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PSYCHOSOCIAL ASPECTS OF ADOLESCENTS WITH LOCOMOTOR DISABILITY

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Abstract

The aim of the study was to assess the subjective well-being, negative evaluation and problem solving skills of adolescents with locomotor disability. The sample comprising of 60 adolescents with locomotor disability was selected using simple random sampling technique from Neuro Rehabilitation Ward, Physiotherapy Unit, NIMHANS and from Association for the Physically Disabled, Bangalore. The finding of the study is discussed in the context of promoting psychosocial well-being and problem solving skills among the adolescents with locomotor disability.

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The concept of disability is subjective, situational, contextual and accordingly the term has been defined differently. Disability is generally defined as a limitation in function or restriction in major life activity consequent to a mental, emotional, or physical health condition (LaPlante, 1993). Globally, almost 180 million young people between the ages of 10-24 live with a physical, sensory, intellectual or mental health disability significant enough to make a difference in their daily lives.

Little know about life outcomes for adolescents with disabilities. Adolescents with locomotor disabilities experience limitations in all aspects through out life (Pope & Tarlov, 1991). Improving the quality of person with disabilities however, requires preventive interventions that address the full spectrum of their lives. The research shows that adults with disabilities experience less success than able-bodied individuals in the external and interpersonal spheres (Hammoud & Grindstaff, 1992). They are less likely to have social networks and friends, participate in recreational activities or hold a full-time job and live independently (Fuhrer, 1994; Ireys et al, 1994; Parmenter & Knox, 1991; Doyle et al, 1994).

King et al (1993) studied self-esteem, self-acceptance, self-concept, social self-efficacy of fifty-three adolescents aged 14 to 18 years with cerebral palsy, cleft lip or palate or both and spina bifid. Comparisons were made separately for boys and girls with norms developed for adolescents without disabilities. Significant differences were found only on several aspects of self-concept: girls with physical disabilities were scored low in perceived social acceptance, athletic competence, and romantic appeal and boys with physical disabilities scored low in perceived scholastic competence, athletic competence, and romantic appeal. In addition, social self-efficacy was found to be a significant predictor of both independence and persistence in adolescents with disabilities, who were significantly less independent and persistent than were normative samples.

On a personal level, research clearly shows that adolescents who have disabilities are at risk for social isolation (Hallum, 1995). Their leisure pursuits tend to be passive and solitary (Pollock & Stewart, 1990). In a number of studies, girls with physical disabilities have rated themselves as particularly low in social acceptance (Resnick & Hutton, 1987; King et al, 1993). The aim of the study was to assess the subjective well-being, negative evaluation and problem solving skills of adolescents with locomotor disability.

Methods And Materials

Sample:

The sample comprising of 60 adolescents with locomotor disability was selected using simple random sampling technique from Neuro Rehabilitation Ward, Physiotherapy Unit, NIMHANS and from Association for the Physically Disabled, Bangalore. The sample included the adolescents disabled due to various conditions such as Poliomyelitis, Spinal Cord Injury, Transverse Myelitis, Gullian Barre Syndrome and T.B Arachnoditis. The adolescents with major mental illness were excluded from the study. The informed consent was obtained from the subject.

Instruments:

Socio Demographic Profile

The Socio-Demographic Profile was developed to obtain the background information of the subjects

Subjective Well-Being Inventory (Nagpal and Sell, 1992):

This inventory measures the feelings of well-being or ill being as experienced by an individual or a group of individuals in various day-to-day life concerns. The inventory consisted of forty items that assess the eleven aspects of subjective well being namely: i) subjective well-being -positive affect, ii) Expectation-achievement congruence, iii) Confidence in coping, iv) Transcendence, v) family group support, vi) Social support, vii) Primary group concern, viii) Inadequate mental mastery, ix) Perceived ill-health, x) Deficiency in social contacts, xi) General well-being-negative effect. The scale is rated on a three-point scale in terms how characteristic each item is of the respondent. The inventory has both positive and negative scoring items. The total scores are ranged from 40 to 120 with a cut off score of 81 below is indicative of lack of feelings of subjective well-being.

Brief Fear of Negative Evaluation Scale – Brief FNE (Leary, 1983):

The Brief FNE scale is five point rating scale consisted 12-items which designed to measure one aspect of social anxiety, the fear of receiving negative evaluations from others. The total scores of the scale ranged from 12 to 60. The scale has excellent internal consistency alpha of 0.90 with four weeks test-retest reliability of 0.75. The scale also has good criterion validity with the score Fear Negative Evaluation Scale of Watson and Friend (1969).

Social Problem Solving Inventory – SPSI (D'Zurilla and Nezu, 1992):

The SPSI was designed to measure the problem solving ability. It consisted of 70-items with two major scales: the Problem Orientation Scale (POS) and the Problem Solving Skills Scale (PSSS). The POS has 3 subscales such as Cognition Subscale (CS) Emotion Subscale (ES) and Behaviour Subscale (BS) whereas PSSS has 4 subscales namely: Problem Definition and Formulation Subscale (PDFS), Generation of Alternatives Subscale (GASS), Decision Making Subscale (DMS) the Solution Implementation and Verification Subscale (SIVS). The SPSI has an excellent overall internal consistency alpha 0.92. The three weeks test-retest correlation for overall scale was 0.87. The SPSI has excellent concurrent validity and construct validity with external measures.

Results

The socio-demographic data (Table-1) show that majority (90%) of the respondents was in the age of 17-20 years; about 58.3% were boys and (41.7%) were girls. Majority (81.7%) of the respondents undergoing vocational training. (61.7%) of the adolescents were from urban background, 85% of the sample was Hindus. (71.7%) sample was from nuclear family and 96.7% of the respondent reported to have good family support. The duration of disability was more than 15 years for the 75% of the sample. With regard to the occupation of the respondents majority 90% were students and 73.3% of respondents did not avail any services from the government.

Table 1 : Social Demographic Profile of the Respondents

Sl.No	Socio Demographic Information	Respondents (N=60)	Percentage (%)
1.	**Age**		
	13-14	3	5.0
	15-16	3	5.0
	17-20	54	90.0
2	**Gender**		
	Male	35	58.3
	Female	25	41.7
3	**Education**		
	Primary	1	1.7
	High School	5	8.3
	Secondary	5	8.3
	Vocational Training	49	81.7
4	**Domicile**		
	Urban	23	38.3
	Rural	37	61.7
5	**Religion**		
	Hindu	51	85.0
	Muslim	5	8.3
	Christian	4	6.7
6	**Type of Family**		
	Nuclear	43	71.7
	Extended	16	26.7
	Joint	1	1.6
7	**Family Support**		
	Present	58	96.7
	Absent	2	3.3
8	**Age of Onset of Disability in Years**		
	< = 1	22	36.7
	1-2	24	40.0
	2-5	2	3.3
	5-10	1	1.7
	10-15	4	6.7
	15-20	7	11.6
9	**Duration of Disability in Years**		
	6 months – 1	3	11.6
	1-2	7	0.0
	2-5	-	1.7
	5-10	1	6.7
	10-15	4	75.0
	More than 15	45	5.0
10	**Occupation**		
	Student	54	90.0
	Unemployed	6	10.0
11.	**Services Availed**		
	Disability Pension	15	25.0
	Disability Pension & Wheelchair	1	1.7
	None	44	73.3

The Scores of the Respondents on Subjective Well-being, Fear of Negative Evaluation and Social Problem Solving (Table No – 2 to Table No - 4)

Table 2 : Mean Scores on Subjective Well-being

Sl.No	Domains of Subjective Well being	N= 60 Mean and SD
1.	Subjective Well Being Positive Effect	6.80 (1.41)
2.	Expectation -Achievement Congruence	6.03 (0.94)
3.	Confidence in Coping	6.88 (1.33)
4.	Transcendence	6.87 (1.88)
5.	Family Group Support	7.80 9(1.48)
6.	Social Support	7.03 (1.66)
7.	Primary group Concern	NA
8.	Inadequate Mental Mastery	13.70 (2.21)
9.	Perceived Ill Health	15.02 (2.33)
10.	Deficiency in Social Contact	3.53 (1.07)
11.	General Well Being Negative Effect	6.45 (1.62)
	Overall Score	80.12 (5.78)

Table 2 shows the mean score of respondents on subjective well-being. Among the domains the respondents scored highest on Perceived Ill Health (15.02 ± 2.33) and lowest on Deficiency in Social Contact domain (3.53 ± 1.07). The Primary Group Concern domain was not applicable to the respondents as it pertained to spouse and children. The overall mean score (80.12, ± 5.78) indicated lack of feelings of subjective well-beings among the respondents.

Table 3 : Mean Scores on Social Problem Solving Skills (SPSS)

Sl.No	SPSS Subscale Scores	N= 60 Mean and SD
1	Problem Orientation Scale	67.25 (7.90)
	Cognitive Subscale(CS)	20.47 (4.17)
	Emotional Subscale(ES)	21.70 (3.68)
	Behavioral Subscale (BS)	25.08 (4.35)
2	Problem Solving Skills Scale (PSSS)	63.57(14.73)
	Problem Definition and Formulating Subscale (PDFS)	14.73 (5.35)
	Generation of Alternatives Subscale(GASS)	16.25 (4.16)
	Decision Making Subscale(DMS)	17.45 (3.69)
	Solution Implementation and Verification Subscale (SIVS)	15.13 (5.36)
	Overall Scores	130.82 (14.36)

Table 3 shows the scores obtained by the respondents with regard to their social problem solving skills. The mean score of POS (67.25±7.90) was found to be higher when compared to the mean PSSS score (63.57 ±14.73) of the respondents. The overall mean scores 130.82 and SD 14.36 indicated low problem solving ability among the adolescents.

Table 4 : Mean Scores on Fear of Negative Evaluation

Sl.No	Overall Fear of Negative Evaluation	N= 60 Mean and SD
1	48	39.10 (6.13)

Table- 4 reveals the score on fear of negative evaluation scale. The results indicated that the respondents had higher fear of negative evaluation (39.10 ± 6.13).

Discussion

The current study was aimed to understand the psychosocial aspects of adolescents with locomotor disability with regard to their subjective well-being, fear of negative evaluation and social problem solving skills. One of the important findings of the study was majority of the respondents were not availing any government services and benefits available. Very small percentage of the respondents was unemployed due their disability and remaining were doing their vocational training. The rates of unemployment among person with disability vary from country to country, but on average, tend to be about 40-60% higher than for the non-disabled population (Elwan, 1999; Metts, 1999). It was found that adolescents with disabilities are rarely allowed to explore various employment options and are more likely to be unemployed or employed at a lower wage, than their non-disabled peers. Moreover they are often the last to be hired and the first to be laid off or fired. Further, young people with disability are also more likely to be hired for jobs that require little training and have few opportunities for advancement. Even well educated, take longer to find a position, have less job security and less prospect of advancement than do their non-disabled peers with comparable levels of education. This is true even for individuals with disability who have received a college education, and particularly true for college-educated women with disability (Frick, 1991; Fine and Asch, 1998).

Another finding of the study was a report of total presence of family support. Social support is the most effective variable in contributing to the positive adjustment of individuals living with a physical deformity. A strong network of social support is consistently found to result in better adjustment and more successful outcomes (Clarke, 1999). Social networks have a strong influence on an individual's personal values and attributional tendencies. When ones social group highly values intelligence and abilities over appearance, it is much easier to adjust to physical differences (Frances and David, 1988).

Adolescents with disabilities are at risk for social isolation (Hallum, 1995). Their leisure pursuits tend to be passive and solitary (Pollock & Stewart, 1990). In a number of studies, females with physical disabilities have rated themselves as particularly low in social acceptance which lead to social isolation and feelings of loneliness (Resnick & Hutton, 1987; King, et al, 1993). In the current study the overall subjective wellbeing of the respondents were poor and lacked more in the domain of deficiency in social contact and perceived ill health. Thompson & Kent (2001) reported that social skills, self-concepts, values are found to be a strong positive factor in enabling individuals to adjust and to cope with physical deformity,

as they allow for positive social experiences in spite of the individual's physical difference. Further it was found that those individuals who tend to attribute the negative words or actions of others to their physical deformity had much higher social anxiety than those with more positive attributional tendencies. In the current study the respondents reported higher fear of negative evaluation. The finding of the study found to be in concordance with similar studies. Individuals with physical deformities are more prone to being avoided by others who may be uncomfortable with or insensitive to the anomaly. Such experiences have been linked to inhibition in social interaction. As a result individual experience heightened social anxiety, embarrassment, feelings of stigmatization, social withdrawal, depression and low self-esteem (Buss, 1980; Feingold, 1992; Kent, 2000).

The overall problem solving skills abilities of the adolescents of the current study was found to be lower. Among the subscales, the mean score of problem orientation subscale was higher than problem solving skills scale subscale. Elliot et al, (1992) compared problem solving appraisal and the effects of social support among college students and persons with physical disabilities. The results revealed that Problem-solving appraisal and social support were significantly associated with depression and psychosocial impairment among the person with physical disabilities. However, independent variables did not interact in prediction of depression. Another study by Dimitra and Mavis (1997) found that adolescents with learning disabilities significantly had greater difficulty in generating the solutions to the interpersonal difficulties compared with adolescents without learning disabilities.

Conclusion

The current study is unique in nature as it explores general subjective well-being, fear of negative evaluation and social problem solving ability among the adolescents with locomotor disability. The findings of the study clearly demonstrated need to prepare adolescents with physical disability to reach successful adulthood. More so in vocational training and career guidance for the physically disabled to ensure their employability in private and public sector undertaking. With more youth with physical disabilities surviving into adulthood there is a need to ensure that they have the skills to successfully manage life demands. There are relatively few rigorously designed intervention programs to address the needs of the adolescents with locomotor disability. Large sample, randomized controlled studies are needed to assess the impact of evidenced based intervention training.

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