



Appraisal of Needs and Coping Strategies Adopted By People with Special Needs at Various Levels through Case Studies

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Abstract

Coping can be defined as a basic process integral to adaptation and its survival, depicts how people detect, appraise, deal with and learn from stressful encounters. Decades of research within the social and medical sciences have examined coping in many domains across the lifespan. This paper aims at identifying the coping strategies that family members use in after facing the challenges of special needs from discussions. Identifying such coping strategies may facilitate the event of simpler welfare work services to families with persons with special needs.

Keywords : People with special needs, Appraisal, Coping strategies, Case studies

1 Introduction

A special need is the term used to describe individuals who require assistance for disabilities that may be medical, mental, or psychological. Types of special needs vary in severity. People with autism, Down syndrome, dyslexia, blindness, or cystic fibrosis, for example, may be considered as special needs.

There are many kinds of disabilities, including physical, sensory, hearing, mental state, developmental and learning. Disabilities are often visible or non-visible. There are many sorts and degrees of physical disabilities, and not all require a wheelchair. People that have arthritis, heart or lung conditions or amputations can also have difficulty with moving, standing or sitting.

Visual disabilities reduce one's ability to ascertain clearly. Only a few people are totally blind. Many have limited vision like visual impairment, where an individual features a loss of peripheral or side vision, or a scarcity of sight, which suggests they can't see straight ahead. Some can see the outline of objects while others can see the direction of sunshine. Their abilities are restricted to read signs, locate landmarks or see hazards. In some cases, it's going to be difficult to inform if an individual features a visual disability. Others may use a seeing-eye dog or white cane.

A deaf-blind person can't see or hear or both to a great extent. This leads to greater difficulties in accessing information and managing daily activities. People that have deafness could also be deaf or hard of hearing. Like other disabilities, this features a big variety of degrees. People with intellectual disabilities may have difficulty in performing day to day activities. These disabilities can mildly or profoundly limit one's ability to find out.

Learning disabilities may result during a host of various communications difficulties. They will be subtle, as having difficulty in reading, but they will be ready to receive, express or process information.

Objectives of the study:

1. To identify the needs of people with special needs.
2. To study the coping strategies adopted by people with special needs.

Review of Literature

Chukwu et al. (2019) in their study suggested that the families of persons with learning disorder need more social support and enhanced active professional help from the social workers to facilitate the adoption of more positive-oriented coping strategies by the family members.

Chithra et al. (2019) reported that majority of the respondents had problems like depression (69%) followed by financial issues (26.7%) and emotional disturbances (23.5%). The 2 most coping strategies employed by the oldsters were having the strength within the family to unravel problems (80.2%) and accepting that difficulties occur unexpectedly (78.6%). Depression was one among the main problems faced. Reframing and acquiring social support were the foremost commonly used coping strategies.

Moawad (2012) in his study concluded that there is significance relationship between age and both reframing and passive appraisal, also as between birth order and mobilizing family to accumulate and accept help. The study recommended that future research should be done on larger populations and extra research might address the coping strategies of other relations, like siblings and therefore the relatives.

On the opposite hand, Tennen et al. (2000) are of the view that the central function of coping is that the reduction of tension and thus the restoration of equilibrium of stress affecting psychosocial adjustments.

Folkman and Lazarus (1985) noted that coping means when one constantly changes his/her cognitive and behavioural efforts so as to manage some specific external or internal demands that are assessed as taxing or exceeding the resources of the person.

Discussion

Needs of special groups/ disabled persons:

Persons with disabilities often face stigma. People more often show fear, pity, patronization, intrusive gazes, or disregard to people with disability. These reactions can, and sometimes do, exclude persons with disabilities from accessing social spaces alongside the advantages and resources these spaces provide. They will face challenges due to the physical or mental limitations.

International Classification of Functioning, Disability and Health (ICF) have listed 9 broad domains of functioning which can be affected:

- Learning and applying knowledge
- General tasks and demands
- Communication
- Basic physical mobility, Domestic life, and Self-care
- Interpersonal interactions and relationships
- Community, social and civic life, including employment

Three other challenges frequently create stress are language, isolation, and developmental transitions. By viewing the above ICF listed domains, the requirements of the disabled are often classified as follows:

1. Need for identity
2. Need for accessibility
3. Need for safety and comfort
4. Need for mobility
5. Need for information
6. Need for communication
7. Need for social and emotional support
8. Need for practical support
9. Need for improving lifestyle
10. Need for enhancing livelihood
11. Need for services

People with special needs and their families can manage stress and have good lives for themselves if they acknowledge and accept their disability experiences. Each experience is important, yet some features of experience are similar to almost everyone's experience in special needs. TECS is Time, Transportation, Energy, Empowerment, Control, Curiosity, Cost, Supports, Stigma, Stress, Strengths which are mostly required by a person with special needs. TECS is also described as an acronym or memory aid for the eleven dynamics that occur within the everyday lives of most persons and families suffering from disability.

Being born with or acquiring a disability is nearly always upsetting. Disability seems to reframe hopes and add uncertainty and fear. Psychologists think that the majority of individuals with disabilities experience alternative ways of adjusting. These processes are often called stages, states or dynamics. Common adjustment dynamics include: shock, partial acceptance, depression, anger, and coping.

Different stages of adjustment

Adjustment to disability may be a life-span process. A person's adjustment changes with time and circumstances. Over time, there's increasing

emphasis on coping skills.

Adjustment may be a short-term response to the stressor involving minor changes within the family. However, if the stress of the stressor exceed the family's coping strategies, more substantial changes are required. The difference phase describes the family process as involving changes in established roles, rules, goals, and/or patterns of interaction. Therefore, this model is of the view that the families' adjustment to the stressors related to a learning disorder depends on the families' characteristic mode of behaviour and their problem-solving and coping responses.

Parents, other close relations, and individuals with disabilities have similar ways of adjusting. The adjustment process is shown within the figure below.

Shock is that the main feeling upon first learning about disablement or getting discouraging news associated with disability. Much of this shock is emotional. People experiencing shock often present some negative denial, bargaining behavior and fear related to facing disability realities and implications of special needs.

Partial Acceptance is where persons and families accept a number of the realities associated with disability.

Depression and anger are both collateral ways of emotional hiding in which depression turns anger inward on themselves and/or outward on others. Persons in these phases feel threatened and mostly prefer to protect themselves from the depression or anger of one's own or others. Depression and anger are hard on relations, especially person's cohabitation. Persons who are depressed solely have pity for oneself, tries to be active and efficient procedures for healing. Often, depression is likened to grieving. Very depressed persons feel worthless, helpless, and hopeless. Angry person tend responsible other persons and organizations. They will attack over the unfairness of latest limitations and adjustments. Anger is usually a secondary emotion wont to mask a true-emotion like guilt or embarrassment.

Coping strategies:

Coping consistent with Campbell (1989) means a capability to regulate, adapt, and meet a challenge successfully. It also includes contentment or dealing success positively with a challenging event.

Coping is that the stage of adjustment where persons recognize and accept certain limitations. Acceptance includes an emotional commitment to form the simplest possible life for them. Most individual and families practice to cope effectively with disability and adapt to changes demanded by reality. Individuals and families who regularly practice coping nearly always discover important new strengths that improve the standard of life. Coping strategies are supported each person's disability, personality, history, culture, and aspirations with attention on how the person endure lessons of disability as strategic resources to make personal meaning and strength.

Examples include the need of learning about, adapting to and dealing with their;

- (a) Disability
- (b) Changes in personal functioning;
- (c) Negative mindset (thoughts and feelings) as a part of the adaptation process;
- (d) Societal and attitudinal barriers;
- (e) Feelings associated with loss and disempowerment;
- (f) Experiences of social injustice and discrimination; and
- (g) Lack of access to services, housing, or meaningful employment

Because of these experiences, society expects individuals with disabilities to affect and surpass far more than the presence of their disability. Yet, oftentimes, people don't receive the support needed to develop or enhance resilience practices (Marini *et al.*, 2012). List of things related to successful dealing with disability are as follows:

- (a) Positive emotions, hope and the ability to tolerate stress
- (b) Internal locus of control
- (c) Tenacity and active problem solving
- (d) Spirituality and inner faith/belief that things will be effective
- (e) Peer support and
- (f) Family support

CASE STUDIES

With the help of the following case studies, we studied the needs and coping strategies of people with disabilities.

CASE I:

Name: Krishna Pradhan
 Age: 56 years
 Type of disability: Hearing impaired and right hand impaired

Mr. Krishna Pradhan is 66 years of elderly (retired) person with hearing impairment from past 15 years and also has a limited functionality

of his right hand. He lost his hearing range because of ear borne disease. He lost range of functionality of his right hand accidentally while working. He is able to do his daily activities like bathing, reading, writing, etc. but finds difficulty to lift weights. He finds it more difficult to listen or hear the minimum range of sounds or noises. One needs to scream aloud to communicate with him.

He says that because of his limited functionality and hearing impairment, he was unable to make proper income. He was not been recognized as a person to work in any of the companies by people. He underwent through various discriminations due to his disabilities by the society. His siblings left him, his wife Mrs. Seema rani Pradhan supported him, took the place of him and lead his family.

He also says that, his disability had not affected his family life. He got a good family, where he is considered as the head of the family, involves him in family decision making, take suggestions of him before starting any work.

CASE II:

Name: Latika Sahu
Age: 54 years
Type of disability: Osteoarthritis

Mrs. Latika Sahu is suffering with knee pains from past 15 years. She says that, her knee pains are the result of prolonged standing in front of the production units in pharma company where she worked in past. Her both knees lost their functionality. She finds difficulty while folding knees, while sitting on floor, while standing up. She finds it very difficult to climb stairs, to travel and even to walk.

She herself feels that people may think bad about her while she walk/ climb. So, she avoids attending family functions. She also thinks that her family doesn't consider her disability and allows her to do all activities as normal person do. But she never gave up looking after her family. She finds it very difficult to perform all the activities at home like cooking, cleaning vessels, washing clothes, etc. She stopped taking medicine, as she didn't found any pain relieving results.

CASE III:

Name: Upendra Nayak
Age: 58 years
Type of disability/ condition: Paralysis

Mr. Upendra Nayak has been paralyzed in 2012. He was cured from paralysis but left with side effects. He cannot walk without a walking stick; his left hand lost its functionality and has a problem while speaking.

He says that because of his limited functionalities, he finds difficult to perform his daily activities like, holding plate while eating, bathing, walking, travelling, communicating with others, etc. He needs someone to take care of him. He feels that his family members are very supportive and takes good care of him. He also says that he is not able to play/ spend time with his grandchildren because of his disabilities.

CASE IV:

Name: Vinita Lenka
Age: 53 years
Type of disability/ condition: Right limb

Mrs. Vinita Lenka met with an accident, in which her right limb was injured. She underwent many surgeries but her right limb failed to respond. As she was hypertensive, surgeons suggested not to go through any more surgeries.

She performs most of the activities with one hand only. She cannot use her right limb. It is completely lost its functionality.

Conclusion

Hence, an inference can be drawn from the above case studies that the needs and wants of people with special needs/ disability has found their own ways of coping strategies to manage in different situations or environment with the help of their family members or own ideas and practice.

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