

THE INFLUENCE OF ENVIRONMENT FACTORS ON THE INDIVIDUAL SUFFERING FROM PHYSICAL IMPAIRMENT

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Abstract: *Hypothesis: We assume that physical deficiency is the trigger for the formation and damage of self-image as well as the influence of environmental factors.*

Environmental factors: unhealthy lifestyle, biological factors, unfavourable environment, obstacles, risk factors related to healthcare, contribute to the damaging of self-image.

Objectives:

- *Identify physical deficiency;*
 - *Identify of self-image;*
 - *Highlight a personality profile;*
 - *The influence of environmental factors;*

Keywords: *Factor, deficiency, children, therapy, counselling, temperaments, influence, personality.*

1. INTRODUCTION

In the present thesis I wanted to capture specifically the psychological aspect and the influence of self-image on persons suffering from physical impairment.

Throughout my study, while actually working with persons with impairments I managed to notice their needs, the influence of environment factors, the influence of self-esteem over the individual, etc., and by creating a proper environment I ran logopedic therapy, combined therapy, support counselling (parents and children).

People with physical impairment face different types of exclusion due to their difficulties of adjusting caused by the direct effect of the disease and social reaction.

We help individuals with impairment be as independent as possible, lead a life as close to normal as possible, by developing medical-psychological and social programs, but also educational, depending on the needs of each individual.

Self-esteem and success remain important in the construction of a child’s personality but are compromised due to the existing impairment.

If we were to understand the way a physically impaired child perceives himself, his specific situation and accept that in actual fact he is the prisoner of his sensorial experience, the general approach to problems of physically impaired children would have much to gain.

2. HYPOTHESIS AND OBJECTIVES OF THE RESEARCH

We start from the following hypothesis: *physical impairment is the triggering factor of the constitution and deterioration of self-image, together with the influence of environment factors.*

Environment factors: unhealthy life style, biological factors, unfavourable environment, obstacles, risk factors related to medical assistance, who contribute to the deterioration of self-image.

Objectives:

- *Identifying physical impairment;*
- *Identifying self-image;*
- *Highlighting a personality profile;*
- *The influence of environment factors;*

As a result of applying the PSB our hypothesis according to which physical deficiency is a triggering factor for the building and deterioration of self-image was confirmed. All subjects have a low self-image.

3. SAMPLE

Our research was conducted on a random, non-representative sample consisting of 25 subjects with physical impairment, with different diagnostics: Osteochondrodystrophy, inequality of inferior limbs, congenital malformations, neuromuscular dystrophies, congenital joint dislocations, myopathy patients that frequent both the Special School (mostly, respectively 22 of the studied subject) as well as normal –mass education.

4. RESEARCH METHODS

In our research we have used tests as study methods.

5. METHODOLOGY

We have applied the BPT (BODY PERCEPTION TEST), the HSPQ TEENAGER PERSONALITY TEST and the BELLOV TEMPERAMENT IDENTIFICATION TESTS.

6. DATA COLLECTION AND PROCESSING

The subjects are between 11-16 years old and have the following diagnostics: Osteochondrodystrophy, congenital joint dislocation, congenital malformations, neuromuscular dystrophies, and inequality of inferior limbs. We have compared the QI of the subjects from rural and urban environment, performed age comparison, comparison between school environment of pupils from rural and urban environment, splitting of subjects depending of following factors: I, C, Q, D, E (H.S.P.Q), distributing subjects depending on their temperament (Belov) and their self-esteem.

6.1 THE BODY SELF PERCEPTION TEST (BSP)

The BSP questionnaire is conceived by psychologist A. Clinciu and shapes an extensive dimension of the self-esteem by reuniting physical and psychological components. The author starts from the premises: „we each know that we have in view our strong or weak points that are in our advantage or not. The interest in our own body is vital because it is our home, for the good and the bad, the place where our youth, health or the opposite come from. The BSP questionnaire requires objective and sincere answers

and filling in a couple of columns and grading them to express the degree of satisfaction or dissatisfaction towards one's own body or parts of it. Grading is done as follows:

- 3 - deep dissatisfaction with the indicated body part;
- 2 - pronounced dissatisfaction;
- 1 - mild dissatisfaction;
- 0 - indifference;
- 1 - mild satisfaction;
- 2 - pronounced satisfaction;
- 3 - deep satisfaction;

The present questionnaire was applied to identify self-image.

6.2 THE PERSONALITY QUESTIONNAIRE FOR H.S.P.Q. TEENAGERS

The present questionnaire is addressed to children of ages between 12-17 years. Each of the 14 factors is measured by 10 items. Since there are two parallel forms of test A, B, there is a possible enhancement of the fidelity of the measurements by administering the same subject both forms of the test and adding the results.

The 14 dimensions of the personality are independent from one another and are assigned by letters of the alphabet. To be noted that dimensions such as: A - cyclothymia/schyzotymia and D - excitability, refer to temperament traits and others such as: E - dominance / submission or F - expansivity / non-expansivity, are what we may call *environment determined traits*, factor C - the self-force, represents the level of integration over time while factor G - the super self-force measures what is commonly the development of the sense of morality. A skill-dimension was introduced, overall intelligence factor B. The next factors offer us information on:

Factor H - threctia (anxiety, shyness) / parmia (courage, insensitivity);

Factor I - harria (toughness, realism) / premsia (emotional sensitivity);

Factor j - dynamic simplicity / neurasthenic tendency;

Factor O - confident adjustment / guilt tendencies; Q2 factor - dependency of the group /self-sufficient;

Factor Q3 - weakness of the self-awareness / strength of the self-awareness;

Factor Q4 - low energy tensions / high energy tension; the present test was applied with the purpose of highlighting an individual personality trait as per the set objective.

6.3 THE QUESTIONNAIRE FOR IDENTIFYING THE TEMPERAMENT

TYPE: Below: taken from Psychology Compendium for Trainers (Epuran and Holdevici, 1980) with an important amendment: the assertions relative to the four temperament were grouped and put one after another alternatively (choleric, sanguine, phlegmatic, melancholic), the answers are collected per columns, in boxes marked with a bullet to be able to facilitate further processing. The subject has the possibility to allot 2 points for full compliance, zero for non-compliance and 1 point for an intermediate situation, the scoring thus having a larger variability (0 - 40 points for the 20 sentences allotted to each temperament). This method of scoring creates the possibility of statistically treating the data to see if any equivalence exists between environments and standard variances for the 4 temperament types.

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7. ANALYSIS AND INTERPRETATION OF DATA

Table 1 - SUBJECTS INVESTIGATED

LEGEND: F-female M - male; COM - compact; DI - disharmonic; UA – under average; E - environment;
AA – above average U - urban; R - rural

| | Name | Gender | Age | Diagnostics | Family | Siblings no. | Ses | M.R | Average |
|-----|--------------|--------|-----|------------------------------|--------|--------------|-----------|----------|-------------|
| 1. | B.D | F | 15 | Osteochondrodystrophy | COM | 1 | E | U | 8.03 |
| 2. | M.A | F | 16 | Congenital malformations | DI | 3 | UA | R | 6.84 |
| 3. | C.R | M | 13 | Inequality of inferior limbs | COM | 3 | AA | U | 7.58 |
| 4. | A.D | M | 15 | Neuromuscular dystrophies | COM | - | UA | U | 7.31 |
| 5. | A.D.M | F | 16 | Myopathy | COM | 1 | E | U | 7.25 |
| 6. | B.R | M | 13 | Neuromuscular dystrophies | DI | 3 | UA | U | 7.00 |
| 7. | T.D | M | 14 | Inequality of inferior limbs | COM | 3 | AA | U | 7.05 |
| 8. | B.M | M | 14 | Neuromuscular dystrophies | COM | - | E | R | 8.21 |
| 9. | A.T | F | 16 | Congenital joint dislocation | COM | 1 | E | U | 7.51 |
| 10. | O.S | M | 12 | Neuromuscular dystrophies | COM | - | E | R | 8.20 |
| 11. | R.D | M | 15 | Neuromuscular dystrophies | DI | 2 | UA | U | 7.28 |
| 12. | A.M.F | M | 13 | Congenital malformations | COM | - | E | R | 7.60 |
| 13. | F.M | F | 12 | Congenital joint dislocation | COM | - | E | U | 8.02 |
| 14. | A.I | F | 13 | Neuromuscular dystrophies | COM | 2 | AA | U | 8.18 |
| 15. | C.T | F | 15 | Congenital malformations | COM | 2 | E | R | 8.41 |
| 16. | R.B | F | 12 | Congenital joint dislocation | COM | 1 | E | R | 7.61 |
| 17. | C.I | F | 13 | Neuromuscular dystrophies | COM | - | E | U | 8.42 |
| 18. | R.P | M | 14 | Congenital malformations | COM | 1 | E | R | 7.91 |
| 19. | D.I | M | 15 | Inequality of inferior limbs | COM | - | E | R | 8.45 |
| 20. | D.C | F | 11 | Neuromuscular dystrophies | COM | - | E | R | 8.20 |
| 21. | A.T | F | 12 | Neuromuscular dystrophies | COM | - | AA | U | 8.62 |
| 22. | M.M | M | | Congenital joint dislocation | DI | 2 | UA | U | 7.05 |
| 23. | P.A | F | 14 | Neuromuscular dystrophies | DI | 1 | UA | R | 6.82 |
| 24. | F.F | M | 16 | Congenital joint dislocation | COM | - | UA | U | 8.10 |
| 25. | B.M.F | F | 14 | Congenital malformations | DI | 3 | UA | R | 6.83 |

Table 2 - CENTRALIZATION OF DATA RESULTED FROM APPLIED TESTS

LEGEND: SC : Low self-esteem C: choleric M: melancholic F: flecmatic S: sanguine HSPQ: - FACTORS
 C - expansivity – SELF FORCE ; E-submission / dominance;D - excitability;I – realist/anxious
 ipocondric; Q - adaptation / tendencies towards guilt; Q2 - dependence / independence from group; Q3 –
 self awareness; Q4 – energy tension

| Item No. | Name | REVEN QI | PSC | BELOV | HSPQ | | | | | | | |
|----------|-------|-------------|-----|-------|------|---|---|---|---|----|----|----|
| | | | | | c | E | D | l | o | Q2 | Q3 | Q4 |
| 1. | B.D | 108 | sc | c | - | + | - | + | - | + | + | - |
| 2. | M.A | 102 | sc | M | - | - | + | + | + | - | - | + |
| 3. | C.R | 108 | sc | F | + | - | + | + | + | - | - | + |
| 4. | A.D | 102 | sc | s | - | - | - | - | - | + | + | - |
| 5. | A.D.M | 104 | sc | c | - | + | + | + | + | - | - | + |
| 6. | B.R | 100 | sc | M | - | - | + | + | + | - | - | + |
| 7. | T.D | 108 | sc | c | - | . | + | + | + | - | - | + |
| 8. | B.M | 108 | sc | M | | - | . | + | + | - | - | + |
| 9. | A.T | 107 | sc | c | - | + | + | + | + | - | - | + |
| 10. | O.S | 105 | sc | c | - | + | - | + | - | + | + | - |
| 11. | R.D | 100 | sc | M | - | - | + | + | + | - | - | + |
| 12. | A.M.F | 103 | sc | M | | | + | + | + | - | - | + |
| 13. | F.M | 103 | sc | M | - | - | + | + | + | - | - | + |
| 14. | A.I | 107 | sc | M | - | - | + | + | + | - | - | + |
| 15. | C.T | 106 | sc | F | + | - | + | + | + | - | - | + |
| 16. | R.B | 105 | sc | s | - | - | - | - | . | + | + | . |
| 17. | C.I | 103 | sc | M | - | - | + | + | + | - | - | + |
| 18. | R.P | 106 | sc | M | - | - | + | + | + | - | - | + |
| 19. | D.I | 104 | sc | s | - | - | + | + | + | - | - | + |
| 20. | D.Ca. | 102 | sc | M | - | - | + | + | + | - | - | + |
| 21. | A.T | 105 | sc | c | - | + | - | - | - | + | + | - |
| 22. | M.M | 103 | sc | c | - | + | + | . | + | - | - | + |
| 23. | P.A | 102 | sc | c | - | + | + | - | + | - | - | + |
| 24. | F.F | 101 | sc | F | + | - | + | + | + | - | - | + |
| 25. | BMF | 104 | sc | M | - | - | - | + | - | + | + | - |

The graphic presentation, contained further to the description of the questionnaire, highlights the distribution of the data obtained within the research

Comparison – school environments of the subjects in the rural and urban environment

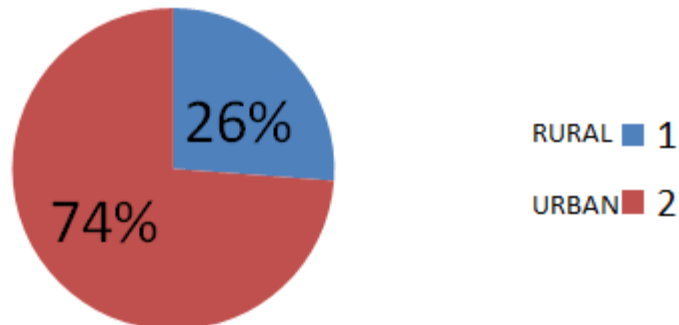


FIG. 1 – Comparison – school environments of the subjects in the rural and urban environments

School performance is influenced by social and economic status.

School results of children in the urban environment are better than the results of the children in the rural environment.

Comparison – QI of the subjects in the rural and urban environment

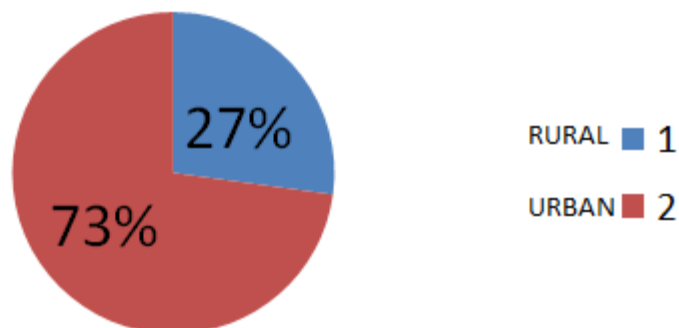


FIG. 2 – Comparison – QI of the subjects in the rural and urban environment

We notice that in the urban environment the QI is higher than in the rural environment.

As factors that influence the QI we can mention: environment factors, nutrition, genetic inheritance, order of birth, toxins. Factors that influence slow development: limited access to information and reduced capacity of processing and transmitting them, limiting inter-personal and group (feeling of isolation and inferiority). Openness to the new, access to hospitals, clinics, therapy offices according to diagnostics, freedom of expression, education, etc. all contribute the individuals from the environment being influenced by these factors, while noticing a higher QI.

Repartition of the subjects depending on the I – HSPQ factor

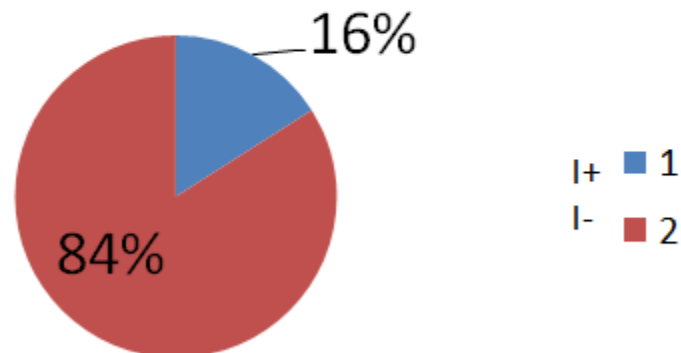


FIG. 3- Repartition of the subjects depending on the I – HSPQ factor

The I factor highlights ipochondriac behaviour, realist or anxious. The notice that I+ factor prevails, encompassing 84% of the tested teenagers. These are persons that avoid any tough, adventurous situations, they are artists who like to depend on authorities, are presentable but disorganised. They tend to be solitary, hard to please, often complain of tiredness, nightmares, and imaginary indispositions and have the tendency to escape school physical activities.

Factor I+ highlights the exigent, impatient spirit of the subjects who seek help and sympathy around them.

16 % of the subject fit within factor I- and are characterized by realism, self-confidence and independence.

Repartition of the subjects depending on the C– HSPQ factor

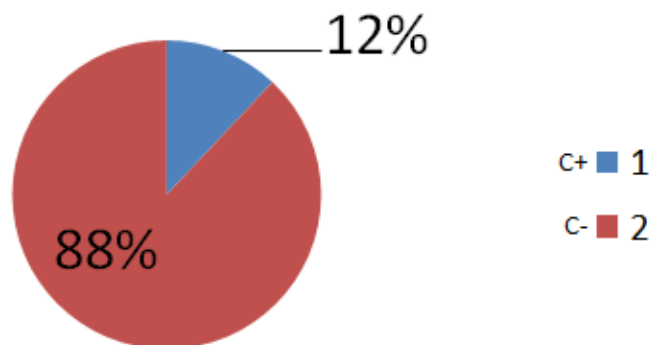


FIG. 4 – Repartition of the subjects depending on the C – HSPQ factor

These children are slightly contradicted by things and people, are unhappy with family and school and are making efforts to keep their calm; are discouraged by their inability to comply with behavioural rules. They have neurotic restrictions minimalized under the form of digestive and sleep dysfunctionalities; unjustified fears.

These children have a predominant weakness of the self and can fail badly if taken from the family environment. Those who have the C + factor are characterized through the force of the self *, maturity, calm, realism and consistency of interests.

Repartition of the subjects depending on the O – HSPQ factor

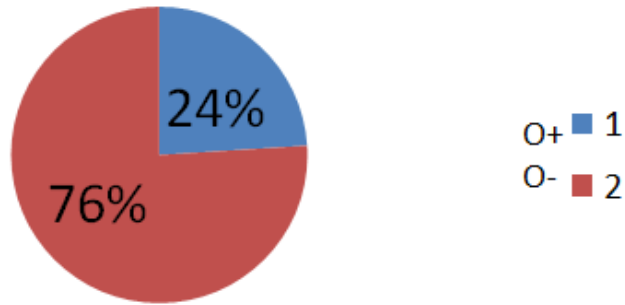


FIG. 5 – Repartition of the subjects depending on the O – HSPQ factor

These Q factors highlight the adaptation and tendency towards guilt. They are characterized by tiredness manifested especially in exciting situations; they feel unable to. They prefer quiet occupation instead of relationships with people and noise; having a feeling of insufficiency and solitude. They don't feel accepted or free to participate in group activities, being sensitive to group regulations and ready to comply with them. They are poorly adjusted socially.

Those who pertain to the category Q+ are shy, depressed, ipochondriac and have a high tendency towards guilt.

Those who pertain to Q- category are represented in our study in a proportion 24%, being characterized by joyfulness, resistance, carelessness, and these subjects being less confident in themselves and quiet.

Repartition of the subjects depending on the D – HSPQ factor

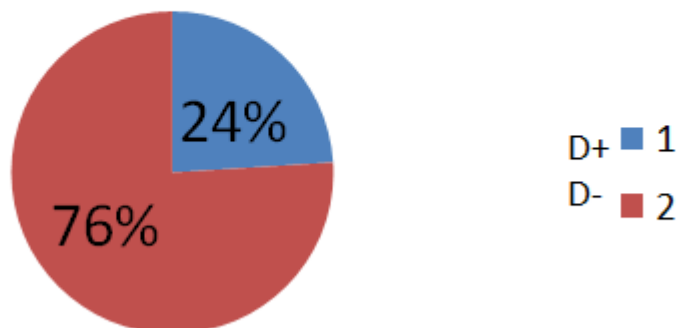


FIG. 6 – Repartition of the subjects depending on the D – HSPQ factor

This D factor is the one who expresses excitability. In our case 76 % of the subjects fit in the D+ factor, which means that they are agitated, easily distracted from their work,

can feel upset or hurt each time they are compelled or punished. Although they are kind and affectionate when compelled they can become impulsive.

Teenagers with D+ factors are characterized by excitable temperaments, exigence, selfishness, being easily distracted. These kind of people cannot be trusted, they present symptoms of nervousness. Teenagers with D- factor are characterized by a phlegmatic temperament, being thoughtful, indifferent, bland and sufficient.

Repartition of the subjects depending on the E – HSPQ factor

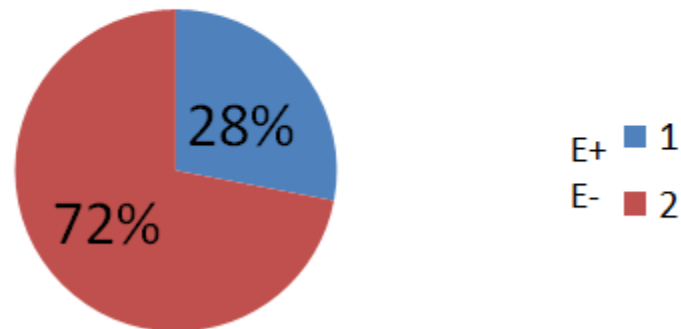


FIG. 7 – repartition of the subjects depending on the E – HSPQ factor

This E factor highlights the submission respectively the dominance of the subject. Dominance tends to be positively correlated with the social status and is higher for recognized leaders than for submissive ones. The two extreme positions of this dimension raise adjustment issues. The high score is part of the pattern associated with teenager criminal behaviour issues the low scores are as pathological because they appear in the case of traditional neurotics. The subjects are characterized by submission, dependency.

Repartition of the subjects depending on temperament type - Belov

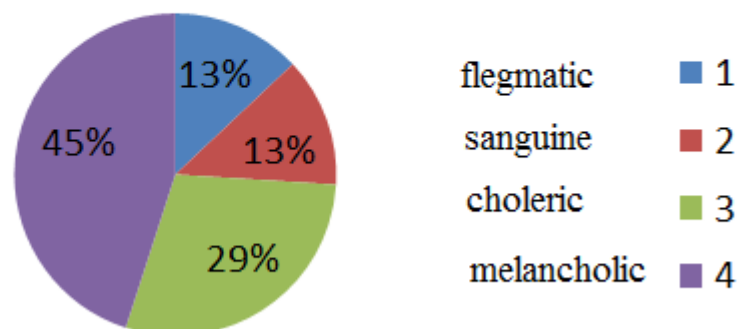


FIG. 8 – Repartition of the subjects depending on temperament type – Belov

As a result of applying Belov test we notice that 45% of our subject pertain to the melancholic temperament, with regards to friendliness as well as hostility; 13% of phlegmatic temperament: persons with lacking the energy, not showing affective

reactions, being introverted; 29% of choleric temperament, characterized by exaggerations stable habits, calm, dedicated to an activity and 13% others of sanguine temperament, social, cheerful, adaptable persons.

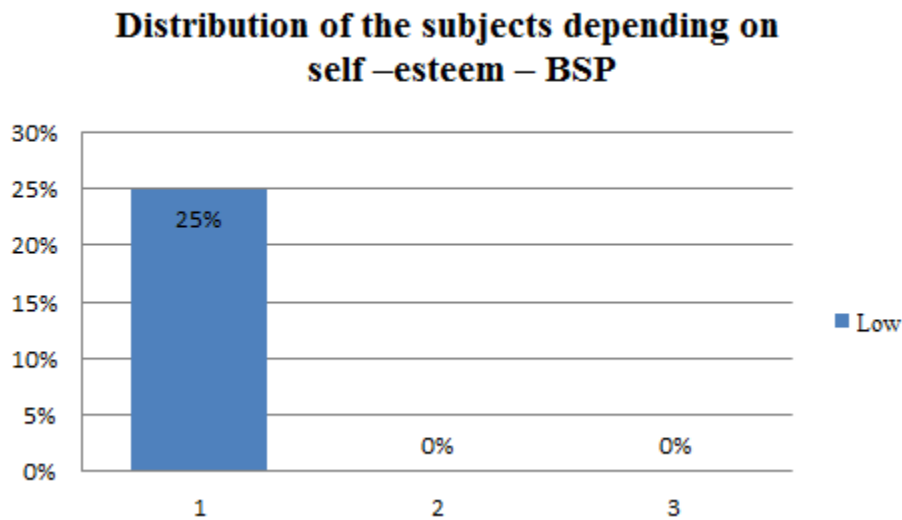


FIG. 9 – Distribution of the subjects depending on self-esteem – BSP

As a result of this research the starting hypothesis according to which physical impairment and the influence of environment factors are triggering factors for the building and deterioration of self-image was confirmed.

The way in which important persons in the child’s life react to failure determine the child’s self-esteem. A child with a handicap does not have enough self-confidence to prove his creativity, entrepreneur spirit and curiosity.

The basic elements of the impact of the disease during youth: body image, majesty and abilities. Teenagers are very vulnerable to emotional stress, the basic elements being body image, majesty and abilities.

The evolution and interaction of internal and external factors favour self-image.

External factors: events, experiences, consequences that occur from the outside and shape the self-image.

8. Conclusions

As a result of applying the tests (H.S.P.Q, PSC and BELOV) the following were noted:

Insecurity of oneself, guilt, inferiority complexes are a reflection of physical shortcomings. A psychological and somatic balance could contribute significantly to the improvement of self-esteem, of the melancholic temperament that prevails in this research.

We notice that these children with impairment are hypersensitive and lack self-experience, an identity of their bodies that healthy persons acquire by their tactile sense, by movement, state and discomfort, these children feel the need for help in perceiving their own bodies and the need for safety in terms of space orientation.

It has therefore been proven that within an organized, structured family environment, with positive educational influences the child will most likely develop a balanced personality.

The social and economic status of the family plays a significant influence on the development of a child's personality. The physically impaired child, if given the opportunity to know its limitations, can as a result form an appropriate image of oneself.

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