Indian Journal of Clinical Psychology
Vol. 49, No. 4, 93-97
Original Research Article

An Exploration of Psychological Problems of Physically Disabled Individuals

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ABSTRACT

Background: Impairment, which may be physical, sensory, mental, emotional, cognitive, developmental, or any combination of these may result in disability. Disability might exist from birth or emerge over the course of a person's lifetime. Disability leads to multiple experiences in life in different domains for the person who has it. It limits not just the functionality of other organs but also active participation in various dimensions of life. **Objective:** To explore the psychological issues/problems of physically disabled individuals compared to physically abled individuals. **Methods:** The study sample comprised of (N=100) adults of the age range between 18 to 25 years, drawn from Bihar with a purposive sampling method. The physically disabled sub-group of the sample had 50 individuals (n_1=50) and the physically abled sub-group had 50 individuals (n_2=50). Symptom checklist- 90-R was used to assess the general psychiatric symptomology. **Results:** The coefficient for anger hostility is highest for the physically disabled groups. The physically disabled individuals reported psychological problems of somatization, anxiety, anger hostility, and psychoticism symptoms compared to their healthy counterparts. **Conclusion:** The psychological problems, so identified, by the physically disabled population, inform and warn about the poor mental health condition of this population. Psychological interventions are warranted here. **Implication:** The finding has significant implications for parents, teachers, mental health professionals, and policymakers who work to understand and cater to the needs of individuals with physical disabilities.

Keywords: *Psychological problems, physically disabled, mental health, anxiety, somatization, anger hostility*

INTRODUCTION

Impairment, which may be physical, sensory, mental, emotional, cognitive, developmental, or any combination of these may result in disability. Disability might exist from birth or emerge over the course of a person's lifetime (World Health Organization, 2012). Due to its inverse relationship to poverty, disability is also a problem for development. Poverty and persistent poverty are both associated with disability. Disability has detrimental economic effects on both individuals and their families. The group of people with disabilities is not uniform. Their requirements change depending on the kind and extent of their impairments, as well as on their social and personal traits, which can also influence how vulnerable they are. In reality, depending on the kind of impairment, a range of hurdles may prevent access to key opportunities and facilities, such as health, employment, and education. According to a growing body of empirical research from around the world, people with impairments and their families are more prone to suffer from financial and social difficulties than people without impairments (Pinilla-Roncancio, 2015).

Through a variety of mechanisms, including negative effects on education, work, earnings, and higher expenses associated with impairment, the emergence of disability may result in the worsening of social and economic well-being and poverty (Bublitz, et al. 2019). India is frequently referred to be an ancient civilisation but a young nation because 65% of its population—more than a billion people—is under 35 and 50% of that population is under 25. Every single impaired person has a residual potential advantage over their peers who are not disabled. Nearly 8 to 9 crore Indians, or 6 to 7 percent of the population, are disabled, and this figure is rising due to accidents and aging. An estimated of almost 15 percent of human lives on earth of persons with disability and over one billion–80% of them resides in developing nations (Shahul & Hameedu, 2014).

A youngster with physical disabilities seeks to fit in with society, their family, and the educational setting of school. Compared to other kids, they have more adjustment issues (Seligman & Darling, 2017). With an estimated global incidence of 14%, disability is reported to be relatively widespread among adults. Low- and middle-income nations have a higher frequency of impairments than high-income nations. Disability prevalence among subgroups is 12% for working-age persons and 39% for the elderly (Mitra & Sambamoorthi, 2014). According to research conducted in India, 7.7% of people worldwide have disabilities (Ramadass et al., 2019). Although it is well-known that the majority of people with disabilities do not have mental health issues, as a population group they are more likely to experience worse mental health outcomes than members of the general population (Emerson, Llewellyn, Honey & Kariuki, 2012; Honey et al., 2011). According to the National Mental Health Survey of India for 2015-2016, at least half of people with mental disorders are disabled

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(Murthy, 2017). Similarly, 38% of British children with intellectual disabilities and 8% of other children each have a diagnosable mental health issue (Buckley, Glasson, Chen W, et al. 2020). Marellaet al. (2015) did a cross-sectional, community-based survey in the Bogra area of Bangladesh and calculated that 10.5% of persons over the age of 18 had disabilities.

World Report on Disability provides data that make the Convention on the Rights of Persons with Disabilities (CRPD) more easily implemented. It encourages the participation of people with disabilities in society, ranging from health and rehabilitation to education and employment, and it archives the conditions and circumstances of these people around the world. The number of people with disabilities is estimated to be around 1 billion. With up to 190 million (3.8%) people and older suffering serious functional issues and regularly needing medical treatment, this equates to 15% of the world's population (WHO 2018).

There exists a need to explore and understand the mental health dynamics of physically disabled individuals to plan and develop appropriate interventions for them. Thus, this study intended to conduct a comparative study to explore the psychiatric symptomology of individuals with physical disabilities.

OBJECTIVE

To explore the psychological problems of individuals with physical disabilities compared to physically healthy individuals.

METHODS

Hypothesis

The psychological problems of physically disabled individuals would be significantly different than those of a physically abled person

Sample

Using the purposive sampling technique, a total sample of 100 (N=100) adults of the age range 18 to 25 years were sampled from the state of Bihar. The physically disabled sub-group of the sample had 50 individuals (n_1=50) and the physically abled (healthy) sub-group had 50 individuals (n_2=50). Only those individuals who did not have a significant clinical history (chronic condition) were included in the present study.

Tools:

1. Socio-Demographic and Clinical Data Sheet:

The sociodemographic and clinical data sheet was prepared for this study to gather relevant sociodemographic and clinical history information from the participants. The variables included in this were information about gender, age, education, religion, marital status, residential area, family annual income and chronic health conditions

2. Symptom checklist- 90-R (Leonard R. Derogatis, 2000)

This is a 90-item 5-point Likert scale. This scale evaluates a wide variety of psychological issues and signs. For depression, the internal consistency coefficient was 0.90, while for psychoticism, it was 0.77. Test-retest reliability has been estimated to range from 0.80 to 0.90 over a one-week period. The Minnesota Multiphase Personality Inventory and each of the nine major subscales have strong correlations. The Symptom Checklist-90 Revised likewise had a correlation of 0.69 with the SAS and IIP.073 (Pearson). The nine core symptom aspects of the SCL-90-R are as follows: Obsessive-compulsive (OC, which represents obsessive-compulsive symptoms), somatization (SOM, or somatic perception-related distress), Interpersonal sensitivity (IS, which is a reflection of one's perception of one's own lack of worth and inferiority to others), Hostility (HOS, which represents signs of irritability, negative affect, and aggression), depression (DEP, it also depicts indicators of depression, such as a lack of drive), anxiety (ANX, which depicts tension and anxiety symptoms), phobic anxiety (PHO, which depicts signs of persistent fears in response to particular conditions), paranoid ideation (PI) and Psychoticism (PSY, which depicts a variety of symptoms ranging from slight interpersonal alienation to stark signs of psychosis) (Derogatis, 1983; 2000).

Procedure:

Before initiating the study, the concerned departmental research degree committee provided its ethical approval. Data were gathered in two phases following the inclusion-exclusion criteria. Before administering the chosen instruments, each participant's written and verbal informed consent was obtained. In the first phase of data collection, 50 adults with physical disability were selected and the relevant tools were administered. In the second phase, a comparative group of 50 individuals who were physically healthy were selected and the relevant data was collected following the same procedure. The ethical standards of the American Psychological Association (APA, 2016) were strictly adhered to when working with the study's human subjects. The Statistical Package for Social Sciences (SPSS) version 20 was used for data handling and statistical analysis.

RESULTS

A group discriminant functional analysis was done to explore the general psychiatric symptomology, assessed using the Symptom Checklist-90R scale, in individuals with a physical disability when compared to individuals without any physical disability.

Table 1: Structure Matrix: Correlation-coefficient between every predictor variable and the discriminant function

Predictor variables	Function 1
Somatization	.845
Anger-Hostility	.796
Phobic Anxiety	.771
Psychoticism	.734
Anxiety	.684
Depression	.652
Paranoid Ideation	.592
Interpersonal Sensitivity	.581
Obsessive-Compulsive	.479

Table 1 suggests that somatization, anger-hostility, phobic anxiety, psychoticism, anxiety, and depression best discriminate between individuals with physical disabilities and individuals without physical disability closely followed by paranoid ideation and interpersonal sensitivity. The contribution of obsessive-compulsive to the model is weak.

Table 2: Wilks' Lambda and Canonical Correlation

Function	Wilks' Lambda	% Variance	Cumulative %	Canonical Correlation
1	.351(.0.01**)	100.0	100.0	.806

Significant at (**p≤0.01)

Table 2 shows that the group means differ substantially, with Wilks' Lambda of 0.351 at a significance level of 0.01 ($p \leq 0.01$); this shows that the discriminant function outperforms chance in separating the groups. The canonical value of .806 suggests that the two-group discriminant model explains 64.96% (Canonical Correlation squared) of the variance in the grouping variable, i.e., whether a respondent belongs to the sub-group of individuals with physical disability or the sub-group of individuals without physical disability.

Table 3: Classification function coefficient

Predictor variables (General psychiatric symptomology)	Physically Disabled	Physically Abled
Somatization	.181	-.087
Obsessive-Compulsive	.089	.316
Interpersonal Sensitivity	.176	.179
Depression	.091	.135
Anxiety	-.207	-.116
Anger- Hostility	.214	-.116
Phobic Anxiety	.080	-.094
Paranoid Ideation	.022	.085
Psychoticism	.160	-.010
Constant	-8.193	-2.991

Table 3 shows that the coefficient for anger hostility is highest for the physically disabled groups. This means that physically disabled people show anger hostility the most. Physically disabled group was high on somatization, anxiety, anger hostility and psychoticism symptoms. The findings thus suggest this general psychiatric symptomology of physically disabled individuals.

DISCUSSION

In the past, people with disabilities were said to frequently experience sadness, lack of focus, exhaustion, social exclusion, a lack of interest in everyday activities, and feelings of worthlessness (Freeman, Gorst, Gunn, & Robens, 2020). The findings of the present study go beyond that and provide a broad mental symptomology for those who are physically disabled as compared to people who are physically abled. People who were physically challenged were found to have a high level of somatization, anxiety, anger hostility, and psychoticism symptoms.

Learning difficulties and minor physical impairments are often and frequently linked (Yeo, & Tan, 2018) along with attention deficit hyperactivity disorder (Usami, 2016). Severe physical disabilities may accompany mental retardation, behavior problems and autism (Endriyani, &Yunike, 2017; Craig, Savino, & Trabacca, 2019). Earlier research also looked at social anxiety and several aspects of mental health in young people with orthopedic disabilities (Ojha 2002). In contrast to orthopedically impaired males, he discovered that social anxiety was more prevalent in orthopedically handicapped females. Adults with impairments had a much higher likelihood to experience psychological problems than their healthy counterparts, which may be brought on by emotional or somatic abuse, clashes or tension in the home, or other factors. This is in addition to having poor mental health. The likelihood of abuse and violence towards people with disabilities is widely acknowledged (Breiding, & Armour, 2015). Adults with disabilities expressed fear and worry about being subjected to physical or emotional abuse from others at considerably higher rates than adults without disabilities. This might be a result of greater social isolation, disturbance of everyday habits, decreased support and resources, and dependence on carers for help—who might also be more susceptible to mental health problems themselves (Lund, 2020).

Psychoticism, anxiety, and depression best discriminate between physically disabled and physically abled people followed by paranoid ideation and interpersonal sensitivity. Disability is known to be a risk factor for depression. Studies employing major depression cases or symptom ratings, as well as cross-sectional and longitudinal research, have all shown a correlation between depression and disability. This viewpoint contends that limiting a patient's everyday activities because of a recently developed disability may result in long-term stress. The impairment might potentially be depressive disorder's symptoms (Hermans, et al., 2013).

It is significant to note here that physical activity has benefits for both physical and psychological health. This connection is crucial in the overall population, but it is

especially crucial for individuals with disabilities because many of the illnesses they deal with have a severe effect on their mental health (Kissow et al., 2015). It has been demonstrated that social interaction with others who have the same understanding of their handicap fosters a sense of emotional closeness(Shah, Kamrai, Mekala et al., 2020).A person may not interact with anyone outside of their own family. Additionally, it has been acknowledged that engaging in physical action with friends who have similar traits can be a fulfilling experience that fosters a sense of community and self-worth. (Morgül E, et al., 2020).

CONCLUSION

Anger hostility was highest for the physically disabled groups. This means that physically disabled people showed anger and hostility most. The physically disabled group scored high on somatization, anxiety, anger hostility and psychoticism symptoms dimensions. This psychiatric symptomology indicates the poor mental health condition of the disabled population and suggests appropriate psychological intervention.

Implications

The study highlighted the mental health burden and need for mental health assessment and psychological interventions among the individuals with physical disabilities. The finding has significant implications for parent, teachers, mental health professionals and policymakers who work to understand and cater for the need of individuals with physical disability. The study also suggests the service providers and policy makers for workshops catering the mental health issues of individuals with physical disability and encourages parent /guardian participation.

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NEWS AND VIEWS

IACP CHANDIGARH CHAPTER has successfully conducted a two days Rural Mental Health Program at Barog District Solan Himachal Pradesh India from 1-2 October 2023.

It was an amazing experience of working in the rural areas and series of activities were carried out by the participants enthusiastically during these days. We suggest such activities if carried out regularly can bring a positive change in rural community about mental health issues and Clinical Psychology Profession.