

FEAR OF NEGATIVE EVALUATION AND SOCIAL PROBLEM SOLVING AMONG ADOLESCENTS WITH LOCO MOTOR DISABILITY

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Abstract

Adolescence and adulthood is a time of growth, new experience, risk and increasing responsibilities. It is a time of "Coming of age: and becoming a part of greater community, all persons including individuals with disabilities undergo physical and emotional changes, they are concerned with identity, acceptance, gaining mastery and skills which enlarges their sense of self but adolescence with loco motor disabilities experience limitations in all aspects of life hence . The aim of the study is to understand the extent of fear of negative evaluation and social problem solving skills. The sample comprising of 60 adolescents with loco-motor disability was selected using simple random sampling technique from Neuro Rehabilitation Ward, Physiotherapy Unit, NIMHANS and from Association for the Physically Disabled, Bangalore the population was between the age group of 17-20 years, 58% were males, 71.7% belonged to nuclear families 61.7% belonged to Rural area, 80% of the families had income of less than Rs 2999 per month. 96.7% of the respondents felt that their families were

supportive. The cause of disability was Polio, Spinal Cord Injury, Transverse Myelitis, Guillain Barre Syndrome, TB Arachnoiditis. They were administered Brief fear of Negative evaluation scale to measure how the respondents bothered unfavourable evaluation from others. The mean score was 39.10 with a standard deviation of 6.133 which reflects that the respondents had slightly higher fear of negative evaluation, with regard to social problem skills, the results found that their problem orientation was found to be adequate mean 67.25 and standard deviation of 7.89. however the problem solving skills was inadequate 63.57, standard deviation of 14.823, as compared to the normal range mean score-81.96 and 26.96 to 96.41(sd=23.850). the results of the study implies the social cognitive and physical challenges that impede their preparation for adulthood, their negative attitude regarding their self worth and potential for achievement it also looks at socio-demographic variables that might influence the adolescent adjustment to disability.

Introduction

Globally almost 180 million young people between the age of 10-24 live with a physical, sensory, intellectual or mental health disability of the vast majority nearly 80% live in the developing world (UN 1990) they are routinely excluded from most educational, economic, social and cultural opportunities. Adolescents with disabilities are marginalized group. Research shows that adults with disabilities experience less success than able bodied individuals in external and interpersonal spheres. They are not satisfied with their jobs, economic situations and life overall. (Hammoud and Grindstaff 1992) the disabilities may have catastrophic effect on their development placing young people at greater risk of psychopathology (Matson and Barrett 1993) times of depression may not be uncommon during adolescence, severity of disability have a direct relationship between rating of behavioural and emotional problems. (Cormack et al 2000). They are

often treated as socially inferior and vocationally undesirable on a personal level Hallum (1995). Research clearly shows that adolescents who have disability are at risk for social isolations (Hallum 1995) their leisure pursuit tends to be pervasive and solitary. (Pollack and Stewart 1990). In a number of studies females with disabilities have rated themselves as particularly low in social acceptance. (Rosnick & Hutton 1987).

King et al (1993) studied fifty-three adolescents aged 14 to 18 years with diagnoses of cerebral palsy (n=27), cleft lip or palate or both (n=17), or spina bifida (n=9) with regard to their self-esteem, self-concept, self-acceptance, social self-efficacy, and values using standardized instruments. Comparisons were made separately for males and females with norms developed for adolescents without disabilities. significant differences found only on several aspects of self-concept: females with physical disabilities were lower in perceived social acceptance, athletic competence, and romantic appeal than the normative sample, and males with physical disabilities were lower 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. The findings of the study conducted by King and Specht (2005) among nineteen adolescents with spina bifida or cerebral palsy who were between 13 and 19 years of age indicated that adolescents with physical disabilities use several coping mechanisms to maintain high self-esteem, as do all individuals, such as devaluing (devaluing skill areas in which one has little competency) and defensive attribution (attributing negative feedback to others' prejudiced attitudes rather than to personal factors).

Social Problem Solving Skills among Disabled Adolescents

A study conducted by Warschausky et al (1997) examined social problem-solving skills in boys and girls with Traumatic Brain Injury (TBI) and a matched group of non-injured peers, ages 7-13. The TBI group generated fewer total solutions on a social problem-solving measure, largely reflecting situation-specific differences in generated solutions. In a Qualitative study conducted by Clare (1999) Teenage boys were more likely to try to hide any disability or to appear as being in control and unaffected by illness, particularly in public settings.

Table 1: Social Demographic Profile of the Respondents

SI. No	Socio Demographic Information	Respondents(N=60)	(%)
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 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
	1-1	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	Service Aailed		
	Disability Pension	15	25.0
	Disability Pension & Wheel chair	1	1.7
	None	44	73.3

Table2: Mean Scores on Social Problem Solving Skills (SPSS)

SI. No	SPSS Subscale Scores	N=60Mean and SD
1	Problem Orientation Scale	67.25 (7.90)
	Cognitive Subscale (SC)	20.47(4.17)
	Emotional Subscale (ES)	21.70(3.68)
	Behavioural Subscale (BS)	25.08(4.35)
2	Problem Solving Skills Scale (PSSS)	63.57(14.16)
	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 2 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 3: Correlation Between Problem Orientation and Problem Solving Skills: (N=60)

		Problem Orientation Scale (POS)	Problem Solving Skills Scale (PSSS)
Problem Orientation Scale (POS)	Person correlation	1	0.324(*)
	Sig (2tailed)	-	0.012
Problem Solving Skills Scale (PSSS)	Person correlation	0.321(*)	1
	Sig (2tailed)	0.012	-

Correlation is significant at 0.05 level (2 tailed)

Table 3 shows that there is a mild positive correlation between problem orientation and problem solving skills which indicates that as one increases, it causes a positive change in the other. So as problem orientation skills increase, there is corresponding mild increase in problem solving skills.

Table 4: Mean Scores on Fear of Negative Evaluation

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

Table-3 reveals the score on fear on negative evaluation scale. The results indicated that the respondents had higher fear of negative evaluation (39.10 ± 6.13). Mild negative correlation was found between fear of negative evaluation and social problem solving skills ($r=0.384$, $p<0.01$). This shows that as fear of negative evaluation decreases, social problem solving skills improves.

Discussion

The current study was aimed to understand the psychosocial aspects of adolescents with loco motor disability with regard to their, 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. They were not aware of any Govt. schemes or programmes, majority of the families were poor. There is a circular relationship between poverty and disability. Poverty causes disability, particularly in women and girls, who in the face of limited resources are more likely than their male counterparts to be deprived of basic necessities, such as food and medicine (Groce, 1997). Very small percentage of the respondents was unemployed due to their disability and remaining were doing their vocational training. The rates of unemployment among person with disability vary from country, but on average, tend to be about 46-60% 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).

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 one's social group highly values intelligence and abilities over appearance, it is much easier to adjust to physical differences (Forstennzer & Royce, 1988).

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).

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 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 lower self-evaluation will promote the FNE (Kocovski & Endler, 2000) and eventually cause high social anxiety. (Gang Cheng et al., 2015) in his study reports that lower family socio economic status caused lower self-esteem, which in turn serves to enhance the levels of fear of negative evaluation. Which is in consistence with our study.

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 subscales 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 result revealed that problem solving appraisal and social support were significantly associated with depression and psychosocial impairment.

Conclusion

Adolescence with physical disabilities and ongoing health conditions often experience cognitive and physical challenge that impedes their independence and preparation for adulthood. The current study is unique as it explores the fear of negative evaluation and problem solving among adolescents with loco motor disability. Findings of the study clearly demonstrate that support guidance and encouragement from significantly others are critical to success in life. Workshops on personality development and life skill education programmes need to focus on adjustment to disability. Most studies are qualitative in nature there is a need for longitudinal, experimental studies with randomized control design to understand the impact of evidence based intervention training.

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