

## **Eight Mood states and its comparison between physically handicap and normal individual**

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### **Introduction:**

Census 2001 has revealed that over's million people in India are suffering from one or other kind of disability. This is equivalent to 2.17 % of the population. Among the total disabled people in the country 12.6 million are male and 9.3 million are female. Different prevalence rates of disability are available in Udaipur according to the census 2010. Total population 63377 was disabled and 18215 were suffering from morbidity.

Disability means a person with lack of abilities to perform in activity in the manner or within the range considered normal for a human being is treated as having disability. It excluded illness/injury of recent origin (morbidity) resulting into temporary loss of ability to see, hear, speak or move.

Physical disability: is inability or lack of normal ability to execute distinctive activities associated with the movement of self & objects from place to place; and physical deformities other than those involving the hands or legs or both, regardless of whether the same caused lose or lack of normal movement of body is considered as a physical disability.

Thus, person having physical disability included those with loss or absence or inactivity of whole or part of hand or leg or both due to amputation, paralysis, deformity or dysfunction of joints which affected his/her "normal ability to move self or objects" and those with physical deformities in the

body (other than limbs), such as lunched back, deformed spine etc, were also included. Dwarfs & person with stiff neck of permanent nature who generally did not have difficulty in normal movement of body & limbs were also treated as disabled (WHO 2004).

Hallum (1995) reported that adolescent was often treated as socially inferior and vocationally undesirable. McGauin (1996) found that adolescent were concerned about having only few friends, although the barriers they face may elicit unique concerns for these adolescents. They wanted the same things in the future that all teenagers generally look forward to jobs, marriage & families (Arnold & Chapman et al, 1992). A child's disability is a triadic experience, involving three ways interactions among the child who experiences the dysfunction, the family that is affected by it and the external environment diagnosis that something is wrong with their child is probably the parents most difficult and shocking experience. In most cases likely to be negative 7 similar to those related to bereavement (Blacher et al, 1984).

The difficulties encountered by parents in coping with a disabled child and their familial relationships have been cited as a source of anxiety, over protection, rigidity (Iardier et al.2000), as well as an explanation for lower levels of coherence, less emphasis on the personal growth of other family members and greater emphasis on control within the family (Margaht and Heiman, 1986). Parents of children with disabilities experience greater stress and larger number of care giving challenges, such or more health problems, greater feelings of restrictions and higher level of parental depression than parents of normal children.

It is commonly observed that the child with disability is frequently overprotected or rejected by his parents very often. Both the attitude and behavior of these people are very important for the development of a disabled person. These can lead to a healthy development of the handicapped person or it could lead to a life of isolation, depression and frustration for the handicapped person (Akram & Naseem, 2010). Peter (1996) found that young people with spinal bifida were at greater risk of depressive mood, low self worth and suicidal ideation. Girls with disability were at greater risk of depressive mood, low-self worth and self blame. Multiple regression analysis suggest that global-self worth serves as mediating variable for the effect of physical appearance, self concept on depressed mood (particularly in young people with spinal bifida).

In brief we can say that physically disabled adolescents receive different behavior from society as well as from their parents which may affect their emotional stability. Few studies have been

conducted in the area of southern Rajasthan in recent years. There for it is important to study the emotional mood stability of physically disabled adolescent in this area.

**Objectives:**

To compare eight mood states namely Depression, Anxiety, Fatigue, Arousal, Guilt, Regression, Stress & Extroversion of physical disabled and non- disabled adolescents.

**Methodology****Variable:**

Independent variable - Physical disabled and Non-disable adolescent

Dependent variable- Depression, Anxiety, Fatigue, Arousal, Guilt, Regression, Stress & Extroversion

**Sample:**

The sample of the present study consisted of 120 adolescents (60 physically disabled and 60 normal children) selected purposively from different schools of Udaipur district. The respondent belonged to the age group of 13 to 18 years.

**Tools:**

Eight state questionnaire prepared by Malay Kapoor & Jalota (1992) was used. This questionnaire measures eight psychological mood states- Depression, Anxiety, Fatigue, Arousal, Guilt, Regression, and Stress & Extroversion. The test consists of 96 items to measure eight psychological mood states. Reliability co-efficient, stability co-efficient & equivalence co-efficient for the eight state questionnaires is .91& validity is .55 to .92.

**Procedure:**

The subjects were approached on their respective location with prior information. After establishing a good rapport with them eight states questionnaire was administered. The collected data was analyzed using Mean, S.D. and t- test.

## Result and discussion:

From the result (table-1), it is clear that significant difference was found between physically disabled and normal adolescents on regression. The mean scores for physically disabled adolescent is 42.16 with S.D. of 13.40 and mean scores for the non- disabled adolescent is 30.50 with S.D. of 7.16. The t value is 5.14, which is significant at 0.05 levels. The score of physically disabled adolescents was significantly higher than normal adolescent. It indicates that physically disabled adolescents have experience difficulty in coping; they were more confused and unorganized. Many times physically disabled show childish behaviors. They experience lower accuracy in spatial judgment and suggestibility than their counterparts.

**Table-1**

Mean, S.D. and t-value of scores of physically disabled & normal adolescent on eight states questionnaire

Dimension	Physically disabled		Normal adolescent		t-value
	Mean	S.D	Mean	S.D	
Regression	42.16	13.40	30.50	7.16	5.94
Depression	42.80	13.47	30.40	5.61	6.58
Stress	44.46	14.16	30.23	9.27	6.37
Anxiety	43.46	14.00	28.90	8.11	6.97
Guilt	42.43	13.32	20.93	7.95	6.24
Fatigue	42.13	14.33	27.83	8.21	6.70
Arousal	42.60	9.28	30.42	5.82	8.15
Extroversion	40.56	11.35	37.30	11.25	1.58

The significant difference was found (table-1) between physically disabled and normal adolescent on Depression, the Mean scores for physically disabled is 42.80 with S.D of 13.47 and the mean score of Normal adolescent is 30.40 with S.D of 5.61. The t-value is 6.58 which are significant at 0.05 levels. The physically disabled adolescent was significantly more depressed than normal adolescent.

It implies that disabled adolescent has more feeling of sadness, despair, emptiness, hopelessness, worthlessness, guilt and isolation in compare to normal adolescent.

The significant difference was found (table-1) between physically disabled and normal adolescent on Stress, the Mean scores for physically disabled is 44.46 with S.D of 14.16 and the mean sore of Normal adolescent is 30.23 with S.D of 9.27. The t-value is 6.37 which are significant at 0.05 levels. The physically disabled adolescent was significantly more stressed than normal adolescent. It implies that disabled adolescent has more pressure, hectic, experience great strain & they were unhappy with on performance, experiencing lot of demands in comparison to normal adolescent.

The significant difference was found (table-1) between physically disabled and normal adolescent on anxiety, the Mean scores for physically disabled is 43.46with S.D of 14.00 and the mean sore of Normal adolescent is 28.90 with S.D of 8.11. The t-value is 6.97 which are significant at 0.05 levels. The physically disabled adolescent was significantly showed higher anxiety than normal adolescent. It summarize that disabled adolescent has more feeling of worry, emotionally upset & easily angered. There untried performance and higher susceptibility to embarrassment on comparison to their counterparts.

On Guilt, significant difference was found between physically disabled and normal adolescent. The physically disabled adolescents were scores significantly higher than normal adolescent. It indicates that physically disabled adolescent experience difficulties in sleeping and they were aware of their misdeeds, dissatisfaction with self. They were also feeling bad for their physical related daily routine work and further goals on comparison to normal adolescent.

On Fatigue, significant difference was found between physically disabled and normal adolescent. The physically disabled adolescents were scores significantly higher than normal adolescent. It depicts that physically disabled adolescent felt-less energy, tired, needed rest and was below per in performance, felt exhausted in comparison to their counterparts.

It can be seen from table-1 that significant difference was found on Arousal between physically disabled and normal adolescent. Result shows that physical disabled has higher arousal scores. It implies that physically disabled were not alert to response. They neither used to get excited nor stimulated quickly toward any tasks. They did not have keen & sharp senses in comparison to normal adolescent.

Difference level on “Extroversion” showed that physically disabled adolescent scored significantly equal of normal adolescent. It depicts that physically disabled also wanted to participate in social functions. They were talkative and enthusiastic like normal adolescent. It might be because their physic has restricted their work performance but mind always wanted to do everything so they feel depressed but in other side they were more talkative and they want to express their feeling and also want to live life like their counterparts.

The result behind the psychological factor whether they are physical, emotional, mental and social of the physically disabled adolescent as compared to normal is due to lack of self-motivation and self- efficacy. The society stretches a helping hand but for charity and not for encouraging them. So as to boost their moral and make them independent, encouragement from family and companions is a must but they neglect them and make them less confident and break them ultimately. Deficiency of infrastructural resources in the educational institution for the specially challenged people is one of the reasons which debar them achieving their goals.

Similar results were reported by Su-Ying Tsai (2003) that elderly with impaired vision feel unhappy most of the time. They do not think it is wonderful to be alive now. This population of elder adults was occupied by the feeling of helplessness and worthlessness because of their visual- impairment. However, elderly people often ignore disturbance or impact associated with worsening vision.

### **Conclusion:**

The physically disabled adolescents were found to have significantly higher feeling of Depression, Anxiety, Fatigue, Arousal, Guilt, and Regression & Stress than normal adolescents. And no significant difference was observed on extroversion state of physically disabled and normal adolescents.

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