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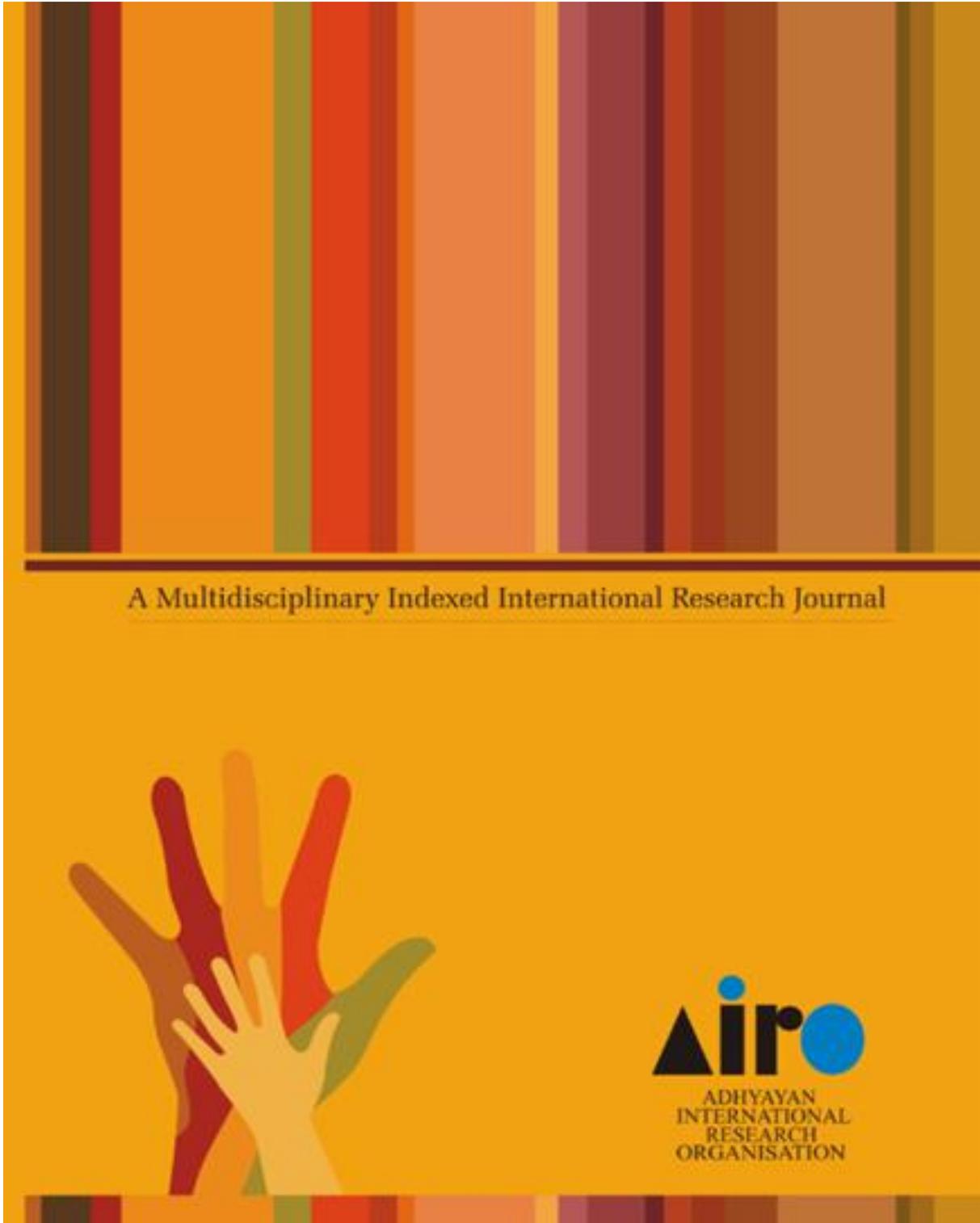
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## PARENTAL ATTITUDE ON THE SELF CONCEPT OF VISUALLY IMPAIRED CHILDREN

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### ABSTRACT

Visually impaired individuals are all very different. The degree of impairment, personality, intelligence, background and the presence of other disabilities all have varying effects. For instance, cognitive ability will affect the ability to conceptualise the environment in the absence or reduction of visual information. Temperament and personal characteristics may facilitate or interfere with adaptive tasks. As a visually impaired child grows older, although acuity may remain constant, visual function seems to improve as they gradually learn how to use the residual vision more. One of the most common misconceptions about blind children is that they are equally or more adept in language skills than their normally sighted peers. In reality severe and early impairments are likely to affect the language development of affected children. The differences are in part due to limited access to the environment and to differences in verbal feedback from people around them. They lack visual references and have reduced integration of information from their parents. More recent studies have found that the language of visually impaired children is more self-oriented and that the word meanings are more limited than for normally sighted children.

**KEYWORDS:** Visually impaired, personality, intelligence, children, development, people.

### INTRODUCTION

It is important to the visually impaired child that he/she feels "accepted" within the family. Being treated "like the other children" can help build this feeling of security. The child's self-image and self-esteem are closely related to how he/she perceives his/her value within the family. Nurturing parents, regardless of socioeconomic status, are good for all children, but crucial to visually impaired children. Pride in the child's achievements, no matter how small, and praise for effort, can build a sense of accomplishment: "I did it myself!" Since services for visually impaired children in the B-3 year old range focus on the family (the child in the family), every effort should be made to assess each family's specific and unique needs. Because timing for intervention is so critical for visually impaired children in this age group, the teacher should

be an active member of the IFSP team, to provide both strategies and suggestions for cooperative service provision. This is especially critical in the early years, when parent - child bonding is taking place. Blindness or visual impairments can interfere with the bonding process (the child may not make eye contact, may startle when touched, or may turn his/her head away). Moreover, the child with early medical problems may have had either extended hospital time, with separation from caregivers, or have had uncomfortable experiences with physical contact (shots, intensive care procedures, etc.). These children may require special handling (soothing, calming, stroking), and their parents/caregivers may need extra support and counselling. On-going family support can help resolve miscommunication issues, and ensure



the necessary bonding between child and parents.

Education should contribute to every person's complete development-mind and body, intelligence, sensitivity, aesthetics, appreciation and spirituality. This fundamental principle has been forcefully reasserted by the International Commission on Education for Twenty-first Century. Most of the educators, especially from the 20th century onwards, lay stress on the social aspects of education in addition to the academic areas. They uphold that education is a life-long process by which an individual adapts himself/herself gradually and gracefully to the available physical, intellectual, emotional, social and spiritual environments. Hence, in the process of education, teachers' all round development should also be considered seriously in general throughout life and at the pre-service level particularly.

Education, all the way through life, is based on the four key pillars: „learning to know, learning to do, learning to live together and learning to be“, which all together shape an individual as a whole (International Commission on Education for Twenty-first Century - UNESCO, 1996): Learning to know, i.e., mastering knowledge oneself, is both a means and an end in life. This furthermore means learning to learn, throughout the life. Learning to do, i.e., acquiring not only a vocational skill but also, more broadly, the ability to deal with numerous situations and to work within a group. It also means learning to do in the context of young people's various social and work experiences which may be formal or informal. Learning to live together, i.e., developing to be a social being (understanding others and an appreciation of interdependence-carrying out joint ventures and learning to manage conflicts). Learning to be, i.e.,

developing one's personality and be able to act with increasingly greater self-sufficiency, judgment and an individual responsibility. In this connection, any aspect of a person's potential (i.e., memory, reasoning, aesthetic sense, physical capacities and communication skills) should not be disregarded in education.

Every individual in democracy has a fundamental right to receive education. Teachers, social workers and general public should not only be concerned with the education of able bodied but also with the differently abled. Students with special needs have a right to live and participate fully in settings and programmes in school, at home, in workplace and in the community. Individuals with special needs have the right to become independent, contributing members of the society and a better human resource. Special education aims at helping children and adults with special needs learn how to increase the level of decision-making, their functioning and self-concept, to achieve their goals and to have control over their own lives. For the purpose of education, students with special needs are a heterogeneous group. They may learn quickly and easily or with great difficulty. Some have sensory or physical disabilities others may have mental, speech, physical, language or behavioural problems. Despite their special needs such students do learn? The students who have mild learning needs can be benefited from participation in regular classrooms. However, they require suitable teaching methods, material and adaptations to succeed in the mainstream.

Education of the visually impaired is one of the oldest fields of special education, perhaps because blindness is apparent and provokes strong emotions. In most of the countries special facilities and programmes for the blind were established before those for other groups of disabled individuals. Students with visual

impairment may be blind or partially sighted. Also, vision impairments can be congenital or adventitious. Since students with visual impairments form a disadvantaged lot in terms of their information and awareness due to their visual perceptual loss. Their limited experience and lack of environmental stimulation has a direct bearing on their self-concept, adjustment, social skills and emotional intelligence.

### SELF-CONCEPT

The commonality which exists in an individual's various role performances is related to his self-concept. Self-concept is an individual's evaluation of his or her own abilities and attributes. It includes all aspects of an individual's personality of which she/he is aware. Although some authors have drawn distinctions between self-concept and self-esteem, the terms are frequently used interchangeably. Several theoretical models of self-concept exist in the literature e.g. self-concept can be broken down into three specific components i.e. cognitive, social and physical competence, and a general self-worth factor. Children with a positive self-concept are described as imaginative, confident in their own judgments and abilities, assertive, able to assume leadership roles, less preoccupied with themselves and able to devote more time to others and to external activities. On the other hand, children with a negative self-concept are described as quiet unobtrusive, unoriginal, lacking initiative, withdrawn and doubtful about themselves, school progress and academic achievement are influenced by self-concept.

### REVIEW OF LITERATURE

Datta and Halder (2012) conducted a research on „Insights into Self-Concept of the Adolescents Who are Visually Impaired in

India“. The aim of the study was to explore the nature of selected domains of self-concept namely behaviour, Intellectual and school status, physical appearance and attributes, anxiety, happiness and satisfaction, of the sighted adolescents and the adolescents with a visual impairment. They found significant differences among the adolescents who are sighted and visually impaired with respect to the overall self-concept scores including the said domains.

Mishra and Singh (2012) carried a comparative study on self-concept and self-confidence of sighted and visually impaired children. A total sample of 200 students consisting of 100 sighted and 100 visually-impaired children was taken. The study revealed that visually impaired students are found to have low self-concept and sighted students have higher self-concept and also there was a significant difference in self-concept of visually impaired and non-challenged students. There existed no significant difference in self-concept of males and females. Sighted students were found to have higher self-confidence as compared to visually impaired students and also there is a significant difference in the self-confidence of visually impaired and non-challenged students. No significant difference between male and female was found.

Deepu (2010) conducted a study on the self-esteem and social relations of adolescents with learning disability. The size of the sample was 50 which include both genders and the sampling design was purposive sampling. Adolescents with learning disability of the age group 11 to 18 years were included for the study. The students' level of self-esteem was assessed by using a 10-item scale developed. The Rosenberg Self-Esteem Scale was rated on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). The



researcher reverse scored five items that were negative in nature so that higher scores would indicate higher level of self-esteem. The scale ranges from 0-30. Scores between 15 and 25 are within normal range; scores below 15 suggest low self-esteem. A semi structured questionnaire was designed to gather information on the socio demographic profile and social relation of adolescents with learning disability. The study showed that, statically there was a significant relationship between the respondents relationship with parents with respect to respondents self-esteem. There was less significant relationship between the respondents relationship with peers with respect to respondents self-esteem. The study indicated that, statically there was a significant relationship between the respondents relationship with teachers with respect to respondents self-esteem.

Garaigordobil and Bernarás (2009) studied on the topic entitled „Self-concept, Self-esteem, Personality Traits and Psychopathological Symptoms in Adolescents with and without Visual Impairment“. The purpose of the study was to analyze self-concept, self-esteem, and other personality traits and psychopathological symptoms in subjects with and without visual impairment. The sample was made up of 90 participants aged 12 to 17: 61 with no impairment and 29 with visual impairment. After analyzing the data the results showed that there were no significant differences in self-concept and self-esteem in the samples, but the visually impaired adolescents scored significantly higher in various psychopathological symptoms as well as in their capacity for kind behavior. It also revealed no gender differences in any variables in adolescents without visual impairment. However, women with visual impairment scored lower in self-esteem and higher in various psychopathological symptoms.

Nagra (2014) studied and identified the social intelligence level and adjustment levels of secondary school students in relation to type of school and gender. Social intelligence scale and adjustment inventory were used for collecting data from a random sample of 200 secondary school students. Statistical techniques such as mean, standard deviations and t test were applied for analysis of data. The results of the study revealed average levels of social intelligence and adjustment in these students. Insignificant differences were observed in social intelligence and adjustment in relation to type of school and gender.

Yau, Hon Keung (2014) conducted a study on “An empirical study into gender differences in the relationships among academic, social and psychological adjustments of university support” and concluded. There were three dimensions through which to measure university support for students' transition to university life: academic adjustment, social adjustment and psychological adjustment. Previous research studies showed that there are relationships among those adjustments. However, less is known about gender differences in these relationships. The purpose of this study was to examine the perceived gender differences in perception of the relationships among these adjustments during the first year undergraduate transition period. The study was based on a survey of 114 first year undergraduate students from a Hong Kong local university. The findings showed that (1) female students perceived social adjustment to have more influence on academic adjustment than male students, (2) female students perceived psychological adjustment to have more influence on academic adjustment than male students, and (3) there was no significant difference in the relationship between social and academic adjustments for female and male students.



Masnabadi (2014) investigated the relationship between emotional intelligence and social adjustment and risk-taking of male and female students of Islamic Azad University. This research was a descriptive correlation one. The sample included 170 students (120 females, 50males) who were selected by the relative stratified random sampling method with EI questionnaire of Schering or Siber, Social Adjustment Scale and risks taking ability scale of California. Pearson correlation coefficient formula was used in independent groups for data analysis. The results showed that there was a significant relationship between emotional intelligence and the social adjustment of female students. But emotional intelligence and risk taking of the students had no significant relationship. On the other hand there was a significant relationship between social adjustment and risk-taking of female and male students. The T-test showed that there were no gender differences between emotional intelligence and social adjustment. But there was a significant difference between risks taking of two genders. Based on the results obtained, it can be concluded that people with high emotional intelligence level have high social adjustment and higher input to risk taking. On the other hand, there is no significant relationship between social adjustment and risk taking. In addition, there is no gender difference between emotional intelligence and social adjustment, but the amount of risk taking of students varies based on gender.

### Self-Esteem Matters

Children who feel good about themselves have the confidence to try new things. They are more likely to try their best. They feel proud of what they can do. Self-esteem helps children cope with mistakes. It helps children try again, even if they fail at first. As a result,

self-esteem helps children do better at school, at home, and with friends.

Children with low self-esteem feel unsure of themselves. If they think others won't accept them, they may not join in. They may let others treat them poorly. They may have a hard time standing up for themselves. They may give up easily, or not try at all. Children with low self-esteem find it hard to cope when they make a mistake, lose, or fail. As a result, they may not do as well as they could.

### Self-Esteem Develops

Self-esteem can start as early as babyhood. It develops slowly over time. It can start just because a child feels safe, loved, and accepted. It can start when a baby gets positive attention and loving care.

As babies become toddlers and young children, they're able to do some things all by themselves. They feel good about themselves when they can use their new skills. Their self-esteem grows when parents pay attention, let a child try, give smiles, and show they're proud.

As children grow, self-esteem can grow too. Any time children try things, do things, and learn things can be a chance for self-esteem to grow. This can happen when children:

- make progress toward a goal
- learn things at school
- make friends and get along
- learn skills — music, sports, art, cooking, tech skills
- practice favorite activities
- help, give, or be kind
- get praise for good behaviors

- try hard at something
- do things they're good at and enjoy
- are included by others
- feel understood and accepted
- get a prize or a good grade they know they've earned

### **CHILDHOOD EMOTIONAL AND SOCIAL DEVELOPMENT**

During early childhood, children start to develop a "self-concept," the attributes, abilities, attitudes and values that they believe define them. By age 3, (between 18 and 30 months), children have developed their Categorical Self, which is concrete way of viewing themselves in "this or that" labels. For example, young children label themselves in terms of age "child or adult", gender "boy or girl", physical characteristics "short or tall", and value, "good or bad." The labels are used to explain children's self-concept in very concrete, observable terms. For example, Seth may describe himself this way: "I'm 4. I have blue eyes. I'm shorter than Mommy. I can help Grandma set the table!" When asked, young children can also describe their self-concept in simple emotional and attitude descriptions. Seth may go on to say, "Today, I'm happy. I like to play with Amy." However, pre-schoolers typically do not link their separate self-descriptions into an integrated self-portrait. In addition, many 3-5 year olds are not aware that a person can have opposing characteristics. For example, they don't yet recognize that a person can be both "good" and "bad".As long-term memory develops, children also gain the Remembered Self. The Remembered Self incorporates memories (and information recounted by adults about personal events) that become part of an individual's life story (sometimes referred to as

autobiographical memory). In addition, young children develop an Inner Self, private thoughts, feelings, and desires that nobody else knows about unless a child chooses to share this information.

Because early self-concepts are based on easily defined and observed variables, and because many young children are given lots of encouragement, Preoperational children often have relatively high self-esteem (a judgment about one's worth). Young children are also generally optimistic that they have the ability to learn a new skill, succeed, and finish a task if they keep trying, a belief called "Achievement-Related Attribution", or sometimes "self-efficacy". Self-esteem comes from several sources, such as school ability, athletic ability, friendships, relationships with caregivers, and other helping and playing tasks.As with emotional development, both internal and external variables can affect young children's self-concept. For example, a child's temperament can affect how they view themselves and their ability to successfully complete tasks. Children with easy temperaments are typically willing to try things repeatedly and are better able to handle frustrations and challenges. In contrast, children with more difficult temperaments may become more easily frustrated and discouraged by challenges or changes in the situation.Children who can better cope with frustrations and challenges are more likely to think of themselves as successful, valuable, and good, which will lead to a higher self-esteem. In contrast, children who become easily frustrated and discouraged often quit or need extra assistance to complete a task. These children may have lower self-esteem if they start to believe that they can't be successful and aren't valuable.

### **CONCLUSIONS**



The purpose of the study was to summarize current scientific knowledge relating to self-concept and self-esteem among children and young adolescents with visual impairment. The lack of longitudinal observational studies and randomized clinical trials limits the ability to draw conclusions about cause and effect. Some studies found that age and degree of vision loss influenced perceptions of self-esteem in children and young adults with visual impairment. Social support, friendship, independence in mobility, and parenting and teaching style seemed to be important for helping children to enhance their self-concept and self-esteem. In order to provide opportunities for successful development and healthy self-evaluation for children and young adults with need more knowledge and additional longitudinal and randomized studies of high quality.

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