing the scale are required to tick the box that best describes their experience of each statement over the past two weeks using a 5-point Likert scale (none of the time, rarely, some of the time, often, all of the time). The Likert scale represents a score for each item from 1 to 5 respectively, giving a minimum score of 14 and maximum score of 70. The questions are: *I've been feeling optimistic about the future; I've been feeling useful; I've been feeling relaxed; I've been feeling interested in other people; I've had energy to spare; I've been dealing with problems well; I've been thinking clearly; I've been feeling good about myself; I've been feeling close to other people; I've been feeling confident; I've been able to make up my own mind about things; I've been feeling loved; I've been interested in new things; I've been feeling cheerful*	

DEVELOP / IMPLEMENTING A COORDINATED SCHOOL HEALTH PROGRAM

Administrative support and commitment

School administrators view health promotion as an essential part of the educational mission of the school and provide public support and resources for the program.

A school wellness coordinator

A competent professional is designated to coordinate the school health program and wellness committee activities. Good interpersonal skills and knowledge of the school culture are important qualifications.

A collaborative team approach

A school health committee with a common vision meets regularly and has clearly defined roles and established priorities.

Strong school-community links

The school builds partnerships with families, community organizations and the community at large. The school utilizes community-based health and social service providers and programs to increase access to services.

Multiple school health advocates

At least one other person (in addition to the coordinator) is a dedicated and articulate advocate for coordinated school health within the school and community.

Adequate time and funding

School health activities, the school wellness coordinator and school wellness committee are supported by adequate resources and time over multiple years.

Professional development

Coordinators and other staff receive training that helps them to work collaboratively across disciplines and with families and community groups.

A safe and supportive environment for staff and students

Policies and programs promote clear, high expectations and positive health choices.

SUMMARY

Describing wellness has an extensive literature and it has been shown to have several key dimensions that include physical, emotional and psychological, social, intellectual, spiritual, occupational, and environmental attributes. Most of all, wellness is generally viewed from a holistic perspective; it represents a perceived positive state of being and embraces a body-mind-spirit concept. Many factors contribute to wellness in a series of complex and interacting ways, but wellness, like health, is more than the absence of disease; it involves important subjective concepts by individuals about themselves. The focus on wellness draws attention to the fact that health is a resource for everyday living; emphasizing factors that enhance our abilities to thrive creates a positive frame of reference for discussion of how school policies can be developed.

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Phobic Disorder: A Case Study

Dr. Mansaram D. Autade*

ABSTRACT

Anita. (Name changed) 23 years old girl, studying B.Com.II year, from semi urban area brought by parents for the complaints of intense fear of teddy bear and could not going out because of it. She was anxious, worried, irritable, unable to concentrate on her study; unable to sleep calmly. Her appetite was also affected and she lost her weight significantly. Her parent worried about her tragic condition and consulted to various specialists from medicine, Ayurveda, Homeopathy, faith healers, magician, etc. but she could not overcome her fear. She left the college and went to her maternal uncle for rest but she was unable to rest.

She was diagnosed as Anxiety disorder specific phobia with secondary depression. She was treated with Cognitive Behavior therapy. She responded positively to the therapy, especially to muscular relaxation therapy. Within two month she has overcome her fear and all the accompanying symptoms disappeared totally.

Key Words: Anxiety disorder, Specific phobia, Depression, Cognitive Behavior Therapy

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Case History

1. Socio – demographic data:

Name of the Client: **Sex:** female

Education: studying in B.ComII **Age**: 23 years

Information: adequate and reliable **Informant:** self and mother

Presenting Complaints:

1) Fear of teddy bear
2) Fear going out of home
3) Lack of confidence.
4) Cannot sleep well till late night
5) Worried about future/ career.
6) Feels depressed;

History of present illness:

She was all right before 4 years. She experienced an event in which a teddy bear fell on her from backside. She was startled and frightened to the teddy bear. And since then she has fear of it.

3. Family history:

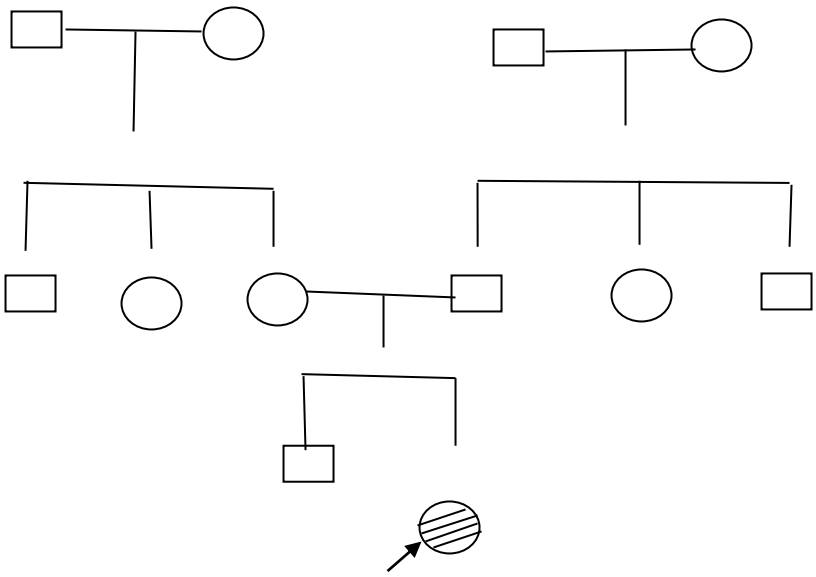
Father: 55 yrs Old, XII educated, has no mental or physical illness. No habits of consuming alcohol or drugs except tobacco chewing.

Mother: 50 yrs Old Housewife, sometimes work in shop they owned.

Siblings: She has an elder brother; 12th educated and help father in his business.

There is no h/o mental illness of alcoholism of mental retardation in the family

Family tree



Personal History: F.T.N.D. Normal developmental milestones, no h/o falls head injuries or epilepsy or major childhood illness, no childhood neurotic traits like Night-mares walking in sleep, tantrums, wetting the bed thumb sucking etc.

Schooling: School started at the age of 4 years. General performance in school was excellent. She has good relation to her schoolmates.

Occupation: student; studying in B. Com. II year

Sexual and marital History: She is unmarried and had no significant problems in this regard.

Medical history: No significant illness is reported since childhood.

Personality before illness: She likes to mix up to social gatherings, program.

Mental status examination:

General behavior: She was well kempt and neatly dressed when she brought to the clinic. She looks weak and pale.

Speech: she was talking low voice but fluently.

Mood: She was feeling anxious and sad

Thought, Form and Content: There is no thought abnormality is found. No thought broadcasting or delusional thoughts or delusional ideas were observed or reported.

Perception: No hallucinations or illusions were reported.

Obsessional phenomena: No obsessive thoughts at all.

Derealisation / depersonalization: no derealisation and depersonalization reported.

Cognitive examination:

Orientation: well oriented to time, place and person.

Memory: her immediate, recent and remote memory was intact.

Attention and concentration: her attention and concentration is intact. She can concentrate well to the listener.

Intelligence: General performance on intellectual activities shows average intellectual functioning.

Insight and judgment: the client has full insight.

Diagnosis: According to ICD-10 —Anxiety disorder-specific phobia with secondary depression.

THERAPEUTIC FORMULATION:

23 years old girl was brought by parent for the complaints of fear of teddy bear and could riot attend her college. She was anxious, worried, irritable, and unable to concentrate on her study. She is unable to sleep calmly. She had reported that she sees fearful dreams. The client feels insecure when she sees teddy bear. Her appetite was also affected and she lost her weight significantly.

THERAPEUTIC INTERVENTION

- Relaxation therapy: Initially relaxation therapy was done. JPMR (Jacobson progressive muscular relaxation) and practiced thrice a day for 20 days.
- Systematic Desensitization: After completing JPMR training fear hierarchy was mad and accordingly introduced one by one with vivid description of teddy bear.
- Cognitive therapy: For depression, cognitive work and her irrational ideas were challenged and corrected with the help of twenty questioner method and triple 'C' technique. The frequency of the session was three sessions per week.

She was feeling better and improver her sleep and appetite. As she had overcome to her fear by the third week and she started to attend her class and college.

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The manuscript must be written in English typed in MS Word with double space, 12-pt Times New Roman, on A4, sheets (**not exciding 16 pages all together**) leaving appropriate margin (left and top 3-cm, right and bottom 2-cm) and should be numbered from the Title page.

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3. The 2nd page includes: Title, Short-running head, Abstract within 200 words, and Key-words (maximum 5).
4. From the 3rd Page (i) Introduction, (ii) Method, (iii) Results, (iv) Discussion and Conclusion, Acknowledgements (if any), References, Appendix (if any), etc.
5. Minimum number of Tables or Figures should be cited not repeating each other.
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Gibbons, S., S. Machin and O. Silva (2008): ‘‘Choice, Competition and Pupil Achievement’’, Journal of the European Economic Association, vol. 6(4), 912-947.

For Book/Chapter:

Pueschel,S.M., Sustrova,M. (1996). Psychiatric Disorders and Behavioural Concerns in Persons with Down ’s syndrome. Down Syndrome Psychological and Psychobiological and Socio-Educational perspectives. Whurr Publishers Ltd, London,179-189.

Manuscript should be sent to:

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VISION

- To promote normative holistic development in children, young and wholesome family.
- To bring awareness about common childhood problems and disabilities.
- To create our society all disability friendly.
- To make our school disability friendly.
- Not only identify the problem but also provide help and support to the children.
- Help parents to understand and accept their conditions of children.

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