INTRODUCTION

Self concept is simply defined as reactions given to the question, who am I? It provides detail information regarding how an individual looks at himself or herself. Self concept is distinguishable from self-awareness, which refers to the extent to which self-knowledge is defined, consistent, and currently applicable to one’s attitudes and dispositions. Self-concept is a cognitive and descriptive component of one’s self. Rogers (1961) a pioneer in personality psychology, defined self or self concept as an organized pattern of perceptions and evaluations of one’s own characteristics. Research supports the presence of both descriptive and evaluative components of the self concept (Burnett, 1994; Nicholson & Gould, 1995).

Importance of self concept in the development of personality is well recognized. So, it is often stressed that one must develop positive self concept. Those who do not have any kind of physical or psychological disability find it relatively easy to develop positive self concept, but those having one or other kind of disability experience several limitations. Due to these limitations their self concepts are affected negatively. Results of several studies revealed this fact.

Obiakor & Stile (1990) measured self concept of 61 visually impaired and 229 normal sighted American school children studying at grade 6 to 8. No difference was found in the self concept of these two groups. Bowen (2010) measured self esteem of visually impaired 30 boys and 30 girls. Girls displayed higher levels of self esteem than boys. Halder & Datta measured self concept of sighted and visually impaired children. Sighted subjects...
had significantly better self concept than visually impaired; sex difference was non-significant.

Van Gent et al. (2012) administered Harter’s Self Concept Scale on 68 deaf adolescents. Socio-demographic variables were strongly associated with self concept. Theunissen et al. (2014) measured self esteem of 123 hearing impaired children, and 129 normal hearing children. Hearing impaired children experienced lower level of self esteem in social context. Warner, et al. (2015) in their study found that children with hearing loss are at risk for lower self esteem, due to difference from hearing peers relative to communication skills, physical appearance and social maturity. In present study an attempt has been made to search whether hearing impaired and visually impaired differ significantly from each other on self concept.

There are many aspects to the self: the ways we see and define ourselves, or our self-concept, the evaluation we make of that self-concept, which is called self-esteem, and our social identities, which are the outward reflections we show other people. Here it should be noted that knowledge of the self does not happen all at once. It develops over years, starting in infancy; accelerating in adolescence and reaching completion of old age (See Larsen & Buss, 2005).

COMPONENTS OF SELF-CONCEPT

In the process of development of self-concept, the first glimmer of self-concept occurs in infancy, when the child learns that some things are always there. These some things refer to the body of infant. Along with it, the infant also realizes that some things are only there sometimes; it refers to mother’s breast. Gradually, the child learns to differentiate between what is “me” and what is “not me”. The distinction forms the rudimentary sense of self. Children fall in love with their own body. They enjoy mirrors; even young children spend hours in front of mirrors, studying themselves. Even infants as young as three months old giggle at the reflected movements they produce in a mirror (Lewis & Brooks-Gunn, 1979). Despite the fact that very young children are fascinated with their reflections, it takes a while for a child to be able to recognize photographs of him or herself in a group. A child needs to be about 2 years old before he or she can pick his or her picture out of a crowd (Baumeister, 1991).

During 2 and 3 years of age, a child begins to call himself a boy or she a girl, and refer other children as boys and girls. Thus, the first aspects of the self that people learn to identify and associate with themselves are sex and age. From age 3 to about 12, children’s self-concepts are based mainly on developing talents and skills. They increasingly begin to compare their skills and abilities with those of others. This is the beginning of social comparisons. During this time, children learn that they can lie and keep secrets. This is based on the realization that there is a hidden side to self. This helps in developing private self-concept, which is a major but often difficult development of the self-concept. The final unfolding of the self-concept during the teen years involves perspective taking. It is the ability to take perspectives of others, or to see one self as others do, to step outside of oneself and imagine how one appears to other people.

Thus, the self-concept is the distinct knowledge structure, made up of many different elements and stored in our memories much as we might store a cognitive map of our hometown. Markus (1983) proposed that the self-concept is like a network of information in memory which organizes and provides coherence to the ways in which we experience the self. The self-concept also guides how each person processes information about him or her (Markus & Nurius, 1986). Development process of self-concept reaches to its peak with self-schema. Self-schema refers to specific knowledge structure or cognitive representation of the self-concept. Self-schemata are the networks of associated building blocks of self-concept.

Descriptive components of self deal mainly with development of self-concept, while evaluative components of the self concentrate on self-esteem. Self-
esteem is a general evaluation of self-concept along a
good-bad or like-dislike dimension. Self-esteem is the
sum of one’s positive and negative reactions to all the
aspects of one’s self-concept. Most personality
psychologists are interested in self-esteem in terms of
our average self-esteem, our characteristic standing on
the self-esteem dimension. Researchers in this field have
begun to acknowledge that people can evaluate
themselves positively or negatively in different areas of
their lives. Researchers have developed a scale for
measuring three aspects of self-esteem; they are
performance self-esteem, appearance self-esteem and
Because self-esteem is linked to evaluation, much of the
research on this topic concerns how people react to
criticisms and negative feedback.

The third component of self relates to social identity.
Social identity is the self that is shown to other people.
This is the part of ourselves that we use to create an
impression, to let other people know who we are and
what they can expect from us. Identity has two features,
continuity and contrast. Continuity means that people
can count on you to be the same person tomorrow as you
are today. No doubt people change in many ways, but
important aspects of social identity remain relatively
stable, such as gender, caste, religion, language,
ethnicity, etc. Contrast means that your social identity
differentiates you from other people. The combination
of characteristics that make up your identity
differentiates you from everyone else.

The development of self-concept is influenced by many
factors. At the first place, sex of individual provides the
way his/her self-concept should be developed. Every
culture cherishes unwritten norms regarding the
personality of a man and personality of a woman.
Accordingly, the self-concepts of a man and that of a
woman are developed. Physical and intellectual self-
concepts of males are superior to that of females; while
emotional and aesthetic self-concepts of females are
superior to that of males (See Awasthi, 1990; Lopez-

There is a common belief that minority groups develop
lower self-concept than majority groups. Members of
minority and stigmatized groups experience a variety of
disadvantages compared with the majority group. In
United States, a variety of social groups experience
prejudice, stereotyping, and discrimination. These
include African-Americans, people who are physically
disabled, people who are physically deformed, women,
mentally ill, etc. (Crocker & Major, 1989). In India, the
number of minority groups is many as the people are
divided on the basis of caste, physical impairment,
languages, etc. Despite these differences, development
process is same for all. However, in the absence of visual
perception, some aspects of self-concept of visually
impaired people just grow, they do not develop.
Likewise, in the absence of auditory perception, people
with hearing impairment experience a kind of inferiority
that affects the development of self-concept. In sum,
physical impairment of one or the other kind does
influence the development of self-concept.

NEED OF THE STUDY

There is no dearth of studies measuring self concept of
typical children, but much is to be done in the field of
disabilities (Wright, 1981; Lee, Beaty, 1991; Akinpelu,
1998; Hintermair, 2008; Joshi & Rai, 2014; & Datta,
Banerjee & Chakrabarti, 2015). How these children
perceive themselves need to be explored.

Studies cited here clearly point out gap in research. For
example, Obiker & Stile (1990) measured self-concept of
visually impaired and normal children; so also, Halder
visually impaired and examined sex differences. Similar
studies were done by Lopez-Justicia & Pichardo (2001);
Were, Indoshi & Yalo (2010). Augestad (2017) reviewed a
number of studies in which self-concept and self-esteem
of visually impaired subjects was measured. Datta and
Talukdar (2016) investigated self-concept of students
with vision impairment. Van Gent et al. (2012) used deaf
subjects and measured their self-concept. Warner et al.
(2012) dealt with self-esteem of hearing impaired
children. Maurya and Singh (2016) measured self-concept of deaf students. This brief review clearly denotes either visual impaired or hearing impaired subjects were used in the study, and in most cases, global self-concept was assessed. This gap in research on two aspects needs to be fulfilled. The first is to use visual impaired and hearing impaired subjects in the same study, and secondly to measure their different kinds of self-concept. Present study is a small attempt in this distinction.

RATIONALE OF STUDY

Psychology tells us that lacunae in one sense organ are compensated by enhancing the sensitivity of another sense organ. It helps in developing cognitive abilities of the person having one or the other kind of impairment. If it is true, then it is useful in understanding the perception of people with impairment towards themselves. If the perception towards oneself is positive, then it could be enhanced; which might help in improving their performance in different fields. If it is negative, then by searching the etiological causes, perception towards self could be improved. After all, one of the major purposes of research is to make life comfortable and meaningful.

Augestad (2017) summarized current scientific knowledge relating to self-concept and self-esteem among children and youth adolescents with visual impairment. A systematic review was conducted of articles published during 1998 and 2016. A total of 26 publications, representing 15 countries, met the inclusion criteria and 24 of the studies have used a cross-sectional design. In general, independence in mobility, parenting style, social support and friendship was reported as important for children with visual impairment to enhance their self-concept and self-esteem.

Datta and Talukdar (2016) investigated the self-concept of students with vision impairment who were placed in specialist and mainstream educational settings in South Australia. The Tennessee self-concept scale (2nd edition) was administered on 13 female and 12 male subjects with vision impairment and their self-concept as measured across six dimensions, namely physical, moral, personal, family, social and academic. Majority of the subjects with vision impairment obtained low scores on all dimensions of self-concept namely physical, moral, personal, family, social and academic self-concept. No significant sex differences were observed across the six dimensions of self-concept.

Self-concept and ego development, two intertwined aspects of self indicating well-being and social cognitive maturation, respectively were examined by van Gent, Goedhard, and Knoors (2012), in a representative sample of deaf adolescents of normal intelligence (N = 68) using translated versions of Harter’s multi-dimensional measure of self-concept and Loevinger’s measure of ego development. Compared to hearing norm groups, deaf adolescents showed lower levels of self perceived social acceptance, close friendships and ego development and higher physical appearance.

Mohammed (2007) investigated whether there were differences in self-concept among adolescents with low vision due to gender. Sample of the study consisted of 10 males and 13 females aged 12-17 years. Tennessee Self-concept Scale was used for measuring self-concept. Results showed that females scored lower on social self-concept, family self behaviour and moral self behaviour dimensions than male students, but higher on physical self-concept.

Were, Indoshi and Yalo (2010) in a study made attempt to search gender differences in self-concept among visually impaired pupils in Kenya. Sample of the study consisted of 152 males and 110 females. Pupils’ self-concept scale was used for measuring self-concept. Significant gender difference in self-concept of the visually impaired pupil was found. Lower self-concept was found among boys than girls.

Maurya and Singh (2016) studied relationship between self-concept and academic achievement. Self-concept of the subjects was measured with the help of “Swatya
Bodh Parikshan” by Varma, Sherry and Goswami. Results showed that self-concepts of hearing impaired children were of average level.

From this brief account of relevant research studies, most of the studies related to visual or hearing impairment used sample visually impaired and non-impaired; or hearing impaired or non-impaired. There is dearth of studies where sample consisted of visually impaired and hearing impaired. Thus, there is gap in research. Present study might bridge this gap to certain extent.

**OBJECTIVE**

The main objective of study was to measure different types of self-concept among male and female students having either hearing or visual impairment, and to examine the influence of sex and nature of impairment on the development of different types of self-concept.

**HYPOTHESES**

Assuming that the other factors are kept constant, it is hypothesized that

- Males develop significantly better physical and intellectual self-concepts than females.
- Social, moral, emotional and aesthetic self-concepts of females are significantly better than that of males.
- Visually impaired Subjects develop significantly better physical, intellectual and moral self-concepts than hearing impaired Subjects.
- Social, emotional and aesthetic self-concepts of hearing impaired Subjects are significantly superior to that of visually impaired Subjects.

**METHODS**

**Sample:**

Total sample of study consisted of 64 Subjects, out of which 32 were hearing impaired and remaining 32 were visually impaired. Age range was 15 to 18, years. The male female ratio was 1:1.

**Design:**

In this study a 2x2 factorial design was used, each of the two independent variables namely disability and sex were varied at two levels. Two major groups with disabilities were treated independently, one was the group of hearing impaired, and other was that of visually impaired.

**Tool:**

For measuring different types of self concept, self evaluation scale was used. The Self Evaluation Scale was constructed and standardized by Bina Awasthi, published by National Institute of Research and Development, Nagpur (Maharashtra). The scale consists of 52 bi-polar adjectives depicting negative or positive aspects. Each pair of adjectives is provided with a five point scale. The job of the Subject was to read each pair of adjectives and rate himself/herself on the five point scale. Reliability of the scale is .89 and validity of the scale is .79.

**Procedure:**

Since, these are specially challenged Subjects, each subject was tested individually. Help of the respective teacher was taken while collecting data. Instructions were given to the subjects in different manners. To the visually impaired Subjects, instructions were given orally, and the items of the scale were also presented orally. Responses given by the Subjects were noted down by the examiner.

For administering the scale on hearing impaired Subjects, help of their teachers was taken. Often the Subject and Evaluator used their sign language. Responses given by the Subject were noted down.

**RESULTS**

In this study, a 2x2 factorial design was used. So, there were four classified groups: males with hearing impairment (MHI), males with visual impairment (MVI), females with hearing impairment (FHI) and females with visual impairment (FVI). Means and standard deviations obtained by the four classified groups on six types of self-concept are displayed in the following table.
Careful examination of means and standard deviations tells us that the distribution of scores in all the four classified groups is more or less normal. It is true in case of all the six types of self-concept. There is little variation in the means of four groups with regards to PSC. Among the four groups, lowest mean on PSC was obtained by group MVI (18.18 ± 2.58), while the highest mean was obtained by group FHI (19.81 ± 2.85). Difference in the highest and lowest mean is not large, so the groups with regards to PSC might not differ significantly. Since, on the basis of descriptive statistics, conclusions cannot be drawn, the PSC data were treated by two-way Analysis of Variance (ANOVA).

With regards to physical self-concept, gender difference failed to bring out significant difference in the means of males and females. It means both males and females obtained more or less similar mean values on physical self-concept (F = 1.39, df = 1 & 60, p > 0.05). Hearing impaired and visual impaired subjects also failed to differ significantly from each other (F = 0.75, df = 1 & 60, p > 0.05). Even gender × impairment effect is non-significant (F = 0.62, df = 1 & 60, p > 0.05), suggesting that the main effects functioned independently.

Means and standard deviations obtained on intellectual self-concept (ISC) by the four classified groups are displayed in table 1. Intellectual self-concept of FVI group is relatively superior (24.25 ± 3.94) to that of the other three groups. On the other hand, MVI group had the poorest ISC among the four groups (18.37 ± 5.88).

### Table 1.
Means and standard deviations obtained by four classified groups on six types of self-concept

<table>
<thead>
<tr>
<th>Groups</th>
<th>Domains</th>
<th>MHI</th>
<th>MVI</th>
<th>FHI</th>
<th>FVI</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHI</td>
<td>Physical Self</td>
<td>19.50</td>
<td>18.18</td>
<td>19.81</td>
<td>19.75</td>
</tr>
<tr>
<td></td>
<td>Concept (PSC)</td>
<td>4.51</td>
<td>2.58</td>
<td>2.85</td>
<td>2.29</td>
</tr>
<tr>
<td></td>
<td>Intellectual Self</td>
<td>22.12</td>
<td>18.37</td>
<td>23.26</td>
<td>24.25</td>
</tr>
<tr>
<td></td>
<td>Concept (ISC)</td>
<td>5.65</td>
<td>5.88</td>
<td>5.04</td>
<td>3.94</td>
</tr>
<tr>
<td></td>
<td>Social Self Concept (SSC)</td>
<td>24.87</td>
<td>23.06</td>
<td>25.31</td>
<td>23.93</td>
</tr>
<tr>
<td></td>
<td>Moral Self Concept (MSC)</td>
<td>2.91</td>
<td>3.50</td>
<td>2.77</td>
<td>3.74</td>
</tr>
<tr>
<td></td>
<td>Emotional Self Concept (ESC)</td>
<td>25.50</td>
<td>21.93</td>
<td>25.75</td>
<td>21.37</td>
</tr>
<tr>
<td></td>
<td>Aesthetic Self Concept (ASC)</td>
<td>3.99</td>
<td>3.07</td>
<td>2.66</td>
<td>2.65</td>
</tr>
</tbody>
</table>

MHI = males with hearing impairment, MVI = males with visual impairment, FHI = females with hearing impairment, FVI = females with visual impairment

### Table 2.
Summary of two-way ANOVA for physical self-concept

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>14.06</td>
<td>1</td>
<td>14.06</td>
<td>1.39 ns</td>
</tr>
<tr>
<td>Impairment</td>
<td>7.56</td>
<td>1</td>
<td>7.56</td>
<td>0.75 ns</td>
</tr>
<tr>
<td>Gender × Impairment</td>
<td>6.25</td>
<td>1</td>
<td>6.25</td>
<td>0.62 ns</td>
</tr>
<tr>
<td>Within</td>
<td>607.88</td>
<td>60</td>
<td>10.13</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>635.75</td>
<td>63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Difference between the highest and lowest means is large which denotes that the groups might differ significantly from each other. The ISC data were treated by two-way ANOVA.

Males and females differed significantly on ISC ($F = 8.08$, df = 1& 60, $p < 0.01$). To search who developed significantly better ISC, the groups were clustered into two broad groups only on the basis of gender. For these broad groups, mean ISC values were computed. Broad group of males had a mean of 20.24 and broad group of females had a mean of 23.75. The difference in the means is so large that it cannot be attributed to the factor of chance only.

Type of impairment was found unrelated to ISC. Both visual impaired and hearing impaired subjects exhibited more or less similar intellectual self-concept. Main effect of impairment yielded non-significant results ($F = 1.45, df = 1 & 60, p > 0.05$). Interaction gender × impairment was found non-significant ($F = 2.84, df = 1 & 60, p > 0.05$). It clearly indicates that development of ISC was mainly a function of gender. Visual or hearing impairment could not have its impact on the development of ISC.

Social self-concept (SSC) has special significance, as it directly or indirectly influences our adjustment in society. Means and standard deviations obtained by the four classified groups, given in table 1, show that the four classified groups developed more or less similar SSC. Highest mean on SSC measure was obtained by group FHI ($25.31 ± 2.77$), while the lowest mean was obtained by group MVI ($23.06 ± 3.50$). The difference between these two means is not large. When the SSC data were treated by two-way ANOVA, following results were obtained.

From the summary of ANOVA, it appears that for the development of SSC other factors than gender and type of impairment are responsible. Neither gender nor impairment brought out significant results.

Next type of self-concept measured in the study was moral self-concept (MSC). Means and standard deviations obtained by the four classified groups indicate that the groups might differ significantly from each other, as the difference in the means is large. Highest mean value on MSC was obtained by group MHI ($18.75 ± 4.91$), while the lowest mean was obtained by group MVI ($12.56 ± 3.26$). To find out whether the broad groups differ significantly or not, the MSC data were treated by two-way ANOVA.

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>217.56</td>
<td>1</td>
<td>217.56</td>
<td>8.08**</td>
</tr>
<tr>
<td>Impairment</td>
<td>39.06</td>
<td>1</td>
<td>39.06</td>
<td>1.45</td>
</tr>
<tr>
<td>Gender × Impairment</td>
<td>76.56</td>
<td>1</td>
<td>76.56</td>
<td>2.84</td>
</tr>
<tr>
<td>Within</td>
<td>1614.25</td>
<td>60</td>
<td>26.90</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1947.43</td>
<td>63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**significant at 0.01 level

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>6.86</td>
<td>1</td>
<td>6.86</td>
<td>0.64</td>
</tr>
<tr>
<td>Impairment</td>
<td>40.64</td>
<td>1</td>
<td>40.64</td>
<td>3.81</td>
</tr>
<tr>
<td>Gender × Impairment</td>
<td>0.76</td>
<td>1</td>
<td>0.76</td>
<td>0.07</td>
</tr>
<tr>
<td>Within</td>
<td>639.07</td>
<td>60</td>
<td>10.65</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>687.33</td>
<td>63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**significant at 0.01

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>25.00</td>
<td>1</td>
<td>25.00</td>
<td>1.61</td>
</tr>
<tr>
<td>Impairment</td>
<td>351.56</td>
<td>1</td>
<td>351.56</td>
<td>22.72**</td>
</tr>
<tr>
<td>Gender × Impairment</td>
<td>36.00</td>
<td>1</td>
<td>36.00</td>
<td>2.32</td>
</tr>
<tr>
<td>Within</td>
<td>928.38</td>
<td>60</td>
<td>15.47</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1340.94</td>
<td>63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**significant at 0.01
It was assumed that MSC is closely associated with gender. In India, relatively more morality is expected from females and hence it was thought that significant gender difference will be seen with regards to MSC. However, results of study failed to support the assumption. Males and females developed more or less similar MSC ($F = 1.61, df = 1 & 60, p > 0.05$).

Type of impairment was seen strongly associated to the development of MSC. Main effect impairment yielded an $F$ value of 22.72, which for 1 and 60 df is significant at 0.01 level suggesting that hearing impaired and visual impaired subjects differ significantly from each other. Hearing impaired subjects developed significantly better MSC than visual impaired subjects.

Interaction effect gender $\times$ impairment yielded non-significant MS value ($F = 2.32, df = 1 & 60, p > 0.05$). Naturally, while influencing the development of MSC gender and impairment functioned independently.

On emotional self-concept (ESC) measure visual impaired subjects exhibited relatively poor development of ESC than that of hearing impaired subjects. The MVI and FVI groups obtained means $21.93 \pm 4.95$ and $21.37 \pm 3.50$, respectively. On the other hand, MHI and FHI groups had means of $25.50 \pm 2.33$ and $25.75 \pm 2.02$, respectively. Since the difference in means is large, the groups might differ significantly from each other. The four classified groups obtained more or less similar mean values. The aesthetic self-concept data when treated by two-way ANOVA, following results were obtained.

No significant difference was found in the aesthetic self-concept of males and females. An $F$ value yielded by gender ($F = 2.16$) is much less than what is needed to be significant at 0.05 level when the df are 1 and 60. Impairment has also yielded negligible $F$ value, and though interaction gender $\times$ impairment is associated with an $F$ value of 3.19, it is non-significant.

<table>
<thead>
<tr>
<th>Table 6. Summary of two-way ANOVA for emotional self-concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of variation</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Impairment</td>
</tr>
<tr>
<td>Gender $\times$ Impairment</td>
</tr>
<tr>
<td>Within</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

** significant at 0.01 level

<table>
<thead>
<tr>
<th>Table 7. Summary of two-way ANOVA for aesthetic self-concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of variation</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Impairment</td>
</tr>
<tr>
<td>Gender $\times$ Impairment</td>
</tr>
<tr>
<td>Within</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
DISCUSSION

The results interpreted so far indicate that a number of hypotheses remained unsatiated. It is now necessary to discuss the results before reaching to the conclusions. Hypotheses related to PSC could not get support from the results; neither gender nor nature of impairment could show significant effect on PSC. Probably, the plights of being deaf or blind are so sever the Subjects could not think of developing PSC. Earlier studies show mixed results. Whereas, Lopez & Pichardo (2001) found female Ss having better PSC, Halder & Datta (2012) found no significant sex difference regarding PSC.

Not in line with the assumption of study, female Subjects of the study had shown significantly superior ISC to that of males. It could be attributed to the rising awareness among females who now-a-days think they are in no way less than males. Development of ISC seems to be hampered among the Subjects having visual or hearing impairment. Both are deprived of the major sensations useful for developing cognitive abilities.

None of the hypotheses related to SSC got support from the results of study. Neither sex difference nor impairment difference brought out significant difference with regards to SSC. Mohammed (2007) in a study found females scored lower on SSC. Goedhard & Knoors (2012) found lower levels of self perceived social acceptance among hearing impaired.

It was hypothesized that MSC of females is significantly superior to that of males. Also, it was assumed that Subjects with visual impairment have significantly better MSC than Subjects with hearing impairment. The former hypothesis remained unsatiated. Related to second hypothesis the results went contrary to it, not the visually impaired but hearing impaired had significantly better MSC.

Males and females failed to differ significantly from each other on ESC. Hearing impaired Subjects developed significantly better ESC than visually impaired. In case of ASC also, no significant sex difference was found. Even type of impairment failed to bring out significant difference in ASC. It seems that while studying hearing impaired and visual impaired Subjects, researchers have to think about them from their perspectives and not from the level of normal people.

CONCLUSION

Gender as well as impairment differences failed to influence the development of physical, social and aesthetic self-concepts. Intellectual self-concept was significantly better among females than males. Hearing impaired Subjects developed significantly better moral self-concept than visually impaired Subjects. Emotional self-concept was significantly better among hearing impaired than visually impaired.

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