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A COMPARATIVE STUDY ON DEPRESSION AMONG DIFFERENTLY ABLE CHILDREN AND NORMAL SCHOOL GOING CHILDREN IN WEST BENGAL.

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Abstract

The word depression is part of our everyday language, it is important to realize that feeling depressed is not the same thing as having a depressive disorder. Depression is a common psychiatric disorder in old age. Venkaba Rao et.al. (1972) found that people after 50 years affected from depression. Nandi et.al (1975) found that depression is a disease of older age people. Ramachandra also observed that 24% of subjects aged over 50 in the community suffered depressive illness. Under the sensory challenged groups both the vision and hearing challenged also affected from depression. Due to communication barrier and even their invisible disability the hearing loss adult suffered from depression. It is again found that non-challenged are found to be the more stressed group and the hearing challenged have the lowest self-esteem.



Both the visually and hearing challenged are better adjusted in their academic set-up and possess equally good social emotional adjustment in schools. (Singhal, 2004). Psychodynamic factor understanding of depression defined by Sigmund Freud and expanded by Karl Abraham is known as the classic view of depression. Cognitive factor according to cognitive theory, depression results from specific cognitive distortions present in persons susceptible to depression. This scheme, which is based solely on aetiology, was introduced mainly for research purposes. The aim was to exclude cases of depression that might be caused by another disorder. This exclusion was attempted by applying the term 'secondary' to all cases with a history of previous non-affective psychiatric illness (such as schizo-phrenia or anxiety neurosis) or of alcoholism, medical illnesses, or the taking of certain drugs (such as steroids).

Keywords: Depressions, Visual impairment, Hearing impairment, Students with disabilities, Special Education, General Education/Regular Education, Mainstreaming, Integration.

Introduction

The term depression covers a variety of negative moods and behavior changes. Some are normal mood fluctuations and others meet the definition of clinical problems. The mood change may be

temporary or long-lasting. Symptoms of depression are also likely to occur in bipolar disorders. For this reason, the term **unipolar disorder** is often used when discussing different types of depressive disorders to distinguish between people

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who have experienced one or more episodes of depression but no manic or hypomanic episode and those who have a past history that includes at least one episode of mania or hypomania.

The word depression is part of our everyday language, it is important to realize that feeling depressed is not the same thing as having a depressive disorder. For instance, people often feel sad around the holidays, when they believe that others are enjoying closeness and pleasant companionship. These feelings, though unpleasant, are quite different from the feeling of being under a black cloud that accompanies a depressive episode or major depressive disorder. People also use the term depression to describe the sadness that comes from a death in the family. After the death of someone they care deeply about, most survivors experience a depressed mood that is usually called grief. The breakup of a dating relationship, or divorce or separation, may also bring about these feelings, which are likely to occur to both participants regardless of who wanted to end the relationship. Such feelings often represent a short-term response to stress. The chance that any person may develop a particular disorder is related to risk factors in the environment, that person's biological vulnerabilities, and the presence or absence of factors that promote resilience. Risk factors affecting depression include heredity, age, gender, negative life events, and lack of social support, socio-economic and cultural factors, psychodynamic and cognitive factor.

Factors of Depression-

1. **Heredity-** An important risk factor for mood disorders is heredity. Studies of twins and of families clearly suggest a genetic component in both major depression and bipolar disorders.
2. **Age-** Another risk factor for depression is age. The risk for a first episode of any degree of depression is highest in women between the ages of 20 and 29. For men, the similar risk period is between the ages of 40 and 49 (Rorsman et al., 1990). In addition to age, another factor is year of birth, or the birth cohort to which a person belongs.
3. **Gender-** One of the greatest risk factors for depression is simply being female. Women are at least twice as likely to experience all types of depressed states as are men. Women are more likely to consult physicians of mental health experts and to take a psychological view of their problems than they are to see them only in terms of physical symptoms. It is also notice that women in general want to receive more social support than do men, they are also expected to offer more support (Shumaker & Hill, 1991). Because support giving often involves them in the problems and stressors experienced by others, women may on average experience more stress than men. During the age period from 25 to 45, married women have a particularly high rate of depression, while unmarried women in this age bracket have a much lower rate, more similar to the rate for men (Paykel, 1991).
4. **Marital status-** a major depressive disorder occurs most often in persons without close interpersonal relationships or in those who are divorced or separated. Bipolar I disorder is more common in divorced and single persons than among married persons, but this difference may reflect the early onset and the resulting marital discord characteristic of the disorder.
5. **Psychodynamic factor** understanding of depression defined by Sigmund Freud and expanded by Karl Abraham is known as the classic view of

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depression. That theory involves four key points: (1) disturbances in the infant-mother relationship during the oral phase (the first 10 to 18 months of life) pre-dispose to subsequent vulnerability to depression; (2) depression can be linked to real or imagined object loss; (3) introjections of the departed objects is a defense mechanism invoked to deal with the distress connected with the object's loss; and (4) because the lost object is regarded with a mixture of love and hate, feelings of anger are directed inward at the self.

6. **Cognitive fact-** according to cognitive theory, depression results from specific cognitive distortions present in persons susceptible to depression. Those distortions, referred to as depressogenic schemata, are cognitive templates that perceive both internal and external data in ways that are altered by early experiences. Aaron Beck postulated a cognitive triad of depression that consists of views about (1) the self-a negative self-precept; (2) the environment-a tendency to experience the world as hostile and demanding; and (3) the future-the expectation of suffering and failure. Therapy consists in modifying these distortions.

Type of Depression-

1. Reactive and endogenous depression

This scheme was based on the view that depressive disorders could be classified on the basis of an etiology into two groups endogenous and reactive (less commonly called exogenous). In endogenous disorders, symptoms were caused by factors within the individual person, and were independent of outside factors. In reactive disorders, symptoms were a response to external stressors. This distinction between endogenous and reactive causes is unsatisfactory because

it produces categories that are not mutually exclusive but overlapping.

Neurotic and psychotic depressions

As already explained, certain symptoms are frequently more intense in the mild depressive disorders than in the severe disorders. This difference in symptom intensity led to the suggestion that there were two distinct forms of depressive disorder, neurotic and psychotic. The problems surrounding these issues are made more difficult by the imprecise use of the term psychotic. In one sense, this term means a disorder in which there is evidence of loss of contact with reality, usually in the form of hallucinations or delusions. However, in the literature on depressive disorders, the term has also been applied to cases with so called biological symptoms, namely early morning waking, weight loss, poor appetite, impaired libido, and diurnal variation.

2. Melancholic and somatic depression:

Current views are that the term neurotic depression is probably not useful because it covers several different disorders including, for example, mild depressive episodes, atypical depressions, and dysthymia. However, the clinical syndrome of endogenous depression (major depression with melancholia in DSM IV, or depressive episode with somatic symptoms in ICD10) as defined by symptom profile appears to have a number of validating characteristics that distinguish it from depressions lacking these features:

- ☞ better response to certain somatic treatments (for example ECT)
- ☞ poorer response to placebo drug treatment
- ☞ More evidence of neurobiological abnormalities (decreased latency to rapid

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eye movement sleep, impaired growth hormone response to clonidine).

3. Primary and secondary depression

This scheme, which is based solely on etiology, was introduced mainly for research purposes. The aim was to exclude cases of depression that might be caused by another disorder. This exclusion was attempted by applying the term 'secondary' to all cases with a history of previous non-affective psychiatric illness (such as schizo-phrenia or anxiety neurosis) or of alcoholism, medical illnesses, or the taking of certain drugs (such as steroids). At first it was suggested (Guze et al. 1971) that primary and secondary depressive disorders might differ in prognosis and response to treatment. No such difference has been found, nor is there any convincing evidence for a difference between the two groups in the pattern of symptoms (Weissman et al. 1977). Therefore, although this classification may have some value for research, it has little value for the clinician.

The Problem of the Study

2.1 Review of related literature

Banerjee, N. (1988) investigated the adjustment of blind students in secondary schools. More blind students were found to be maladjusted than the sighted. Nearly one in five students had a moderate level of maladjustment with home environment, school environment and peers of the opposite sex, surprisingly, the percentage of blind children maladjusted to home environment was one and a half times more than to school environment, how much due to segregation in special schools of the blind is a moot question.

Banerjee, N. 1988. An investigation into the problems of adjustment of blind

students reading in secondary schools of West Bengal.

Khan, A.H (1988) covering 246 students in special schools for the blind in Orissa, concluded that blind children were less achievement oriented, self-reliant and attribute failure to achieve themselves. They were found to be more self-centred, neurotic and withdrawing.

Khan, A.H. (1988) personality structure of blind children and its relation to the mental ability and educability.

Sahoo, J. (1991) reported lower self-concept but better adjustment of deaf children than blind children.

Sahoo, J. (1991). A comparative study of the behavioural characteristics of the blind, deaf, dumb and normal children of Orissa.

Lal. A. (1992) reported difference in blind and sighted students on acceptance, worthiness, anxiety and participation scales.

Lal, Alka, 1992. A study of the personality, mutual perception, attitude and vocational preference of the blind and the sighted. Ph.D, Edu., Univ. of the Allahabad.

2.2 Emergence of the problem

Depression is a common psychiatric disorder in old age. Venkaba Rao et.al. (1972) found that people after 50 years affected from depression. Nandi et.al (1975) found that depression is a disease of older age people. Ramachandra also observed that 24% of subjects aged over 50 in the community suffered depressive illness. But it is observed that not only in older age but the adolescents and adults also affected from depression. Studies focusing on adults with disabilities and depression have reported varies prevalence rate. Mental health problems in adults with developmental

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disabilities have been studied since the 1980's (Sturme y and Sevin, 1993). The majority of research has concentrate on describing the clinical manifestation of depression in this group (Charlot et.al, 1993; Meins, 1995; Davis et.al, 1997; Marston et.al, 1997). About 25-44% diagnosed clients with developmental disability are affected from depression (Marston et.al, 1997; McBrien, 2003). About 6-77% people with traumatic brain injury are affected from depression (Glenn, et.al, 2001; Labbate and Warden, 2000). The people with rheumatoid arthritis are also affected from severe depression (Dickens, et.al, 2003).

Under the sensory challenged groups both the vision and hearing challenged also affected from depression. Due to communication barrier and even their invisible disability the hearing loss adult suffered from depression. It is again found that non-challenged are found to be the more stressed group and the hearing challenged have the lowest self-esteem. Both the visually and hearing challenged are better adjusted in their academic set-up and posses equally good social emotional adjustment in schools. (Singhal, 2004)The children with deafness and hard of hearing showed a significantly higher prevalence rate for socio-emotional behaviour problems. It is observed that in 8-22% children with hearing problem effected from the parental stress is the cause of children, socio-emotional behaviour problems. (Freeman, Malkin and Hastings, 1997; Jensema and Trybus, 1975; Reivich and Rothrock, 1972; Rutter, Tizard and Whitmore, 1970; Vernon, 1969). In some recent study also almost the same result was established (Furstenberg and Doyal, 1994; Himtermair, 2006; Kolly et.al, 1993; crnic et.al, 1983) observed that mothers with high stress

level and low social support were less sensitive t their hearing challenged children and that consequently their behaviours were less helpful for their children socio-emotional development. The same result was established Bakarat and lilley (1992; Weinraub and walf, 1987).

2.3 Statement of the problem

The present investigator studied depression level of physically challenged and non-challenged adolescent's learner.

2.4 Delimitations of the study

The study was delimited in the following aspects-

- (i) Only 100 samples were taken for this investigation;
- (ii) Among the samples only 23 visually challenged and 17 hearing challenged and rest non challenged school going children were considered.
- (iii) The study was undertaken only among the student in kolkata.
- (iv) Only one standardized scale namely Beck's Depression Inventory including a demography data sheet was taken for collection of relevant data for the samples

2.5 Objectives of the study

- (i) To study the depression level of adolescent and adult visually challenged and non-challenged children;
- (ii) To compare the depression level among the non- challenged visually challenged and hearing challenged adolescent and adult going children;
- (iii) To investigate the depression level of the identified variable like sex, age, family structure habitat, educational qualification, birth order.

2.6 Hypotheses of the study

Ho₁ : It is accepted that depression level of physically challenged visually impaired,

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hearing impaired and non-challenged children possess same level of depression.

Ho₂ : It is accepted that female sample possess more depression than the male samples among both the physically challenged and non-challenged.

Ho₃ : It is accepted that urban challenged and non-challenged than the rural challenged and non-challenged children.

Ho₄ : Samples of elementary standard possess more depression than the samples of secondary and higher secondary standard.

Ho₅ : It is accepted that the samples from nuclear family are more depressed than the sample of joint family.

Ho₆ : It is accepted that the children of 2nd or 3rd birth order are more depressed than the children of 1st birth order.

2.7 Definitions of the important terms

1. Visual impairment - Visual impairment as an umbrella, term includes all levels of vision loss and thus may represent a continuum from individuals with very poor vision, to individuals who can see light but no shapes, to individuals who have no perception of light at all,

2. Hearing impairment - The term hearing impaired children in its simple meaning stands for those children who are found to suffer from one or the other types of hearing impairment. In turn, the term hearing impairment here indicates some damage or malformation of the hearing apparatus. Consequently the term hearing impairment may be defined as "a generic term indicating a hearing disability which

8. schools. Integrated Education of Disabled Children (IEDC). A scheme launched by Government of India for providing educational

may range from mild to profound" (Brill, Mac Neil and Newman, 1986, p.67.)

3. Students with disabilities- The definition given in IDEA for a student with a disability will be used. Therefore, a student with a disability is a child having "mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, specific learning disabilities, deaf-blindness, or multiple disabilities, and who because of those impairments need special education and related services" (20 U.S.C. 1401(a)(1)). It does not include students who are gifted.

4. Special Education- Special education is specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability. (20 U.S.C. 1401(a)(16)).

5. General Education/Regular

Education- General education is "the set of educational experiences which a child would receive in a school or school district were that child to enter school at kindergarten or first grade level, and proceed through school without being labeled 'handicapped' or in need of special services" (Lilly, 1988).

6. Mainstreaming- Allowing the disabled or exceptional children to drift along with the non-disabled peers in the same stream of educational set-up and learning opportunities.

7. Integration-As Antithesis of Segregation, it Stands for putting the disabled/exceptional children into the mainstream, i.e. educating them along with the non-disabled peers in the regular opportunities to the moderately disabled children in the general school system.

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3. Method and Procedure of the study**Research Design**

The research design of the study is qualitative and descriptive, both of which will be dealt with in this study. The aims of qualitative research is to develop a meaningful understanding of human experience without taking into account the interplay of both the inquirers and participants' values and beliefs. Research methods in qualitative research usually work with samples of people that are numerically small but dealt with in-depth (Miles & Huberman 1994). In this study we use a purposeful sampling method. The sample size is always related to the purpose of the study, research problem and the major data collection technique (MacMillan & Schumacher, 1993). Purposive sampling is based on the assumption that one wants to discover, understand and gain insight, and as a result the researcher has to select a sample from which he she can learn the most (Merriam,1998).

3.1 Sample and sampling process

In this study 40 sensory challenged children of special schools and 60 non-sensory challenged children of mainstream schools were taken as the sample of the study. The sample were selected from the secondary school for visually impaired and hearing impaired and the secondary school for mainstream children in the age group 12 – 18 years.

Variables

The investigator used two types of variables – Dependant and independent variables. Here dependant variable is depression of school going adolescents, physically challenged and non-challenged students. Independent variables used in this study are – age, sex, educational qualification, habitat, birth order, family structure etc.

3.4 Tools of the study

For collection of relevant data form the sample the present investigator used Beck's depression Inventory. In this inventory total number of 21 items were included. In each item there are 4 or 5 statement that Beck's describe the way the client have been feeling during the past tow weeks including today. Scoring key of this inventory was given by Beck which is 0-3 for each statement. Higher the score achieve by the client is higher of her depression level and viceversa. The original inventory was translated by Nanda, B.P. (2007). After getting permission from him the present investigator used the translated version (Bengali) of Beck's depression Inventory. Minimum score of his inventory is 0 and maximum score is 63.

Depression scale	Degree of depression
0-13	Minimum depression
14-19	Mild depression
20-28	Moderate Depression
29-63	Severe Depression

According to this scale if the sample received a score within 13 than they possess minimum depression, sample whose depression score is with in 14-19 they are turned as mildly

depressed, sample possess 20-28 score will be turned as moderately depressed and sample posses score 29 and above will be turned as severely depressed. Higher total score indicate

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more severe depressive symptoms. If the score is 30 or less there may be no need of patient to go to a psychiatrist. If score is more than 31 the investigator may recommend that the patient be referred for a professional psychiatrist for assessment and treatment.

Data collection procedure

For collecting of relevant data for the samples present investigator used translated version of Beck's Depression Inventory. She multiplied the photocopy and seeks permission from the competent authority. After getting permission she entered into the class, disbursed the test copies

to each students present in the class and requested them to make a circle in the number beside the statement he/she has picked. Only for the visually challenged samples the investigator herself read the statement to every sample and according to their response she make a circle in the appropriate statesman.

4. Analysis and Interpretation of data

Descriptive statistics (mean, SD, df and t-test) were used to analyse the data, present data summaries and to examine the relationship among the variables. Frequency distribution and percentages were computed for each variable of the survey.

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TABLE NO: 4.1 -TABLE SHOWING STUDENTS MEAN, SD, DF,AND T-TEST

(Group-A)		(Group-A)		(Group-B)		(Group-C)					
SAMPLE No	General %of Score	SAMPLE No	General %of Score	SAMPLE No	V.I.	H.I.					
					%of Score	SAMPLE No	%of Score				
41	9.52	71	4.76	1	15.87	24	22.22				
42	23.81	72	7.94	2	31.57	25	15.87				
43	9.52	73	7.94	3	39.68	26	20.63				
44	9.52	74	6.35	4	41.27	27	19.05				
45	9.52	75	11.11	5	22.22	28	41.27				
46	1.59	76	23.81	6	30.16	29	46.03				
47	7.94	77	15.87	7	41.27	30	15.87				
48	9.52	78	33.33	8	41.27	31	55.55				
49	4.76	79	11.11	9	44.44	32	53.97				
50	1.59	80	25.4	10	41.27	33	11.11				
51	22.22	81	33.33	11	22.22	34	17.46				
52	3.17	82	6.35	12	22.22	35	14.28				
53	11.11	83	11.11	13	23.81	36	1.59				
54	7.94	84	4.76	14	19.05	37	23.81				
55	6.35	85	14.28	15	22.22	38	26.98				
56	4.76	86	1.59	16	46.03	39	22.22				
57	15.87	87	1.59	17	38.1	40	38.1				
58	19.05	88	15.87	18	44.44						
59	14.28	89	31.75	19	33.33						
60	3.17	90	1.59	20	38.1						
61	6.35	91	15.87	21	36.51						
62	7.94	92	6.35	22	33.33						
63	1.59	93	9.52	23	39.68						
64	15.87	94	22.22								
65	7.94	95	6.35								
66	11.11	96	11.11								
67	7.94	97	22.22								
68	12.7	98	7.94								
69	19.05	99	15.87								
70	11.11	100	3.17								
N=60		687.27		N=23		768.06		N=17		446.01	

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TABLE NO.-4.1.1

Table showing total no, total score, Mean, S.D., t-test on the basis of their type of disability

TYPE OF SAMPLE	TOTAL NO	TOTAL SCORE	MEAN SCORE	SD
General	60	687.27	11.45	7.5555062
V.I.	23	768.06	33.39	9.29998325
H.I.	17	446.01	26.24	15.3702595

TABLE NO.-4.1.1.1

TYPE OF SAMPLE	TOTAL NO	TOTAL SCORE	MEAN SCORE	SD	df	t	SCORE SIG.
General	60	687.27	11.45	7.5555062	81	6.81	0.05
V.I.	23	768.06	33.39	9.29998325			

Form this table it is observed that general students and V.I. students do differ in their B. D. I. at 0.05 level

TABLE NO.-4.1.1.2

TYPE OF SAMPLE	TOTAL NO	TOTAL SCORE	MEAN SCORE	SD	df	t	SCORE SIG.
General	60	687.27	11.45	7.5555062	75	5.67	0.05
H.I.	17	446.01	26.24	15.3702595			

Form this table it is observed that general students and H.I. students do differ in their B. D. I. at 0.05 level

TABLE NO.-4.1.1.3

TYPE OF SAMPLE	TOTAL NO	TOTAL SCORE	MEAN SCORE	SD	df	t	SCORE NOT SIG.
V.I.	23	768.06	33.39	9.29998325	38	0.04	0.05
H.I.	17	446.01	26.24	15.3702595			

Form this table it is observed that difference between V.I. and H.I is not significant at 0.05 level.

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FIG. NO.-1

Graphical representation among the mean score in B.D.I. of General Students, Visually Impaired Student and Hearing Impaired Students.

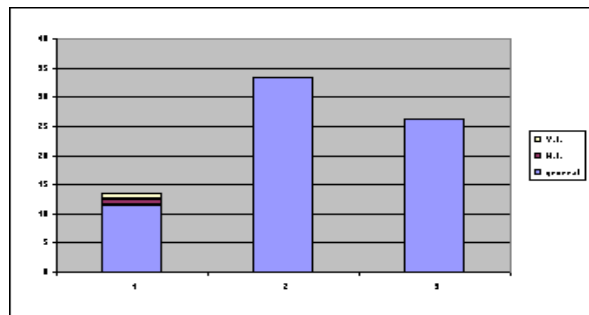


TABLE NO.-4.2
TABLE SHOWING SAMPLES GENDER WISE SCORE OBTAINED THROUGH B.D.I.

Sl. No	MALE		FEMALE		FEMALE	
	%of Score	Sl. No	%of Score	Sl. No	%of Score	
1	15.87	8	41.27	73	7.94	
2	31.57	9	44.44	74	6.35	
3	39.68	10	41.27	75	11.11	
4	41.27	11	22.22	76	23.81	
5	22.22	12	22.22	77	15.87	
6	30.16	13	23.81	78	33.33	
7	41.27	14	19.05	79	11.11	
24	22.22	15	22.22	80	25.4	
25	15.87	16	46.03	81	33.33	
26	20.63	17	38.1	82	6.35	
27	19.05	18	44.44	83	11.11	
28	41.27	19	33.33	84	4.76	
29	46.03	20	38.1	85	14.28	
41	9.52	21	36.51	86	1.59	
42	23.81	22	33.33	87	1.59	
43	9.52	23	39.68	88	15.87	
44	9.52	30	15.87	89	31.75	
45	9.52	31	55.55	90	1.59	
46	1.59	32	53.97	91	15.87	
47	7.94	33	11.11	92	6.35	
48	9.52	34	17.46	93	9.52	
49	4.76	35	14.28	94	22.22	
50	1.59	36	1.59	95	6.35	
51	22.22	37	23.81	96	11.11	
52	3.17	38	26.98	97	22.22	
53	11.11	39	22.22	98	7.94	
54	7.94	40	38.1	99	15.87	
55	6.35	64	15.87	100	3.17	
56	4.76	65	7.94			

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57	15.87	66	11.11
58	19.05	67	7.94
59	14.28	68	12.7
60	3.17	69	19.05
61	6.35	70	11.11
62	7.94	71	4.76
63	1.59	72	7.94
N=36	598.20	N=64	1303.14

TABLE NO.-4.2.1

Table showing total no, total score, Mean, S.D., t-test on the basis of their Sex.

TYPE OF SAMPLE	TOTAL NO	TOTAL SCORE	MEAN SCORE	SD
MALE	36	598.20	16.62	12.92555829
FEMALE	64	1303.14	20.36	13.97123

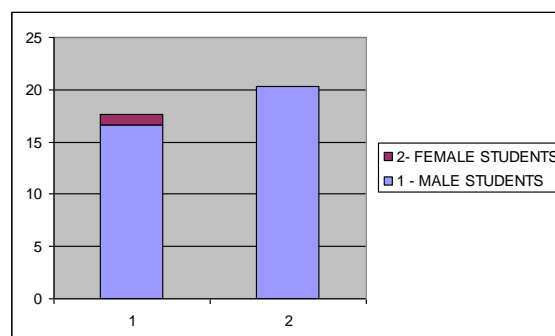
TABLE NO.-4.2.1.1

TYPE OF SAMPLE	TOTAL NO	TOTAL SCORE	MEAN SCORE	SD	df	t	SCORE NOT SIG
MALE	36	598.20	16.62	12.92556	98	0.09	0.05
FEMALE	64	1303.14	20.36	13.97123			

Form this table it is observed that difference between Male and Female students is not significant at 0.05 levels.

FIG. NO.-2

Graphical representation between the mean score in B.D.I. of Male Students and Female Students.



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TABLE NO- 4.3
TABLE SHOWING SAMPLES HABITAT WISE SCORE OBTAINED THROUGH B.D.I.

Sl. No	Rural %of Score	Sl. No	Rural %of Score	Sl. No	Urban %of Score
1	15.87	64	15.87	2	31.57
4	41.27	65	7.94	3	39.68
6	30.16	66	11.11	5	22.22
7	41.27	67	7.94	10	41.27
8	41.27	68	12.7	11	22.22
9	44.44	69	19.05	13	23.81
12	22.22	70	11.11	14	19.05
17	38.1	71	4.76	15	22.22
18	44.44	72	7.94	16	46.03
20	38.1	73	7.94	19	33.33
22	33.33	74	6.35	21	36.51
24	22.22	75	11.11	23	39.68
26	20.63	76	23.81	25	15.87
27	19.05	77	15.87	28	41.27
30	15.87	78	33.33	29	46.03
33	11.11	79	11.11	31	55.55
39	22.22	80	25.4	32	53.97
41	9.52	81	33.33	34	17.46
43	9.52	82	6.35	35	14.28
45	9.52	83	11.11	36	1.59
46	1.59	84	4.76	37	23.81
47	7.94	85	14.28	38	26.98
48	9.52	86	1.59	40	38.1
49	4.76	87	1.59	42	23.81
50	1.59	88	15.87	44	9.52
51	22.22	89	31.75		
52	3.17	90	1.59		
53	11.11	91	15.87		
54	7.94	92	6.35		
55	6.35	93	9.52		
56	4.76	94	22.22		
57	15.87	95	6.35		
58	19.05	96	11.11		
59	14.28	97	22.22		
60	3.17	98	7.94		
61	6.35	99	15.87		
62	7.94	100	3.17		
63	1.59				
		N=75	1155.51	N=25	745.83

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TABLE NO. - 4.3.1

Table showing total no, total score, Mean, S.D., t-test on the basis of their Habitat.

TYPE OF SAMPLE	TOTAL NO	TOTAL SCORE	MEAN SCORE	SD
RURAL	75	1155.51	15.41	11.63
URBAN	25	745.83	29.83	13.78

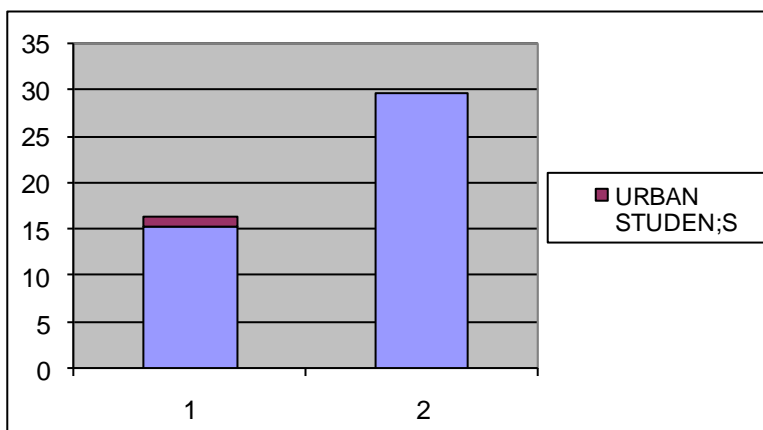
TABLE NO- 4.3.1.1

TYPE OF SAMPLE	TOTAL NO	TOTAL SCORE	MEAN SCORE	SD	df	t	SCORE SIG
RURAL	75	1155.51	15.41	11.63	98	7.51	0.05
URBAN	25	745.83	29.83	13.78			

Form this table it is observed that rural student and urban students do differ in their B. D. I. at 0.05 level.

FIG. NO.-3

Graphical representation between the mean score in B.D.I. of Rural Students and Urban Students.



5: Discussion and conclusion

5.1 Findings of the study

I. It is observed that out of 23 visually challenged sample one sample is severely depressed where as out of 17 hearing challenged sample 3 are

severely depressed again out of 60 non-challenged children no sample found to be severely depressed. It is again observed that among the visually challenged, hearing challenged and non-challenged

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adolescent children the visually challenged are affected more from depression followed by hearing challenged and non-challenged samples.

- III. When gender of sample was considered it is observed that the girls sample is more depressed than the boys. Though this difference is not found to be significant.
- IV. When habited of the samples were considered it is noticed that the urban sample are more depressed groups compared to the rural sample.
- V. When educational standard of the samples were considered it is found that the elementary learners are more depressed group than the secondary and higher secondary learner.
- VI. When birth order of the sample were considered it is observed that children of 3rd birth order are more depressed than the children in the 1st or 2nd birth order.
- VII. When family structure of the samples was considered it is observed that the samples of the nuclear family are more depressed.
- VIII. When age of the samples were considered it is observed that the samples in the age group 12-14 years are more depressed compared to the samples in other two age groups.

Discussion of the study-

Historically depression was described in psychodynamic term
As "Inverted hostility against the self"
Due to technological and scientific

improvement the total familial and social structure complicated more and more possessing more depression among the people particularly the adolescence. Again it is accepted that the people with or speech and hearing disability are affected from more level of depression as their disability possess seriously affects their mental health. In the present study also it is observed that out of 60 non challenged adolescent no samples possess severe level of depression where as out of 40 physically challenged adolescent, 4 possess severe depression. Again it is observed that among the physically challenged groups adolescent with speech and hearing difficulty are affected from more severe depression. Compare to the visually challenged samples. In the established investigation also the same result was observed. The girls in both the challenged and non challenged group possess more depression than the boys. This result is as per the international investigations. It is important to study the depression level of all the school going adolescent because depression hamper learning therefore if the teachers can identify the students level of depression they can take all the necessary action to make their students free from this mental health crisis and thereby to help them in learning and maintaining quality learning.

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