CHAPTER 1

INTRODUCTION

1. INTRODUCTION:

1.1 BACKGROUND OF THE STUDY:

Education is not a new concept. It is old as human race. Its importance and magnanimity have been keenly realized since time immemorial. The biped animal human being is the best and finest creation of god on earth. His life is pious and praiseworthy. God has endowed man with certain rare qualities, which are not found in other animate world. Man is amenable. He applies his reasoning power. He acts according to his rational thinking and judgment.

Human life has two aspects. Biologically, the needs of man are not different from that of animals. The biological needs like external bodies can easily supplement food, shelter and sex, besides that his cultural and social needs are to be satisfied. Man does not live by bread alone. He wants something more to be called as a man-civilized, cultured and socialized. Hence, there is necessity of education for the human beings.

This is a clear indication of the importance of education even in past. Diogenes says, “Education is a controlling grace to the young consolation to the old, wealth to the poor and amusement to the rich.” Education shows the path to happiness, sustains us in misery and pains. It is an ornament is the company of friends; it is armour against the enemies. To Goethein says, “Education is a social process, which socializes man for group life and democratic life”. According to Dewey, “Education is a dynamic force as dynamic as life itself.” Thus education and human life are inseparable.

1.1.1 Etymological Meaning of Education:

Etymologically, the term ‘education’ has been derived from the different sources. From the Latin words it has the following

1. Educare – to bring up, to raise, to nourish.
2. Educatum- the act of teaching or instruction
3. Educere – to lead out, to draw out, to bring forth
4. E+duco – ‘E’ means ‘out of’ and ‘Duco’ means ‘to lead’

i.e., from internal to external. **(Nayak B. K. 1999)[1]**

Hence, education is not only a means for the acquisition of knowledge and experience but also for the development of skills, right habits, positive attitude etc. The child should be trained through his various experiences of life to draw out the best in him.

1.1.2 Concept of Education:

"Education is a process by which the experience of the society, which is knowledge, skills and attitudes are transmitted to the members of the society. It broadens the mental horizon of the people and enables them to evaluate social and cultural traditions and to reset new goals and aspirations." -Adam Smith **(Mukhopadhyay Sudesh, Jangira N. K., Mani M. N. G., and Raychowdhary M. 1987)[2]**

Aristotle: Education is the creation of a sound mind in a sound body.

Painter: Education is the complete human development.

Ross: Education is the development of valuable personality and spiritual individuality.

Dewey: Education is a continuous reconstruction of experience.

M. K. Gandhi: By education I mean an all-round drawing out of the best in child and man – body, mind and spirit.

Swami Vivekanand: Education is the manifestation of divine perfection already existing in man.

Aurobindo Ghosh: Education as helping the growing soul to draw out that is in itself. **(Thamarasseri Ismail 2008)[3]**

1.1.3 Concept of Special Education:

There are individuals who learn very fast. There are others who do not learn very fast but, with reasonable teaching learning input, can learn prescribed task, may be over a relatively longer time segment. There are some individuals who find it difficult to learn without special inputs. These are the individuals who have special learning needs, which arise out of sensory, intellectual, psychological or socio-cultural deficits. For example, persons with visual, hearing or neuromuscular impairment have learning problems so have persons with a low level of intellectual functioning and those with disorders in psychological processes. These conditions, impairments or disabilities impede the normal development of individuals-intellectually, socially, emotionally and physically. Needless to say, the discrepancy

in their development and the development of those without such impairment depends on the type and degree of disability. There are however, ways to reduce this discrepancy through restorative and rehabilitative inputs, including education. Thanks to significant developments in medical science, technology and education. The lives of disabled persons can be normalized through special inputs. “These persons can also be educated using special instructional methodology and instructional material, and learning aids and equipment specific to special learning needs. It also requires additional teaching competencies in the general teacher and in some cases special teachers are indispensable. These needs have given rise to the component of education known as special education.” **(Buch M. B., 1988-92)** [4]

Special education, therefore, is that component of education that employs special instructional methodology, instructional materials, learning-teaching aids and equipment, and special teaching and managerial competencies to meet educational needs of persons with specific disability. These needs may be congenital are may arise out of conditions appearing at any stage of life.

Special education refers to specially designed instruction which meets the unique needs of exceptional children. It involves special instructional materials, teaching techniques, content, equipment and facilities. For example, children with visual impairment may require reading materials in large print or Braille; children with hearing impairment may require hearing aids and instruction in manual communication.

It is a form of intervention that focuses on appropriate placement of the child within educational system and constructs placements that are helpful to the special child. However, the special skill of the educator is the ability to coordinate and facilitate learning thorough sensitive utilization of curricula and materials suited to the needs of individual child. Special education is designed to provide:

a) Specific appropriate facilities,
b) Specialized methods and materials, and
c) Specially trained teachers for children with wide range of developmental problems.

Special education has been a means of providing a useful educational experience for youngsters who have been medically or psychologically defined as different. These include mentally retarded, emotionally disturbed, orthopedically

impaired, blind or partially sighted, deaf or hard of hearing, speech deficient, gifted children and so on.

1.1.4 Categories of Disability:

"The nation's (USA) special education law is called the Individuals with Disabilities Education Act, or IDEA. As part of making special education and related services available to children with disabilities in the special and public schools, IDEA defines the term "child with a disability." That definition includes specific disability terms, which are also defined by IDEA." **(http://nichcy.org/disability/categories)**[5]

The IDEA's disability terms and definitions guide how States in their own turn define disability and who is eligible for a free appropriate public education under special education law. The definitions of these specific disability terms from the IDEA regulations are shown beneath each term listed below. Note, in order to fully meet the definition (and eligibility for special education and related services) as a "child with a disability," a child's educational performance must be adversely affected due to the disability.

1. Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term autism does not apply if the child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in age 5 below.

A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied.

2. Deaf-Blindness means concomitant [simultaneous] hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

3. Deafness means a hearing impairment so severe that a child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance.

4. Developmental Delay for children from birth to age three (under IDEA Part C) and children from ages three through nine (under IDEA Part B), the term developmental delay, as defined by each State, means a delay in one or more of the following areas: physical development; cognitive development; communication; social or emotional development; or adaptive [behavioral] development.

5. Emotional Disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(a) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(c) Inappropriate types of behavior or feelings under normal circumstances.

(d) A general pervasive mood of unhappiness or depression.

(e) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

6. Hearing Impairment means impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of "deafness."

7. Intellectual Disability means significantly sub-average general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

"Intellectual Disability" is a new term in IDEA. Until December 2006, the law used the term "mental retardation." India has signed in the UNCRPD on 30th March 2007 United Nation Convention on Rights of Persons with Disability which adopted on 13 December 2006 changed the term to be used in future to "intellectual disability." The definition of the term itself did not change and is what has just been shown above.

8. Multiple Disabilities means concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be

accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.

9. Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

10. Other Health Impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

(a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and

(b) Adversely affects a child's educational performance.

11. Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of intellectual disability; of emotional disturbance; or of environmental, cultural, or economic disadvantage.

12. Speech or Language Impairment means a communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child's educational performance.

13. Traumatic Brain Injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.

The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

14. Visual Impairment Including Blindness means impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

1.1.5 Indian Policy on Education of CSN:

The education of children with disabilities and special needs in India was initiated in the late 1800s, with the establishment of special schools for the Deaf in Bombay in 1883, and for the Blind in Amritsar in 1887. By 1900 numerous special schools for the visually and hearing impaired children were set up across the country. This initiated the tradition of special schools in the country and till the 1970s; this was the dominant mode of service delivery for children with special needs (CSN). 4 It was only in 1974 that the scheme on Integrated Education of Disabled Children (IEDC) broke new ground by stressing the need for educating children with mild to moderate disabilities in regular school settings. However, the tensions between the role of special and general schools for CSN continues today, even after the widespread recognition that inclusion is seen as a more effective educational and social strategy in most cases.

The National Policy on Education (1986) brought the fundamental issue of equality for CSN to the forefront. It stated that the "objective should be to integrate physically and mentally disabled people with the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence". While the NPE helped set the stage for further integration and inclusion, only in 1990 did the government provide teeth to the policy through the adoption of the Plan of Action (POA). The POA ambitiously committed to universal enrolment by 2000 for both children with and without disabilities. It also strengthened the NPE by demanding that CSN be educated only in regularly schools and not in special schools as had been allowed earlier. The placement principle for CSN in effect relegated special schools to the status of bridge schools. Children in these schools were expected to obtain training in non-curriculum areas, to help them prepare for general curricula, after which it was expected that they would be transferred to general schools.

By the mid-1990s, GoI initiated the District Primary Education Programme (DPEP) and its subcomponent known as the Integrated Education of the Disabled (IED). The main aim of DPEP has been to universalize primary education, including ensuring that CSN do not get sidelined in the process of expansion. Given that micro-planning has been a key element of DPEP, the Center offered states assistance to help plan execution of the IED. At present, DPEP is implemented in 23 districts of 3 states (Rajasthan, Orissa and West Bengal). Over 600,000 children with special needs have been enrolled in regular schools under the program.

National Action Plan for Inclusion in Education of Children and Youth with Disabilities

The main objectives of the Action Plan will be to:

• Ensure that no child is denied admission in mainstream education.

• Ensure that every child would have the right to access an anganwadi and school and no child would be turned back on the ground of disability

• Ensure that mainstream and specialist training institutions serving persons with disabilities, in the government or in the non-government sector, facilitate the growth of a cadre of teachers trained to work within the principles of inclusion

• Facilitate access of girls with disabilities and disabled students from rural and remote areas to government hostels

• Provide for home based learning for persons with severe, multiple and intellectual disability

• Promote distance education for those who require an individualised pace of learning

• Emphasize job-training and job-oriented vocational training

• Promote an understanding of the paradigm shift from charity to development through a massive awareness, motivation and sensitization campaign.

The Persons with Disabilities (Equal Opportunity, Protection of Rights and Full Participation Act (1995) itself was an important intervening policy development in education. As discussed in its Chapter 7, its position on a rights-based entitlement to basic education was clear, and consistent with India's international commitments on education of CWD. At the same time, its guidance on modalities for ensuring realization of the right was less so, with all options for delivery of education for CWD allowed for and not as much specific guidance on which was the priority mode anticipated and in what circumstances other modes would be appropriate. Just as importantly, it gave no guidance on who should take the decisions on the most

appropriate form of education delivery for a specific child with a disability: administrative channels, more locally representative bodies such as PRIs or VECs, parents of the CWD, or the role of the CWD themselves in taking such decisions.

Sarva Shiksha Abhiyan (SSA) was launched in 2001, and it aims to provide eight years of uninterrupted, good quality education to children between the ages of 6-14 years, and to have all children in school, learning and completing primary and upper primary cycles by 2010. The framers of SSA came to an early realization that their objectives could only be met if the education of CSN was an important part of the programme. The key provisions under the SSA for integrating and including children with special needs is through: (i) a cash grant of up to 1200 Rupees per CSN per year; (ii) district plans for CSN that will be formulated within the above prescribed norm and (iii) the involvement of key resource institutions to be encouraged.

A specific feature of SSA is a zero-rejection policy. This suggests that no child having special needs can be neglected, nor denied enrolment on the basis of such concerns. The PWD Act provides, however, a loophole in how this is defined in practical terms. It states that children will be educated in an "environment, which is best suited to his or her learning needs" and that it is possible that the special needs of a child compel him or her to be educated in special schools. Where possible, the decision on the appropriate form of education is taken jointly by resource teachers, parents, medical teams and regular teachers. SSA itself provides useful flexibility to the local levels in making this determination, with an emphasis on AIE/EGS schools and home-based support, all intended to bridge CSN into mainstream education. While SSA offers each district to plan for its own future and for that of its inhabitants, the centre is playing play a useful role in disseminating good practice to help districts make appropriate choices.

"The year 2005 saw the most recent and comprehensive policy push from Government of India on education of both children and adults with disabilities, in the form of the Minister of HRD's Policy Statement in March 2005, followed by a yearlong development of a national Action Plan for Inclusion in Education of Children and Youth with Disabilities." **(Source: Ministry of HRD Statement (2005)[6]**

1.1.6 Access to all – Barrier-free Environment for Persons with Disabilities:

Ministry of Urban Development is the nodal Ministry for implementation of barrier-free built environment for the disabled and elderly persons as envisaged in

Section 46 of "The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

"Ministry of Urban Development has prepared Model Building Bye-Laws which contain provisions for improving access to various public buildings by disabled and elderly persons. These Building Bye-Laws have been sent to the State Governments, Union Territories, Delhi Development Authority, Municipal Corporation of Delhi, New Delhi Municipal Committee etc. for adoption. 16 States/UTs have already notified the amended building bye-laws and 6 States/UTs are in process of amending the building bye-laws. Rests of the States/UTs are being pursued." **(Source: Ministry of Urban Development, Government of India)** [7]

"Ministry of Urban Development has drawn an Action Plan for implementation of Action Points identified for Ministry of Urban Development for the empowerment of Persons with Disabilities."

(http://urbanindia.nic.inprogrammeudpromotionofnon.htm) [8]

Architecture and planning

Guidelines of Central Public Works Department (C.P.W.D.), Ministry of Urban Affairs and Employment, India

Construction and maintenance standard should be followed in all categories of buildings and facilities used by the public for making design accessible to and functional for, physically disabled persons. "Builders, designers and architects are ultimately the users of this standard to ensure that the specific environment created by them is suitable for all categories of people. The standard also indicates that barrier-free design can be achieved without economic burden to the client, builder, designer and the architect. It will help to provide a framework for developing policies to ensure a barrier-free environment and eliminate the lack of awareness in both the public and private sectors to the problem of accessibility." **(http://www.ncpedp.org/access/guide-cpwd.htm)** [9]

Guidelines and Space Standards for barrier-free built environment for Disabled and Elderly Persons:

Introduction

"A barrier-free environment is one which enables people with disabilities to move about safely and freely and to use the facilities within the built environment. The goal of barrier-free design is to provide an environment that supports the independent functioning of individuals so that they can get to, and participate without

assistance in everyday activities such as procurement of goods and services, community living, employment, and leisure." **(Source: Central Public Works Department, Ministry of Urban Affairs and Employment, India, 1998)** [10]

Type of disabilities:

Various disabilities which have been considered while preparing the guidelines for barrier-free built environment are broadly classified under four categories

1. **Non-ambulatory:** Impairments that, regardless of cause or manifestation, for all practical purposes, confine individuals to wheelchairs.
2. **Semi-ambulatory:** Impairments that cause individuals to walk with difficulty or insecurity. Individuals using braces or crutches, amputees, arthritics, spastics and those with pulmonary and cardiac ills may be semi-ambulatory.
3. **Visual Impairments:** Total blindness or visual impairments affecting sight to the extent that the individual functioning in public areas is insecure or exposed to danger.
4. **Hearing Impairments:** Deafness or hearing handicaps that might make an individual insecure in public areas because he is unable to communicate or hear warning signals.

Mobility devices:

- Adequate space for persons using mobility devices
- Adequate space should be allocated for persons using mobility devices, e.g. wheelchairs, crutches and walkers, as well as those walking with the assistance of other persons.
- The range of reach (forward and side; with or without obstruction) of a person in a wheelchair should be taken into consideration.
- Attention should be given to dimensions of wheelchairs used locally. Standard size of wheel chair has been taken as 1050mm x 750mm.

Controls:

- Locking and opening controls for window and doors should not be more than 1400mm from the finished floor usable by one hand.
- Switches for electric light and power as well as door handles and other fixtures and fittings should be between 900 mm-1200 mm from finished floor.
- Power point for general purpose should be fixed between 400-500 mm from the finished floor.

- A wheelchair user's movement pivots around his or her shoulders. Therefore, the range of reach is limited, approximately 630 mm for an adult male.
- While sitting in a wheelchair, the height of the eyes from the floor is about 1190 mm for an adult male.
- A wheelchair has a footplate and leg rest attached in front of the seat. (The footplate extends about 350 mm in front of the knee). The footplate may prevent a wheelchair user from getting close enough to an object.

Construction and maintenance standards:

A) Non-ambulatory disabilities:

- Persons restricted on wheelchairs should use the facilities within the built environment alone without a helper's assistance.
- A wheelchair may be operated by the user alone or with a helper's assistance. However, wheelchair design must assume that the user should be able to operate the wheelchair without help.
- The width and length of the wheelchair, its control and the diameter of the casters decide the following:
  Width of entrances and exits (clear 900 mm)
  Width of the passage/corridor (min. 900mm)
  Slope of the climbing (min. ramp slope 1:12)
- Passing over different levels and grooves (Grating with narrow slots in the direction of movement and level difference to limit to 2 cm or less)
- Transferring from wheel chair (adequate space is required to transfer from wheelchair to toilet seat and bed.

B) Semi-ambulatory disabilities:

Persons in this category are those who use walking aids such as crutches or canes, who are amputees, who have chest ailments or heart disease. The persons in this category include those who cannot walk without a cane and those who have some trouble in their upper or lower limbs although they can walk unassisted.

Design requirements:

- Width of passage for crutch users (min. 900 mm).
- Finishes of floor surface with non slip floor material.
- Installation of handrail to support the body weight at critical places, for example staircase, toilet, ramp, passage with a change of level (800-850 mm).

- Extension of handrail on the flat landing at the top and bottom of the stairs (300 mm).
- To prevent a cane or crutch tip from slipping off the side of the stairs or ramp, install a 20 mm high lip on the exposed edge.

Visual disabilities:

Persons in this category are blind or with impaired vision. Visually impaired persons make use of other senses such as hearing or touch to compensate for the lack of vision. It is necessary to give instructions accessible through the sense of touch (hands, fingers or legs). While walking with a cane the person may bump his or her head or shoulder against protruding objects. Persons with may be able to discriminate between dark and bright shades and differences in primary colours.

Design requirements:

- Use of guiding blocks for persons with impaired vision to guide them within the buildings and facilities and outside the building. (Refer details of guiding/warning blocks).
- Installation of information board in Braille.
- Installation of audible signages (announcements).
- Removal of any protruding objects and sufficient walking space for safe walking.
- For persons with limited vision: use of contrasting colour arrangements.

Hearing disabilities:

- Provision of information board in an easily understandable manner.
- Provisions of illuminated signages, layout diagrams to help people easily reach the desired place.

1.1.7 Nature of Attitudes:

The Webster's dictionary defines attitude as "Measure, disposition, feeling, position etc., with regard to a person or thing, tendency or orientation, especially of the mind". **(NIVH, Hand Book for Teachers of the Visually Handicapped, 1992)**[11]

An attitude can be defined as a learned predisposition to behave in a consistent evaluative manner toward a person, an object or a group of objects. This evaluation can be favorable or unfavorable, positive or negative directed toward certain people, issues or institutions. An attitude may involve a prejudice, in which we perceive an

issue or person without giving unbiased consideration to all the evidence. This prejudice leads to an unrealistic judgment based on inadequate grounds.

Milton Rokesch suggests the following definition. “An attitude is a relative enduring organization of beliefs around an object or situation predisposing one to respond in some preferential manner.”

Milton points out the functional significance of an attitude that is predisposition to a preferential response, an “agenda for action” way of reacting to some object and or situation when it is encountered. In addition to this general function and attitude also serves several functions for the particular individual holding it. Denial L. Katz’s formulation includes four such functions of attitudes:

1. Instrumental, adjustive
2. Ego defensive
3. Value expressive
4. Provision of knowledge based upon the individual’s need to give adequate structure to his universe.

All these four functions are inter-related but value expressive function is subordinate to the other three.

i. Composition of attitudes:

An attitude consists of three basic components-thinking, feeling and reacting. The first aspect pertains to belief. The second aspect is related to value means whether one feels attracted, repelled or neutral regarding the object in question. The third element is a predisposition to behaviors. It can be described as a reaction tendency in order to emphasize that an attitude may become manifest in overt behavior. Thinking’s and feelings are considered basic elements of attitudes while important relationship is recognized between attitudes and overt behavior. Attitude leads to behavior and this behavior leads to an attitude.

ii. Development of attitudes:

Attitudes like the personality characteristics of which they are a part, are not global, they are specific to certain person, objects and situations. A person can be very conservative in some respects, very liberal in others, his or her particular pattern of attitudes depends on his/her previous learning experiences.

The formation of attitudes occurs in several ways. Belief or thinking play very important role in attitude formation. Many attitudes including prejudices begin in

childhood and often are not adopted through personal experiences with the object or event in question. These attitudes can be learned through instruction.

Attitudes can be learned through conditioning as well, identifies with his parents, he is likely to adopt a similar attitude even without being told that the activity is agreeable, and even without direct experience. A human being learns many behaviors by observing others and noting the consequences of their actions. Observational learning is an important influence on attitudes in many situations.

Societal Attitudes towards Person with Disability:

There has been considerable stress in Literature on the fact that the maladjustment of the people with disability is not due to actual impairment but rather due to the attitudes of the normal people toward the people with disability and due to the emotional stress placed on them by the normal people in social situations. Therefore, societal attitudes place the handicapped in a subordinate status in some ways like that of ethnic minority groups. Attitudes are social but not static. They are formed in social groups and are about other people, and can affect our relationships with others. We cannot always see attitudes directly in behaviors, we infer them from the things a person says and does. Invisible though they are attitudes have a powerful influence on every one's life.

As is evident, attitudes are in one way or another acquired through the principles of learning. One source of attitudes would clearly be in our cultural heritage, which is transmitted to us as a part of socialization. In primitive or economically marginal societies, stopped the practice of infanticide, but continued to consider blind people as a burden.

There are numerous beliefs about people with disability, such as they are musical, dependent, and helpless or beggars. Some of these beliefs originate in our cultural heritage i.e. rooted in mythology and religious beliefs, while others are related to limited experience with persons with disability. The persons with disability thought of as immoral and evil beings living in a world of darkness, to be feared, avoided and rejected. This emphasizes the unknown and mysterious aspect of the impairment (Monback, 1973). None of these not other similar beliefs describes accurately the persons with disability.

"Our religious beliefs equate blindness with the state of darkness, and void. A few religions explain blindness as occurrence caused by sins committed in one's past life, while others believe that blindness is kind of suffering which leads to purification

and eventual betterment of a person in his spiritual life. There are basically two major societal attitudes towards the blind. The first conjures up a picture of helplessness, hopelessness and misery while the second endures the blind with extraordinary intellectual and spiritual powers." **(Lowenfeld, 1981)**[12]

The first category of attitudes towards the disabled is negative. It focuses on what the person with disability cannot do rather than what he can do. This category includes people who consider blind persons as helpless, hopeless, useless, foolish, miserable, and living in world of darkness, to be feared, avoided and rejected. Immoral and evil beings living in world of darkness, to be feared, avoided and rejected. Coping with such negative attitudes is often a greater challenge to the blind person then coping with the impairment itself?

The second major societal attitude towards the disabled is a positive one albeit unrealistic. This category includes people who believe that the lack of vision endows an individual with supernatural abilities, such as sharpness of hearing and touch or some artistic ability. In ancient times, people were viewed and revered as prophets and interpreters of dreams. This belief continues to exist even today. This attitude works to the disadvantage of blind persons when they cannot meet unrealistic expectations.

Parental Attitude towards Person with Disability:

Parents of children with disability play a major role in their adjustment to the handicap. The family serves as a major source of interpersonal influences that affect, what disability comes to mean to the child with disability, what he or she does with it, Parental attitudes are responsible for emotional climate of the home in which blind child grows. In fact, attitudes are not the result of any conscious decision, but the product of the interaction between people and their environment.

When disability occurs, the entire family beings an adaptive struggle to regain its equilibrium. The disability for one may alter the life style of other family members drastically. The family understands disability on the basis of the information they have about disabled. Early intervention in the form of communicating appropriate information by health workers or social workers will certainly diminish unnecessary anxiety and thus uncertainty creates continuous tension and inhibits the family from realistic plans and goals.

Parents of children with disability are frequently said to go through certain stages as they come to terms with the child's blindness. All parents of children with

disability at one time or another experience these feelings but it is not known whether they experience these stages in the same sequence or not. These stages are as under:

a) Denial and Isolation:

This stage manifests itself as a denial response where efforts are made by the parents to minimize the implications of disability. Basically this stage serves as momentary escape for the parents who are attempting to cope with feelings of guilt and shock.

b) Anger:

During this stage anger is directed toward the professional or social worker who did either too much or not enough, toward fate, or simply towards anyone and anything. At times anger is so intense that it touches almost every one because it is triggered by feelings of grief and inexplicable loss that one does not know now to explain, nor how to deal with.

c) Bargaining:

This stage is characterized by a search for a cure, or another doctor. Parents seek second or third opinions regarding their child's health and to the extent of the handicap.

d) Depression:

During this stage, the handicapping condition begins to have its full impact on the family and depression starts permeating all aspects of the family relationships.

e) Acceptance:

This stage is characterized by parent's acceptance of their disabled child as an individual with his own strengths and weaknesses.

These stages may last for shorter or longer durations. It may sometimes happen that parents may never come out of one particular stage and the feelings that it engenders. As a result, their feelings may become rigid and influence their attitudes for a life time in a particular direction.

Sommers has conducted a study and described five fairly distinct types of parental attitudes:

i) Acceptance of the child and his disability :

The father of a handicap child outlines three stages in the growth of a Parent. At the first stage, the parent is concerned almost wholly with himself and the effect of handicapped child on him. During the second stage, the parent thinks less of himself

and more about the handicapped child, seeking services and resources for the child's benefit.

In the final stage of acceptance, the parents are able to see more clearly and rationally to be concerned about their other children and to work for their benefit. Acceptance involves a warm respect for the child as he is appreciation of his assets, tolerance for his shortcomings and active pleasure in relating to him Acceptance could be felt in a home which is free from tension, and where people are comfortable with each other.

Acceptance of the child is the most desirable form of parental attitudes. Though parents of the child with disability have mild feelings of resentment against their misfortune but they don't allow these feelings to over-power them. These parents give special facilities to their child with disability but don't give special privileges. As these special privileges may make their other children jealous and ultimately turn them against their blind brother or sister.

ii) Denial:

There are parents who have natural love for their disabled child and don't accept his handicap as a reality. They make every effort and sacrifice for the child just to prove to themselves and others that their blind child is not less capable than any other seeing child. They wish their blind child is not less capable than any other seeing child. They wish their blind child to compete with and even surpass his seeing companions and thus force him into over exertion.

iii) Overprotection:

Parents who forget that their blind child is primarily a child and blind later, Fall in this category. They overprotect their blind child and do everything for him out of their feelings of guilt. As a result they deprive him of all experiences which are normal to children and so essential to the blind children as well. Consequently in a way, overprotection is rejection since parents secretly do not accept the blind child's potentialities.

iv) Disguised rejection:

There are parents who actually reject their blind child but try to compensate for their feelings of guilt by apparent concern about the child. They try to demonstrate love and willingness to sacrifice everything for their blind child but in reality they consider blindness as disgrace and blind child but try to cover up the resulting feelings

of guilt by displaying false concern for him. They put up a show of love and self sacrifice but covertly consider blindness of the child a disgrace and burden.

v) Open rejection :

In this category fall parents who are openly hostile to their blind child and display total and complete rejection of him. They don't pretend to have any affection or love for the child. This attitude may stem from feelings of shame or disbelief in the child's potentialities.

Personal Attitudes toward Disability:

Attitudes to self are affected by perceptions of values attributed to appearance and physique. Most blind persons receive negative feedback from their own body and through the responses of others while their body images are formed. This body image is formed from postural cues, tactile impressions, visual appearance, and degree of functional effectiveness and from social reinforcement. A handicapped person is aware of his body and his potential and limitations which actually distinguish him from the non handicapped persons; these are known as criteria attributes. Those aspects of the disabled person and specially physical-ones which society regards a differentiating him most from others are known as defining attributes. The greater discrepancy between criteria and defining attributes the greater the feelings of insecurity in a person. The Process of getting the handicapped to accept his handicap is one which attempts to narrow the gap between defining and criteria attributes. Parental and societal attitudes play a pivotal rose in this process. Summers has arrived at the highly important conclusion that "The meaning his handicap holds for the child himself seems to depend largely on his social experiences, especially in his early childhood"

The attitudes of persons with disability towards the affects of their handicap represent a variety of views which are as follows:-

1. Disability is a disaster.
2. Disability is a nuisance or practical inconvenience,
3. Disability has some limitations,
4. Disability has no limiting effects.

Those persons with disability, who believe that disability imposes no limitations whatever, have a defiant attitude. They tend to be aggressive and their attitude verges on hostility towards the society. They are often over confident and

always on the look out to prove to others that their handicapped imposes no limitations.

The first view blindness is a disaster recognizes blindness as a severely limiting impairment which requires reorganization in all aspects of the individual's functioning.

Proponents of the nuisance view attribute social prejudice and discrimination as basic to the adjustment process. They believe that it is not for the blind person to adjust to his handicap but it is for the society to adjust to the person with disability.

Parent's who accept the child with disability along with his limitations enable their child with disability to become more realistic in accepting his situation. Such a child, although aware of his limitations, concentrates on what he can really achieve and is willing to discuss his problems with professionals.

Personal Attitude toward Society:

It is evident from the literature that disabled person's attitude toward himself and society depends upon societal attitudes toward disability. Cuts forth (1961) has identified three broad categories, while assessing persons with disability reactions to sighted person's stereo-topic views of the blind:

i) Those who internalize the stereo-types directed at them and accept them as part of their own self concept.

ii) Those, who because of the inability to accept these social definitions withdraw from contact with sighted world and confine themselves to the family,

iii) Those who tend to confront the sighted world and assert their unwillingness to conform to the dependent and helpless roles assigned to them. Blind in this category think themselves as normal and fight for their equal rights and equal opportunities.

As normal persons report feelings of discomfort and uncertainty in the presence of person with disability intern disabled people also feel the same. Disabled people hold varying beliefs about normal persons in general and society as a whole. The attitude of persons with disability toward normal people is a largely unexplored area. General observation of persons with disability could help us to study their attitudes towards society.

It is said that a disabled person's attitudes toward a society and the world around him are governed by the manner in which he reacts to the attitudes of the society towards him. It cannot be denied; however, that a person's mental made up

plays an important role in fashioning his views of the people around him. Cuts forth have categorized the reactions of a blind person towards the stereo-typed attitudes of the society in the following three ways:-

1) Some persons with disability internalize the stereotypes directed at them and accept them as part of their own self concept, e.g. blind persons help only in reinforcing and perpetuating the stereotype views simply by conforming to them. Many sighted persons have a feeling of discomfort on meeting blind persons and the blind that conform to the stereo-type views tend to feel discomfort and uncertainty on meeting sighted persons.

2) Other persons with disability who find it difficult to accept these social definitions tend to withdraw from contact with the sighted world and confine themselves to the family. These persons believe that the world is a potentially dangerous place and the more it is avoided, the better.

3) The third category of persons with disability; tend to confront the normal world and assert their unwillingness to conform to the dependent and helpless roles assigned to them. Disabled persons falling in this category believe that only the person with disability can understand the person with disability and the normal world has to be reformed and re-educated to extract it from the ignorance towards the blind.

1.1.8 Our Family and the Society:

Family:

The family plays a very important role in shaping our personality. It is the first social environment that a child gets in its life. It has been proved that adjust mental problems of each individual member in the family are usually related to inter-dependencies with other members. "The culture, the socio-economic status, the educational level of the family-particularly the parents and their relation with the visually impaired and hearing impaired-determine the level and quality of adjustment of the person to his own disability and to the society." **(NIVH, Handbook, 1992)**[13] the role of the parents is specially the mother, is most crucial in this process.

Society:

"Whenever the members of any small or large groups live together in such a way, that they share not this or that particular interest; but the basic conditions of common."

"Society is the way of social relationship."**- (Walker, L.S., & Greene, j. w. 1986)**[14]

To understand the adjustive process and adjustment level of a visually impaired and hearing impaired person, the place and the community from where he comes is to be taken into consideration. A village-bred persons differs in outlook and life-style from his city-bred brethren not because of lack of amenities in one place and easy access to them in the other, but because the level of expectation and demands of the community differs.

In India we are having one percent people with disabilities of the total population. Our government is regularly introducing new schemes and updating acts for them including reservation in various sectors for their welfare. Currently the TV program “Satymev Jayate” has also thrown light on various problems and achievement of people with physical challenges. The Print Media is also focusing on the same. It means the overall society is becoming aware about their rights and existence and playing major role in their development. But apart from society their parents can play major role in their development i.e. parent-child relationship. The various factors which get affected by parent-child relationship include self concept, self acceptance. In my research I have considered people with visual impairment as domain of study and presented the impact of parent-child relationship on self concept of adolescents with visual impairments.

In our country near about 12 lacks people having various disabilities including sensory impairments, intellectual disabilities, motor disabilities etc. Our government has been striving for their education and rehabilitation by introducing new schemes and making provisions for them. The print and electronic media are also playing an important role in their development. It means the overall society is becoming aware about their rights and existence.

Parents can play major role in their all-round development. Hence, the parent child relationship is a major contributing factor in the process of their educational and social mainstreaming, which is based on various parameters like self concept, self acceptance.

Here the researcher has considered “Impact of parent child relationship on self concept of adolescents with visual impairments and hearing impairments” to find an in-depth knowledge about how the self concept and self acceptance of those children affected due to role of parents.

1.2 RATIONAL OF THE STUDY:

As we have seen, people with disabilities have long been suffering from an injustice treat. Scanty people show sympathy or empathy to them in the society. "Although society has considerable *intellectual* tolerance of handicaps, beneath the surface most people harbor feelings of repugnance and abhorrence, if not involuntary revulsion. On the surface, however, these feelings are masked by outward signs of kindness, or perhaps embarrassment" **(Kashani, J. H. 1986)** [15]

Realizing that this is indeed a fact that exists in our society, we should therefore take it as our responsibility to help children who have felt impotent, defective and inferior to live up to the standards of society by enhancing their self-concepts and self-acceptance. **(Beaty, L. A. 1992)** [16]

Research in the past frequently reported that people with disabilities often displayed low self-concepts and self-acceptance in comparison with their normal counterparts. **(Chapman, J. W. 1988)** [17]

However, these findings were not always consistent. Other research reported that self-concept of people with disabilities could be as high as that of people without disabilities. **(Fung, W. Y. 1993)** [18] **(Obiakor & Stile 1990)** [19]

It is therefore difficult to conclude and generate results across groups. Henceforth, it is worth finding out in what direction self-concept and self-acceptance is related to people with visual impairment and hearing impairment as well as the impact of parent-child relationship on self-concept & self-acceptance of these adolescent students so as to keep us more informed and up-to-date. The Researcher of this study has been teaching the teachers of the visually impaired and hearing impaired students in Department of Special Education since last 12 years. He has observed that visually & hearing impaired students often display unsatisfactory academic performances, disruptive behaviors in class, and a lack of social skills to communicate with their normally sighted peers as well as society. Besides, some students show signs of discomfort with their physical appearance. Such behavior is in one way or the other related to a person's self-concept and self-acceptance.

Therefore, the purpose of this research is to find out the impact of parent-child relationship on self-concept and self-acceptance of visually impaired and hearing-impaired adolescent. As well as perceive themselves in relation to their observable behavior. It is hypothesized that, there exists no significant difference in the impact of

parent-child relationship on the self-concept and self-acceptance of the adolescent with visual and hearing-impairment. It is hoped that this research will shed light on understanding more the inner world of these adolescent students and developing ways of enhancing their self-concepts and self-acceptance so as to help them develop into more independent, mature and competitive persons in the world they are living.

The main purpose of the study is to determine the impact of parent-child relationship on self-concept and self-acceptance of adolescent students with visual impairments and hearing impairments of Vidarbha region in the State of Maharashtra.

1.3 STATEMENT OF THE PROBLEM:

"A COMPARATIVE STUDY ON THE IMPACT OF PARENT-CHILD RELATIONSHIP ON SELF-CONCEPT AND SELF-ACCEPTANCE OF VISUALLY AND HEARING IMPAIRED ADOLESCENTS"

1.4 OPERATIONAL DEFINITION OF KEY TERMS:

1.4.1 Parent-child Relationship (PCR):

"The parent-child relationship consists of a combination of behaviors, feelings, and expectations that are unique to a particular parent and a particular child. The relationship involves the full extent of a child's development."

(http://www.healthofchildren.com/Parent-Child-Relationships.html) [20]

In the present study, Parent-child relationship includes 10 dimensions i.e. Protective, Symbolic Punishment, Rejecting, Object Punishment, Demanding, Indifferent, Symbolic Reward, Loving, Object Reward and Neglecting.

1.4.2 Self-concept:

"One's self-concept (also called self-construction, self-identity, or self-perspective) is a collection of beliefs about oneself that includes elements such as academic performance, gender roles and sexuality, and racial identity. Generally, self-concept embodies the answer to 'Who am I?" **(http://en.wikipedia.org/wiki/Self-concept)**[21]

In the present study, Self-concept includes 6 aspects i.e. physical, social, temperamental, educational, moral, and intellectual irrespective of the person's ability and disability.

1.4.3 Self-acceptance:

"Self-acceptance is defined as acceptance of self in spite of deficiencies. Although this term has been often understood in a common sense way, researchers

have defined it formally in terms of positive and negative self-concepts. According to Shepard (1979), self-acceptance refers to an individual's satisfaction or happiness with himself, and is thought to be necessary for good mental health. Self-acceptance involves self-understanding, a realistic, albeit subjective, awareness of one's strengths and weaknesses. It results in an individual's feeling about himself that he is of "unique worth". **(http://en.wikipedia.org/wiki/Self-acceptance)**[22]

1.4.4 Child with Visual Impairment:

"Child with Visual impairments is those who have significant loss of or defect in vision due to impairment in one or both eyes. The visual loss presents a continuum. The partially sighted persons are able to use their eyes in some way to read, but blind persons cannot read by any means of vision and use their fingers to read Braille or use talking books. The impairments causing damage to or loss of vision can be congenital or acquired at any stage of life." **(Buch M. B. 1988-92)**[23]

In the present study, the subjects are students with visual impairment who has visual impairment. They may be totally blind, or partially sighted.

1.4.5 Child with Hearing Impairment:

"Child with Hearing Impairments is those who have hearing loss in one or both ears due to impairment in the auditory mechanism. The hearing loss is a continuum ranging from mild to severe and profound loss. Deaf persons on this continuum are those whose auditory channel fails to serve as a means of processing speech." **(Buch M. B. 1988-92)** [24]

In the present study, the subjects are students with hearing impairment who has hearing impairment. They may be totally deaf, or mild to severe deafness.

1.4.6 Adolescence:

"Adolescence is the period of transition from childhood to adulthood. It is often described at the period of storms and stresses." **(Dandekar W. N. 1981)**[25] It is the crucial stage between the age of thirteen and nineteen years when the young person acquires the physical maturity of an adult, but suffers from impulsiveness and instability of emotions.

In the present study, the subjects are students within the age group of 13 to 19 years i.e. adolescent with visual impairment and hearing impairment.

1.5 RESEARCH QUESTIONS:

From the brief reviews of related literatures, following questions are raised for a comparative study on the impact of parent-child relationship on self-concept and self-acceptance of visually and hearing impaired adolescents in Vidarbha Region of Maharashtra.

i) In spite of abundant efforts made by the parents and support from the significant members of the community, and various strategies adapted by the educational institutions, why the self concept and self acceptance of the students with disabilities; especially the students with visual impairment and hearing impairment is not improved?

ii) Is the backwardness and lack of awareness of the family members responsible for self concept and self acceptance of those students with visual impairment and hearing impairment?

iii) Is the attitude of the parents of those children influence negatively on self concept and self acceptance as well as education of those students?

iv) What is the level of the self concept and self acceptance of students with visual impairment and hearing impairment?

Although, huge amounts are being spent for the noble cause of education and rehabilitation of students with visual impairments and hearing impairments, those who are still deprived, deficient and deviated from the mainstream of educational and social race. Hence, this was an attempt to study the problem: "A comparative study on the impact of parent-child relationship on self-concept and self-acceptance of visually impaired and hearing impaired adolescents", in Vidarbha Region of Maharashtra".

1.6 MEANING AND CONCEPT OF VARIOUS TERMS OF STATEMENT OF PROBLEM:

i. Parent-child Relationship:

"The process of socialization begins soon after birth, when the mother holds the baby in her arms for the first time. As the sighted infant grows older, his eye contact initiates the development of a relationship with his mother and later the rest of the family."**(Gecas, V., & Schwalbe, M. L.)** [26] Pointed out that visual contact seems to be an essential element in the process of building social relationship.

On the other hand, each individual communicates his ideas and concepts with others through oral and written communication. The essential ingredients in this

process are speech and language. Both speech and language are sequential in their development, beginning in early infancy; hence the parent-child relationship plays a very pivotal role in the acquisition of speech.

Psychologists call the relationship between child and parent “attachment.” Attachment theory, or the study of these relationships, has shed light on the importance of the relationships between parent and child as well as pointed out some of the key steps parents can take to raise their children well. In addition, mothers and fathers take on different roles in bringing up a well-developed child.

The impact of parent-child relationship on socialization includes not only the acquisition skill such as eating, dressing, toilet control, but also the development of interpersonal behaviors including emotional ties, and participation in small and large group. Various aspects of the lack of vision or hear may influence the dynamics of socialization, and therefore the tasks of socialization may be somewhat different for the visually impaired or hearing-impaired child. Perhaps more than for other areas of development it may be said that parent-child relationship is an interactive process that involves other people in critical way.

Hence, the possibility that deviant development may be attributed to visual and hearing impairments. An all round development in the children depend upon the parental attitude as well as the parent-child relationship.

Warmth in Parent-child Relationships:

The warmth that parents bring to their children’s lives starts at infancy. Moms and dads of young children shower their kids with baby-talk and physical touch. These behaviors show the child that others are sensitive of their needs and those parents can be relied on for emotional responsiveness. As a child grows older, he finds warmth in the parent-child relationship in other ways, specifically in receiving the fulfillment of his emotional needs, whether they be play or intimate conversation. Warmth in parenting can lead to a cooperative child, who is well-developed socially and emotionally.

Promoting Independence:

As ironic as it may sound, it is parents who are take the lead in teaching their children not to rely on their parents. Indeed, much of being a parent is teaching a child to do things for herself, from using the toilet to driving a car. One important part of this aspect of the parent-child relationship is disciplining children, which often is a way of keeping children on track in their own initiatives. Setting limits, such as

restricting the amount of television time per day, helps children stay focused on their own responsibilities, such as finishing homework. Without parents, the growing up phase of childhood would decrease in speed.

Teaching:

From early childhood, the home becomes a school. To parents of older children, this is obvious, as after dinner the dinner table might become the family study table. However, parents' roles in educating young children start as early as the toddler years. Parents simultaneously educate their children while they strengthen the parent-child attachment. For example, reading books to your child will strengthen her linguistic development, playing active games with your child will improve her motor skill development and finishing puzzles with your child will enhance her cognitive development. Young children and even parents might mistakenly believe they are just spending quality time with family when they are actually developing useful life skills.

The Importance of Mother and Father:

Mother and father play different roles in the development of a child. The differences can be roughly summed up in the following way: Mothers are protectors and educators; fathers are life coaches and counselors. Mother act as a safe base on which children can rely; they teach their children not to be afraid of new surroundings. Moreover, as mother tend to spend more time engaging in low-intensity activities, such as reading and game-playing, with their children, children begin to see mothers as teachers. The father's role in a child's development has traditionally been underestimated. "According to researchers Ross Parke and Kevin MacDonaldand, authors of the article "Parent-Child Physical Play," which appeared in the journal Sex Roles, fathers play an integral role in the emotional and social development of children. Father-child interaction tends to be more intense, and through their shared activities children learn how to express and control their emotions with their fathers. By working together, mothers and fathers help their children develop their skills across the spectrum." **(http://everydaylife.globalpost.com/importance-parentchild-relations-general-development children-4862.html)** [27]

ii. Self-concept:

The Self-Concept is a complicated process of gaining self-awareness. It consists of mental images an individual has of oneself: physical appearance, health,

accomplishments, skills, social talents, roles, intellectual traits, and emotional states and more all make up our self-concept.

The development process begins at about six or seven months of age. The child begins to recognize "self" as distinct from surroundings. They stare at anything they see, including their own body parts; hands, feet, toes, and fingers.

As they grow, their sense of identity expands through interactions with others creating self-esteem levels that become the "booster" for the ability to interact. There are two theories that describe how interactions shape our self views. One defines perceptions of the judgments of others called Reflected Appraisal. It is the notion of receiving supportive and no supportive messages. It states that positive appreciation and a high level of self-value is gain when supportive messages are received. In contrast, receiving no supportive messages leads to feeling less valuable, lovable, and capable. Everyone that you and I interact with influences these self-evaluations. Either from your past or from present all shapes how you view yourself, especially from our significant others. The strength of messages from significant others become stronger and eventually affect the health, when they are no supportive; depression, for instance, leads to less physical activities.

Self-concept can be defined as "The perception one has of oneself with regards to different facets of that perception (i.e. cognitive and emotional) that vary in importance during the person's life (the evolutional and temporal facet), influenced by social interaction which, in turn, is conditioned by the fact that the person belongs to certain social groups (the importance of the social structure)." **(Harvey, D. & Greenway, P. 1982)** [28]

According to Burns, "A number of basic factors can be emphasized that contribute towards the formation of a person's self-concept i.e. body image, language, the acquisition of a sexual identity and the role of gender. The interpretation of information received from the surrounding environment, how others see me and educational practice." **(Burns 1982)** [29]

"A person's self-concept will gradually be reformulated during different stages of development, increasing in its degree of organization, complexity, consistence and stability. We can observe an evolution that ranges from a self-concept based on physical appearance to a whole system of beliefs that appear in adolescence and a single sense of self-discovery. This process continues developing during the person's entire life." **(Byrne, B.M., & Shavelson, R.J. 1987)** [30]

What is self-concept? Self-concept has been a term extremely difficult to define for two main reasons: lack of a universally accepted definition and assumed synonymity of self terms. Over the years, researchers have not come to a universally accepted definition of the construct for the fact that there have been so many models of self-concept developed and developing. For every new model there is, a new definition arises. The lack of a central and commonly agreed definitional term of self-concept makes it hard to link research hypotheses to the findings in a particular self-concept model **Coock-Clampert (1981)** [31]

As self concept seems to play a significant role in the growth and development of a person, a detailed knowledge about its nature and its relation to other important factors of personality will provide an objective and encouraging basis for the educators and counselors to work on. According to Burns, vouches for the practical uses of knowledge of the self concept in counseling and guidance. With such educational and counseling ends in mind, numerous studies have been undertaken on the subject in different parts of the world. Indian studies on the subject have dealt with: factors contributing to changes in self concept; implementation of self concept in occupational choices; differences in self concepts of achievers and non-achievers in school. **(Burns 1986).**[32]

Concepts have been styled as building blocks of thoughts. They are, therefore basic to cognitive development. A fundamental ability required for concept development is the skill of classification. This involves nothing similarities and disregarding insignificant differences. It also involves the ability to take note of significant differences. Every child has to form thousand upon thousands of concepts including self-concept. These are basic to cognitive functioning of the person.

iii. Self-acceptance:

"In its most form self-acceptance has been used to refer to feelings of satisfaction one has for oneself." **(Silber and Tippett, 1965)**[33] "A person's characteristic evaluations of himself and his accomplishments, the evaluation of behaviour on the basis of a set of self accepted standards and a liking and respect for oneself which has some realistic basis." **(Robinson and Shaver, 1969)**[34] In short, two conceptual components are involved, the self-evaluation and the self-affection.

"Self-acceptance is an individual's evaluation of this broader concept, namely the discrepancy between the self-image (i.e., the actual self) and the ideal

self."**(Lawrence D., 1988)**[35] Byrne pointed out "our conceptions of our self are relative to what we consider important, not necessarily to our capabilities and/or knowledge".**(Byrne, 1996)**[36] In other words, only if a person considers a certain aspect of his/her self-concept as important will there be effects on his/her beliefs of self-esteem.

"Self-acceptance means sense of personal worth and satisfaction with self, which is affected by perceptions of values attributed to appearance and physique."**(Hattie 1992)**[37] "Most of the disabled persons receive negative feedback from their own body, their family, significant others of the community, especially from their parents and through the responses of others while their body images are formed. This body image is formed from postural cues, tactile impressions, visual appearance, and degree of functional effectiveness and from social reinforcement."**(Macooby, 1980)**[38] A physically disabled people are aware of his body and his potential and limitations, which actually distinguish him from the non-disabled persons. These are known as criterial attributes. Those aspects of the disabled person and specially physical-ones which society regards as differentiating him most from others are known as defining attributes. The process of getting the disabled person to accept his disability is one, which attempts to narrow the gap between defining and criteria attributes. Parental as well as societal attitudes play a pivotal role in this process. "According to Gelfand the meaning of his disability holds for the child himself seems to depend largely on his social experiences, especially the parent child relationship in his childhood."**(Gelfand, 1962)**[39]

iv. Child with Visual Impairment:

"Persons with Visual impairments are those who have significant loss of or defect in vision due to impairment in one or both eyes. The visual loss presents a continuum. The partially sighted persons are able to use their eyes in some way to read, but blind persons cannot read by any means of vision and use their fingers to read Braille or use talking books. The impairments causing damage to or loss of vision can be congenital or acquired at any stage of life."**(Buch M. B. 1988-92)**[40]

In India the broad definitions of different categories of disabilities which have been adopted in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 as well as under Rehabilitation Council of India Act, 1992 are as under.

"Blindness" refers to a condition where a person suffers from any of the following conditions, namely:

- Total absence of sight; or
- Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye even with correction lenses; or
- Limitation of the field of vision subtending an angle of 20 degree or worse.

For deciding the blindness, the 'visual acuity' as well as 'field of vision' has to be considered." **(Punani B. and Rawal N.)** [41]

The WHO working definition of Low Vision (WHO, 1992) is as follows:

"A person with low vision is one who has impairment of visual functioning even after treatment, and/or standard refractive correction, and has a visual acuity of less than 6/18 to light perception or a visual field of less than 10 degrees from the point of fixation, but who uses, or is potentially able to use vision for the planning and/or execution of a task." **(Singh J.P., Manoj K. Dash, D.D.I. 2005)** [42]

Although this definition seems somewhat technical, it can be easily understood by looking at two basic criteria used in determining legal blindness: visual acuity and field vision.

In essence, a person's visual acuity is measure of how accurate his/her distance vision is compared to normal seeing persons. Anyone who has taken an eye examination has probably had the visual acuity measured by means of an eye chart called the Snellen Chart, a Standardized series of letters, numbers, or symbols that must be read from the distance of 20 feet and is said to have 20/200 vision. When a person can only distinguish at 20 feet a size of letter than a person of normal vision could distinguish at 200 feet, the person is said to have a visual acuity of 20/200 and is considered legally blind.

At the same time, the field vision is also important in determining legal blindness. If a person's angle of vision is 20 degrees or less, his/her field of vision is reduced to the point equivalent to blindness. Such a reduced vision is sometimes called "tunnel vision" because the person can perceive only a narrow band within the field of vision.

Legal blindness does not mean "total blindness" and many individuals who are legally blind retain some degree of residual vision. This legal definition therefore, is useful for the purpose of identifying persons whose vision is so poor that they cannot

function as normally sighted and are eligible for special assistance programmes provided by the governments.

Visual impairment (or vision impairment) is vision loss (of a person) to such a degree as to qualify as an additional support need through a significant limitation of visual capability resulting from either disease, trauma, or congenital or degenerative conditions that cannot be corrected by conventional means, such as refractive correction or medication. This functional loss of vision is typically defined to manifest with

1. best corrected visual acuity of less than 20/60, or significant central field defect,
2. significant peripheral field defect including homonymous or heteronymous bilateral visual, field defect or generalized contraction or constriction of field, or
3. Reduced peak contrast sensitivity with either of the above conditions.

In the United States, the terms "partially sighted", "low vision", "legally blind" and "totally blind" are used by schools, colleges, and other educational institutions to describe students with visual impairments. They are defined as follows:

Scientists track eye movements in glaucoma patients to check vision impairment while driving

1. Partially sighted indicates some type of visual problem, with a need of person to receive special education in some cases;

2. Low vision generally refers to a severe visual impairment, not necessarily limited to distance vision. Low vision applies to all individuals with sight who are unable to read the newspaper at a normal viewing distance, even with the aid of eyeglasses or contact lenses. They use a combination of vision and other senses to learn, although they may require adaptations in lighting or the size of print, and, sometimes, Braille;

- Myopic - unable to see distant objects clearly, commonly called near-sighted or short-sighted
- Hyperopic - unable to see close objects clearly, commonly called far-sighted or long-sighted

- Legally blind indicates that a person has less than 20/200 vision in the better eye after best correction (contact lenses or glasses), or a field of vision of less than 20 degrees in the better eye; and
- Totally blind students learn via Braille or other non-visual media.

"Visual impairment is the consequence of a functional loss of vision, rather than the eye disorder itself. Eye disorders which can lead to visual impairments can include retinal degeneration, albinism, cataracts, glaucoma, muscular problems that result in visual disturbances, corneal disorders, diabetic retinopathy, congenital disorders, and infection." Visual impairment can also be caused by brain and nerve disorders, in which case it is usually termed cortical visual impairment (CVI)." **(http://en.wikipedia.org/wiki/Visual_impairment)** [43]

Identification:

Visually impaired children are identified by parents, teachers, physicians and screenings. The regular classroom teacher can be alert in recognizing. Children who have vision problems and can refer them for further examination. Teacher should know the characteristics of visually impaired children. Snellen chart is used for measuring visual acuity. The visual functioning can be assessed by visual efficiency scales. Ophthalmologists can be of great help for the identification of visual impairment.

Causes:

Blindness or impaired vision can result from many causes. A cataract is cloudiness in the lens of the eye that blocks the light necessary for seeing clearly. If the cataract is extremely cloudy or dense a person may be unable to perceive any details at all. It is common in older people, but it may also occur in children. Most of children born with cataract are surgically treated and special post cataract eyeglasses or contact lenses are fitted. A permanent lens is also sometimes implanted into the after cataract surgery.

Glaucoma is another cause of visual impairment. It is a condition in which there is excessive pressure in the eyeball. If left undiagnosed, the condition progresses to the point where the blood supply to the optic nerve is cut off and blindness results. If detected in its early stages, the glaucoma can be treated with medication or surgery.

Coloboma is another condition resulting into impairment in central visual acuity. It is a degenerative disease wherein the central and peripheral areas of the

retina are not completely formed. Another prenatal condition of retinal disorder is Retinitis Pigmentosa. It is a hereditary disease resulting in degeneration of the retina.

Syphilis and rubella are other prenatal causes of visual impairment. Another condition causing visual impairment is retrolental fibroplasias. Retrolental fibroplasias results in scar tissue forming behind the lens of the eye. It s also known as retinopathy of prematurity and results from placing low birth weight babies in incubators and administering excessive concentration of oxygen.

Two other conditions which result in visual problems are strabismus and nystagmus which are caused by improper muscle functioning. Strabismus is condition in which the eyes are directed inward or outward. Nystagmus is condition in which there are rapid involuntary movements of the eyes.

Assistive Devices for Students with Visual Impairment:

Training in the use of assistive devices is one of the important parameters of success in the education of children with disabilities. But only provision of these devices would not suffice. The children must be given adequate training to use them. Though these devices are usually taught by specialist teachers, general teachers are also encountering situations to teach these skills, where special teachers are not available. Short-term training in the use of these devices helps the regular teachers to help children with disabilities effectively. Though some equipment is pertinent to specific disability groups, most of the teaching devices can be used in the general classrooms too. Therefore, familiarity with these devices would help the classroom teachers to adopt multi-sensory approaches in teaching. General teachers should realise that there are some areas of learning, particularly the devices, which are peculiar to disability categories. The skills peculiar to disability categories are called ‘plus curricular skills’.

Curriculum is the totality of experience attained by the student in the classroom, playground, laboratory, etc. Curriculum meant for non-disabled children should be followed in the education of disabled children without major omissions. In case of MR children, age appropriate need-based functional activities (skills) should be the operational curriculum. Research studies indicate that 80-85 per cent of the general curriculum could be duplicated for disabled children. The rest can also be provided through modified and substituted experiences.

In order to perform well in curricular aspects, disabled children should learn ‘plus curricular’ activities, as the correlation between general and ‘plus curricular’

activities is positive and high. The efficiency in ‘plus curricular’ activities must be emphasized for disabled children and use of devices is one of the important `plus curricular activities'.

It will be helpful to the teacher to know the type of aids and appliances to be used by persons with disabilities for their education and rehabilitation. Some of the aids and appliances for each category of disability are briefly described as follows:

Braille slate: Braille slate is a frame used for visually impaired children for writing Braille. In this system, the child has to punch the dots from right to left with the use of stylus and then the paper is reversed and read by the child

Brailler: Brailler is considered to be a typewriter mostly used by the teacher of visually impaired children to prepare day-to-day text materials for them to study. Due to its cost, it is considered to be difficult to provide Braillers to all visually impaired children in developing countries. However, children of higher classes can be given training in using a Brailler.

Thermoform machine: Thermoform machine is equipment used for getting embossed upward impression of tactile material. A special sheet called thermoform sheet is used for embossing tactile diagrams. This machine is useful and cost-effective for taking less number of copies. However, it becomes expensive to use thermoform machine when more copies of Braille text materials are needed. The thermoform sheet is reusable and, therefore, the used textbooks by visually impaired children can be collected for re-distribution.

Geometry Kits: Mathematics, particularly Geometry, is considered to be difficult for visually impaired children because more abstract information is provided. The Geometry kit specially designed for visually impaired children enables them to understand the geometrical ideas clearly. Therefore, Geometry kits become vital in learning mathematics. In fact, the regular geometric kit can also be adapted by inserting tactile holes for marking the inches, centimetres, etc. However, too much of minute information should be avoided in the tactile material.

Low vision kits: For every totally blind child, there are a number of low vision children. The main problem of low vision children is in making decisions on whether they need print or braille. Therefore, assessment procedures are vital to find out the visual efficiency of low vision children. The low vision assessment kit normally includes materials to assess concepts like visual closure, form constancy, visual background, colour preference, etc.

Taylor frame: Taylor frame is another mathematical device. Visually impaired children use Taylor frame to solve mathematical problems. Though the Taylor frame enables the child to get a full view of what is being done by him, the use of pegs made out of lead seems to be hazardous to the health of the child. Both Abacus and Taylor frame can be used by visually impaired children for solving problems in mathematics. The devices listed above are commonly used by visually impaired children in their educational programmes.

Abacus: Abacus is a device used by visually impaired children for learning mathematics. It is operated through beads. Learning through abacus becomes very effective when the visually impaired child knows how to use mathematics text books and also the mathematical Braille Codes.

Tape recorders: Any audio material that is presented to visually impaired children is found to supplement their learning. Therefore, tape recorders play a vital role in the education of children with disabilities. In fact, visually impaired children like tape recorders and audio-cassettes (talking books) at the time of examination to revise the text quickly. So, visually impaired children must be trained to use tape recorders for their learning.

Technology for Students with Visual Impairment:

Screen Magnification: Screen magnification software is used by people with visual impairments to access information on computer screens. The software enlarges information on the screen by incremental factors (2x zoom magnification, 3x up to 20x zoom magnification). Screen magnification programs run simultaneously with the computer's operating system and applications. Most screen magnification programs have the flexibility to magnify the full screen, parts of the screen, or a magnifying glass view of the area around the cursor or pointer. These programs also allow for inverted colors, enhanced pointer viewing, and tracking options.

Screen Readers: Screen reading software reads aloud everything on computer screens, including text, pull-down menus, icons, dialog boxes, and web pages. Screen readers run simultaneously with the computer's operating system and applications.

Scan/Read Systems: Scan/read systems combine software and a flatbed scanner to read aloud any printed text. Textbook pages, class handouts, and tests can be scanned in and then read aloud by a computer.

Portable Note-takers: Lightweight, portable note-takers provide speech output without a visual display and can be connected to printers and computers for printing and uploading text. Braille keyboards and refreshable Braille displays are available for Braille users. A QWERTY keyboard version is available for people who prefer touch-typing.

Video Magnifiers: Video magnifiers utilize closed circuit television technology to enlarge written materials and small objects for people with low vision. All printed material from textbook pages to mail can be magnified onto the CCTV for easier viewing.

Digital Book Readers: Software playback systems are full-featured software packages designed to play RFB&D's Audio Plus CD books on a desktop or laptop computer. They are specially designed with the blind and visually impaired community in mind.

v. Child with Hearing Impairment:

"Persons with Hearing Impairments are those who have hearing loss in one or both ears due to impairment in the auditory mechanism. The hearing loss is a continuum ranging from mild to severe and profound loss. Deaf persons on this continuum are those whose auditory channel fails to serve as a means of processing speech." **(Buch M. B. 1988-92)**[44] There are hearing impaired persons on this continuum who's auditory channel in viable at some level of amplification for processing speech. Hearing impairment can be congenital or acquired at any stage of life.

As defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 "Hearing Impairment means loss of sixty decibels or more in the better ear in the conventional range of frequencies." **(Sing, J. P. 2003)**[45]

There are numerous definitions pertaining to hearing impairment. There are two categories of hearing impairment: deaf and hard of hearing. The various professionals define the two categories differently. Those who maintain physiological viewpoint are interested primarily in the measurable degree of hearing loss. Children who cannot hear sounds at or above a certain intensity level are classified as deaf; others are considered hard of hearing. Hearing sensitivity is measured in decibels (unit of relating loudness of sounds). Zero decibels (0 db) designate the point at which people with normal hearing can detect the faintest sound. Each succeeding number of

decibels indicates a certain degree of hearing loss. Davis (1970) defines normal hearing as being between 0 to 25 dB loss. The hard of hearing extends up to 93 dB loss, after which a person is considered deaf.

The term deafness refers to a sensing deficiency that prevents a person from receiving the stimulus of a sound in all or most of its forms and as a condition in which perceivable sounds (including speech) have no deaf is not able to use his hearing to understand speech, although he may perceive source sounds. Even with a hearing aid, the hearing loss is too great to allow a deaf person to understand speech through the ears alive. A deaf person has a profound hearing impairment and is dependent on vision for language and communication even with the use of amplification systems.

A person who is hard of hearing has a significant hearing loss that makes some special adaptations necessary.

As Berg (1986) points out, it is possible for hard of hearing child to respond to speech and other auditing stimuli. The hard of hearing child's speech and language skills, though they may by delayed or deficient are developed mainly through the auditory channel. Hard of hearing children are able to use their hearing to understand speech, generally with the help of a hearing aid Both deaf and hard of hearing children are said to be hearing impaired.

Degrees of Hearing Impairment:

An individual's hearing impairment is usually described by the terms slight, mild, moderate, severe and profound depending upon the average hearing level.

1. Slight Loss: They range between 27 to 40 dB. They may have difficulty in school situations.
2. Mild Loss: They range between 41 to 55 dB. They understand conversational speech with little difficulty but miss much of discussion that goes on in the classroom particularly if several children are speaking at one go, or if they cannot see the teacher clearly. They are benefited by a hearing aid and receive occasional speech and language assistance from a speech-language pathologist
3. Moderate Loss: Children with moderate hearing impairment range between 55 to 70 dB. They can understand loud conversation only. They require hearing aid to hear clearly. They have increased difficulty with school group discussion. They may have limited vocabulary.

4. Sense Loss: They range between 70 to 90 dB. They can hear sound if they are very loud and one foot or less away from ear. They may be able to identify environmental sounds. Their speech and language may be impaired.
5. Profound Loss: They range between 91 dB and more. They cannot hear conversation speech at all. They rely on vision rather than hearing as primary channel of communication. They need residential school and use sigh language as a principal means of communication.

Causes of Hearing Impairment:

Causes may be exogenous or endogenous. Exogenous causes stem from factors outside the body such as disease/toxicity or injury and reduce the auditory system's ability to receive and transmit sounds. Endogenous hearing impairments are inherited from the parents' genes. There are several causes of hearing impairments which have been identified. These causes are:

1. Maternal Rubella: Rubella or German measles has been shown to cause deafness, visual impairment and several other serious disabilities.
2. Heredity: Other cause of deafness is genetic factors. There is strong evidence that congenital hearing impairment runs in source families. 90 per cent of the deaf children are born to hearing parents but it has also been found that high percentage of deaf children have relatives who are hearing impaired.
3. Prematurity or Complications: Premature birth or complications during the birth of a baby increase the risk of deafness and other disabling conditions.
4. Meningitis: The leading cause of adventitious hearing impairment is meningitis. lt is bacterial or viral infection that can destroy the sensitive acoustic apparatus of the inner ear. Brown (1986) has reported that children whose deafness is caused by meningitis generally have profound hearing loss.
5. Otitis: It is another cause of hearing impairment in which there is infection or inflammation of the middle air. If not treated Otitis media can result in a build up fluid and a ruptured eardrum, causing permanent hearing impairment.

Characteristics:

Following are the behavioral and psychological characteristics of children with hearing impairment:

i) The ability to learn and speak is the most severely affected area of development in hearing impaired.

ii) The deaf and normal children have equal intellectual ability (Furth 1961).

iii) Hearing impaired children are frequently handicapped in varying degrees with regard to educational achievement. Their reading ability is affected. Furth (1973) claims that only a small percentage of deaf children can comprehend language enough to read a college level text book.

iv) Hearing impaired children have social and personality characteristics different from the normal. As socialization depends on usage of language, they are poor in this aspect. They have severe emotional disturbances due to marital, social and vocational problems.

v) Their academic achievement in school subjects is inferior to the normal.

Assistive Devices for Students with Hearing, Voice, Speech, or Language Disorders:

The terms *assistive device* or *assistive technology* can refer to any device that helps a person with hearing loss or a voice, speech, or language disorder to communicate. These terms often refer to devices that help a person to hear and understand what is being said more clearly or to express thoughts more easily. With the development of digital and wireless technologies, more and more devices are becoming available to help people with hearing, voice, speech, and language disorders communicate more meaningfully and participate more fully in their daily lives.

- **Assistive listening devices (ALDs)** help amplify the sounds you want to hear, especially where there's a lot of background noise. ALDs can be used with a hearing aid or cochlear implant to help a wearer hear certain sounds better.
- **Augmentative and alternative communication (AAC) devices** help people with communication disorders to express themselves. These devices can range from a simple picture board to a computer program that synthesizes speech from text.

- **Alerting devices** connect to a doorbell, telephone, or alarm that emits a loud sound or blinking light to let someone with hearing loss know that an event is taking place.

Hearing loop (or induction loop) systems use electromagnetic energy to transmit sound. A hearing loop system involves four parts:

- A sound source, such as a public address system, microphone, or home TV or telephone
- An amplifier
- A thin loop of wire that encircles a room or branches out beneath carpeting
- A receiver worn in the ears or as a headset

FM systems use radio signals to transmit amplified sounds. They are often used in classrooms, where the instructor wears a small microphone connected to a transmitter and the student wears the receiver, which is tuned to a specific frequency, or channel. People who have a telecoil inside their hearing aid or cochlear implant may also wear a wire around the neck (called a neck-loop) or behind their aid or implant (called a silhouette inductor) to convert the signal into magnetic signals that can be picked up directly by the telecoil. FM systems can transmit signals up to 300 feet and are able to be used in many public places. However, because radio signals are able to penetrate walls, listeners in one room may need to listen to a different channel than those in another room to avoid receiving mixed signals. Personal FM systems operate in the same way as larger scale systems and can be used to help people with hearing loss to follow one-on-one conversations.

Infrared systems use infrared light to transmit sound. A transmitter converts sound into a light signal and beams it to a receiver that is worn by a listener. The receiver decodes the infrared signal back to sound. As with FM systems, people whose hearing aids or cochlear implants have a telecoil may also wear a neckloop or silhouette inductor to convert the infrared signal into a magnetic signal, which can be picked up through their telecoil. Unlike induction loop or FM systems, the infrared signal cannot pass through walls, making it particularly useful in courtrooms, where confidential information is often discussed, and in buildings where competing signals can be a problem, such as classrooms or movie theaters. However, infrared systems cannot be used in environments with too many competing light sources, such as outdoors or in strongly lit rooms.

Personal amplifiers are useful in places in which the above systems are unavailable or when watching TV, being outdoors, or traveling in a car. About the size of a cell phone, these devices increase sound levels and reduce background noise for a listener. Some have directional microphones that can be angled toward a speaker or other source of sound. As with other ALDs, the amplified sound can be picked up by a receiver that the listener is wearing, either as a headset or as ear buds.

vi. Adolescence:

"Adolescence is the period of transition from childhood to adulthood. It is often described at the period of storms and stresses." **(Dandekar W. N. 1981)**[46] It is the crucial stage between the age of thirteen and nineteen years when the young person acquires the physical maturity of an adult, but suffers from impulsiveness and instability of emotions.

Thus fourteen year old Sheela and fifteen year old Rahul are fast growing up and they are feeling it. Therefore they desire to be accepted as adults. But their elders point at Rahall's impulsiveness and Sheila's emotionality and they defer from handing over adult responsibilities to them. This clash is the spark that bursts into the conflagration of adult-youth hostility so characteristic of the period of adolescence.

But adolescence need not be a period of bitter struggles. Much bitterness is caused by parents and teachers who fail to understand the adolescent. Therefore let us now study this period. We shall consider it in two phases; early adolescence extending from thirteen to sixteen years and nineteen years. In studying each phase, we shall see the physical, mental, emotional and social changes and developments.

A period of Storm and Stress:

All the various characteristics mentioned above give rise to tensions. The adolescent is subjected to a number of fears and worries. Sometimes he becomes moody. He tries to oppose the views of the parents. But he is not always successful. He is thus facing a stormy situation. Hence this period is known as a period of storm and stress.

Much of the conflicts and the stress of this period can be prevented, if parents and teachers really try to understand the adolescent before they set out to change him. The increasingly critical attitude and strong group loyalties may seem to be signs of oncoming troubles for the parents and the teacher. But it is for us to realize that these developments are ultimately for the benefit of the individual. The critical attitude will

prevent him from being a sponge to all suggestions. Participation in group life helps to develop valuable Qualities of confidence, leadership, cooperation and perseverance. Great tact is however, required to handle the situations and it is here that we fail miserably.

Parent-Child Relationships in Adolescence period:

Grayson Holmbeck and his colleagues, also writing in Handbook of Parenting, noted that the amount of warmth and responsiveness in the relationship between parent and child continues to be important in predicting positive outcomes during the adolescent years and even into the adult years. Warm and responsive relationships between adolescents and parents are associated with a variety of positive outcomes, including self-esteem, identity formation, and socially accepted behavior, better parent-adolescent communication, less depression and anxiety, and fewer behavior problems. The challenge during adolescence is that warm, responsive, and involved relationships must be maintained at a time when the asymmetries in power that characterized earlier parent-child relationships are shifting to more equality.

Studies have concluded that the level of positive nurturing in the relationship between parents and their children is important to predicting positive outcomes throughout a child' developmental years. The shift to more equality is driven by the adolescent's more sophisticated social cognitive skills and broader contacts with the environment outside the family. The transition to adolescence involves biological, cognitive, social cognitive, emotional, and self-definitional, peer relationship, and school context changes for the adolescent. Cognitive changes may result in more confrontations between parents and adolescents, as adolescents increasingly begin to question and debate parental rules and expectations. Andrew Collins and Brett Laursen have noted that although parent-child conflict typically increases during adolescence, the conflict can serve as an important signal to parents that parenting behaviors need to be modified in response to the changing developmental needs of their children. Thus, parent-adolescent conflict can serve an adaptive function, as conflict can be an impetus to change. Conflicts that occur in the context of generally warm, supportive family relationships may be more likely to help an adolescent's development progress.

1.7 OBJECTIVES OF THE STUDY:

The main objectives of the empirical study is to determine and describe the challenges of built up self concept and self acceptance of strength and weaknesses regarding adolescent students with visual and hearing impairment as well as the impact of parent child relationship on self concept and self acceptance.

The objectives of this study was as follows-

1. To find the correlation between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment.
2. To find the correlation between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.
3. To find the correlation between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment.
4. To find the correlation between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.
5. To study the significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.
6. To study the significant difference in correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.
7. To study the significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.
8. To study the significant difference in correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

1.8 VARIABLES:

There are two variables related to the problem.

Independent Variable: Parent-child relationship

Dependent Variables: Self-concept & Self-acceptance

1.9 ASSUMPTIONS:

The researcher assumes that;

1. If there exists a healthy parent-child relationship, the level of self-concept in adolescent students with visual impairment and hearing impairment will be high. On the other hand, if there is unhealthy parent-child relationship, the self-concept level will be worse.
2. If there exists a healthy parent-child relationship, there will be high level of self-acceptance in adolescent students with visual impairment and hearing impairment. On the other hand, if there is unhealthy parent-child relationship the self-acceptance level will be worse.

1.10 HYPOTHESES:

In the light of the objectives of the present study, the following null hypotheses to be evolved.

H1. There exists no correlation between the parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment.

H2. There exists no correlation between the parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

H3. There exists no correlation between the parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment.

H4. There exists no correlation between the parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

H5. There exists no significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.

H6. There exists no significant difference in correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

H7. There exists no significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.

H8. There exists no significant difference in correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

1.11 SCOPE AND LIMITATIONS OF THE STUDY:

The present study was delimited to the following aspects:

1. The present study was confined to the Vidarbha Region in the State of Maharastra.
2. The present study was confined to adolescent students with visual Impairments only.
3. The present study was confined to adolescent students with hearing impairments only.
4. The present study was confined to investigate the impact of parent-child relationship on the self-concept and self-acceptance of adolescent students with visual and hearing impairments.
5. The present study was confined to only this 10 dimension of parent-child relationship i.e. Protective, Symbolic Punishment, Rejecting, Object Punishment, Demanding, Indifferent, Symbolic Reward, Loving, Object Reward and Neglecting.
6. The present study was confined to only this 6 aspects of Self-Concept i.e. Physical, Social, Temperamental, Educational, Moral, Intellectual.
7. The present study was confined to adolescent students with visual and hearing impairments within a/any educational set-up.
8. The subjects of the present study was confined to the students within the age group of 13 to 19 years i.e. adolescents.
9. For the present study 250 adolescent students with visual impairments and 250 adolescent students with hearing impairments were taken randomly as subjects

of the study, i.e. from different special schools, inclusive schools within the geographical area of Vidarbha region in Maharashtra.

1.12 SIGNIFICANCE AND UTILITY OF THE STUDY:

The present study will help the researcher as well as the educational and rehabilitation personnel working in the field of education and rehabilitation in:

1. Managing the persons with visual and hearing impairments.
2. Planning the educational programmes for adolescent students with visual and hearing impairments.
3. Fostering the educational, vocational and economic rehabilitation of adolescent students with visual and hearing impairments.
4. Enhancing the appropriate parent-child relationship in the academic achievements of the adolescent students with visual and hearing impairments.
5. Promoting the social integration of the adolescent students with visual and hearing impairments.

1.13 SUMMARY:

This chapter serves as an introduction and gives the necessary information regarding the motivation for and background to this study. It finds its focus in the statement of the research problem based on a motivated rationale. An outline is provided of the chapters of the thesis, as well as a clarification of terms as they are applied in the study.

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CHAPTER 2

REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION:

Every piece of ongoing research needs to be connected with the work already done, to attain an overall relevance and purpose. The review of literature thus becomes a link between the research proposed and the studies already done. It tells the reader about aspects that have been already established or concluded by other authors, and also gives a chance to the reader to appreciate the evidence that has already been collected by previous research, and thus projects the current research work in the proper perspective.

A large part of review of literature actually needs to be done even before the research project is formalized. This is essential to make sure that you are not repeating the work that someone has already done earlier. Sometimes, if the research proposed by you has already been undertaken earlier, then it provides you an option of modifying your work by adding a new perspective or altering some of the methods of research to obtain a perspective that will be different from earlier works and thus more valuable. Occasionally, your work may be exact repetition of the work done earlier, but with a different set of data or sources of facts, and purpose of the research may just be seeing if your results are similar to earlier works or otherwise.

A good researcher usually goes through a lot more literature than is actually incorporated in the paper. This is because different literature may have differing relevance for the current project and all of it may not worth reporting in the end, but in the initial phase, when you are looking for all aspects of an issue that could be relevant one would like to extensively explore the literature and see if any relevant findings are already available. Some of the literature reviewed is directly relevant and hence used as a preface to explain the background of work. Then other reports may be relevant from the point of view of the project as they provide some clues to the puzzle by suggesting a hypothesis, which may be the subject matter of your research work. **(http://www.educationspace/index.php/review-of-literature-literature-researchcollege-research-planning-reserch-research-planning)**[1]

The research scholar made every effort to locate the literature to the study from the different library sources. A few references are taken from different sources like Internet and from the library of Department of Special Education, The National

Association for Welfare of the Physically Handicapped (NAWPH), Amravati as well as Sant Gadge Baba Amravati University, Amravati and Government College of Education, Akola.

The researcher has strived to review the researches related to the present study from various traditional and e-sources. Various literatures has been reviewed from the source books available with different libraries and downloaded from related URLs.

2.1.1 Objectives of literature review:

The objectives of literature review in a research project include the following.

- To gain background knowledge of the research topic.
- Find out problems in the area of interest to the researcher that has already been investigated in the past.
- Know what other have found out about the subject and haw they have done so.
- To find out various concepts relating to it and the potential relationship between them.
- To identify potential areas and hypothesis for research.
- To get some support for design of research methodology and techniques of analysis.
- To identify potential sources of information for conducting the detailed research.
- To understand and critically analyze the background research
- To select and source the information that is necessary to develop a context for your research
- To shows how your investigation relates to previous research
- To reveals the contribution that your investigation makes to this field (fills a gap, or builds on existing research, for instance)
- To provides evidence that may help explain your findings later.

2.2 RELATED RESEARCH AND LITERATURE:

The relevant studies of learned scholars, from various sources, which the scholar has come across, are cited below:

2.2.1 Related Research:

1. Kelliher, M. H. (1982)[1] conducted a study on "Self-esteem in deaf students of hearing parents."

This study investigated the self-esteem of the hearing-impaired students of hearing parents. The subjects were tested with the Piers-Harris Children's Self-concept Scale as well as the Twenty Sentences Test. The Self-concept Scale is to determine the overall level of reported Self-esteem of the subjects whereas the latter is to explore the salient components of self-esteem as regarded by the subjects themselves.

The majority of the subjects in different school settings are found to be within an acceptable level of self-esteem. In terms of the components of self-esteem, the most concerned areas are: school life/activities and hobbies/personal preferences; the least concerned areas are: career/future life and health/physical appearance.

2. Lata K., (1983)[2] conducted a study on "Impact of parental attitude on social, emotional and educational adjustment of normal and handicapped students".

This study investigated the impact of attitude of parents towards social, emotional and educational adjustment of normal and handicapped students.

The findings were: 1. The parental attitude did not differ for normal and handicapped student. 2. The attitude of fathers and mothers of normal and handicapped students did not differ significantly for boys and girls. 3. Normal children showed a significant difference from handicapped children in adjustment. 4. Normal boys and handicapped girl showed better emotional adjustment than normal girls and handicapped boys. 5. Normal students did not differ significantly from the handicapped in the field of social adjustment. 6. Normal students differed significantly from the handicapped students in the field of educational adjustment. 7. Parental attitude did not significantly affect the adjustment of normal student. 8. The attitude of parents affected significantly the adjustment of handicapped girls but did not affect the adjustment of handicapped boys.

3. Latha Rani G.K., (1983)[3] conducted a study on "self-concept, self-confidence & self-acceptance in blind & sighted adolescent boys."

The present investigation measured and compared the self-concept, self-confidence & self-acceptance in blind & sighted adolescent boys. They have been treated independently using separate tests.

"t" test was used to find out the significant difference between the blind and sighted boys. Coefficient of correlation using Karl Pearson's formula was adopted to find the inter-correlation between the variables.

Some of the major findings were: 1. There was a significant difference on the self-concept & self-acceptance of the blind & sighted adolescent boys. 2. Unlike in the case of sighted boys, there was a positive correlation between the self-confidence and self-concept in the blind adolescent boys, which shows that a positive self-concept brings forth a high degree of self-confidence.

4. Sharma Geetanjali (1984)[4] conducted a study on "A comparative study on characteristics of learning disabled and non-learning disabled among primary school children.

A modest attempt was made in the present study to examine the personality characteristics of 180 subjects both boys and girls of age 8 to 10 years old with learning disabilities (LD) specifically dyslexia, dysgraphia, dyscalculia from 3^{rd}, 4^{th} & 5^{th} classes belonging to urban & rural primary schools of Andra Pradesh, India with irrespective of their socio economical status, cultural aspect, parents educational background, medium of education, teachers educational qualification and teaching skills. An equal no. of normal children (Non-LD, 180 subjects both boys and girls) with the same age group, IQ level and class were also examine for a comparative study.

The results indicate that, there were significant differences in the personality characteristics of LD & NLD children. Examination of score obtained by LD & NLD on CPQ portrays the LD child as one with problems in social & emotional adjustments. He appears to be more schizothyme, rigid, phlegmatic and pessimistic than the NLD. There was a significant gender effect and dominant than the LD girls. The study points out than the older LD children tend to show more maladaptive behavioral disposition than the younger LD & that there is a significant gender effect among LD children.

5. Kundu R. N., Saniyal N. & Kundu N. (1984)[5] conducted "A comparative study of the visually impaired and sighted persons: Some suggestion for their effective rehabilitation." Blind persons perceive through touch and sound these senses are available to the sighted persons also.

This study aims at comparing the tactual acuity of the blind with that of sighted person. The difference between tactual acuity between visual impaired and sighted males was measured in the present experiment using Aesthesiometric index.

Results based on constant method using seven variables stimulus range with two categories of judgment, demonstrated that the tactual acuity of the visual impaired males significantly differs from the sighted male.

6. Mittal S.R. (1984)[6] conducted a study on "A comparative study: Family set up as perceived by blind and sighted". Family is an integral part of everybody's life. However, different persons view it differently.

This study was conducted to compare the family set up of visually handicapped and sighted subjects as perceived by them. It aimed at investigating various modes of behavior in the family such as rejection, over protection, over indulgence, communication difficulties etc. For this purpose a group of 50 visually handicapped (25 male, 25 female) and a control group of 25 male, 25 female subjects sighted subjects where studied with the help have structured interview schedule.

Result of the study showed statistically significant difference in the family set up of visually handicapped and sighted subjects as perceived by them as well as various modes of behavior in the family such as rejection, over protection, over indulgence, communication difficulties.

7. Mittal S. R., (1985)[7] conducted a study on "A comparative study of blind and sighted adolescents on some personality factors". There are some apparent difference between sighted and blind person is a known fact.

An attempt was made in this paper to study blind adolescent in comparison to the sighted on some personality factors, using Cattles 16 PF test, 1972.

Result of the study showed statistically significant difference in some factors, though no significant difference could be observed in the other factors.

8. Mathur, Abha (1985)[8] conducted a study on "A comparative study of the adjustment problem, level of aspiration, self concept and academic achievement of crippled children and normal children".

The objective of this study was to compare the adjustment problem, level of aspiration, self concept and academic achievement of crippled children and normal children.

The major findings were 1. Crippled children differ significantly from normal children in school adjustment, emotional adjustment and total adjustment. 2. Crippled children differ significantly from normal children in the level of aspiration measured in terms of goal discrepancy score. 3. Crippled children differ significantly from normal children in self-esteem as well as in social-esteem. 4. When academic achievement of crippled children was compassed with that of normal children, no significant difference was found between them. 5. About 20 to 84 percent of the crippled children were found to be facing various educational problems.

9. Bala, M., (1985)[9] conducted a study on "A comparative study of the mental make-up and educational facilities for physically handicapped and normal children" with a target to compare mental make-up and educational facilities.

The researcher found that, 1. Deaf, blind and orthopaedically handicapped children differed significantly from normal children in personality traits and value. 2. Personality common to all physically handicapped children was that they were reserved, stiff, detached, emotionally less stable submissive, serious, with weak super ego, withdrawn, dependent, more shy and apprehensive. 3. The facilities available in the institution for handicapped children were quite inadequate as compared with those provided in the school for normal children.

The study has its implication for all those concerned with education of the handicapped as it brought out the need to apply special methods and techniques for developing personality, values, and adjustment of the handicapped.

10. Gupta M. & Priyavartha Gita, (1986)[10] conducted a study on "A comparative study of the blind and sighted on aggression".

The objective of the investigation to compare the levels of aggression of congenitally, totally blind and sighted adult males with personality trades viz. Violent and non-violent. Two experiment where conducted to study the relationship between

aggression, personality and the situation, using blind and sighted subjects in the sample.

Results obtain in the first experiment clearly indicate that the blind are more aggressive than the sighted group. In the second experiment the main effects of group and trait where not significant, while the situation and shock-math's are significant.

11. Singh T.B. (1987)[11] conducted a study on "a comparative study of development through pre-school years of visually handicapped and sighted children" this study was conducted to ascertain the areas of developmental lag using two groups of pre-school children i.e., 50 visually handicapped and an equal number of sighted children.

The comparison was made in the areas such as cognitive, motor and language development, self help, socialization, temperament and behavior rating by parents and teachers.

Findings demonstrated significant differences between both the groups in the area of cognitive, self-help, and socialization. Other areas where differences were notice were temperament and teacher-rated classroom behavior.

12. Amy R. Lederberg and Caryl E. Mobley (1990)[12] conducted a study on The effect of hearing impairment on the quality of attachment and mother-toddler interaction.

In this study, 41 hearing impaired and 41 hearing toddlers together with their hearing mothers were observed in Ainsworth's Strange Situation and during free play. Both security of attachment and ratings of maternal and toddler behavior during free play were remarkably similar for the hearing impaired and hearing dyads. In addition, security of attachment was related to the ratings of maternal and toddler behavior in a similar way for the hearing impaired and hearing toddlers.

The results suggest that, development of a secure attachment and maintaining a good mother-toddler relationship does not depend on normal language development during the toddler years.

13. James A. Rosenthal and Victor Groze (1990)[13] conducted a study on Special-Needs Adoption: A Study of Intact Families.

Seven hundred ninety-nine parents who adopted children with special needs responded to a mailed questionnaire probing child behavior, parent-child relationship,

school performance, helpfulness of social work and other services, and the impact of the adoption on the family.

The results indicate that, about three-quarters of the parents reported positive impact; most were also positive in their assessments of social work services. Latency-age and adolescent adoptees, but not preschool children, demonstrated substantial behavioral problems. Acting-out, aggressive behavior as contrasted with withdrawn, inhibited behavior was strongly related to the impact of the adoption.

Results are promising for minority children, for less wealthy and less educated adoptive families, and for adoptions by single parents and foster parents.

14. Beaty, L. A. (1991)[14] conducted a study on "The effects of visual impairment on adolescents' self-concept" to investigate the effects of visual impairment on self cocept during adolescence. Visually impaired students of the present study generally reported positively in the area of moral self dimension. Moral self is identified a unique dimension more relevant to Eastern societies.

Results indicate that, students of the present study generally perceived themselves "good discipline", "self-control", "honest" and "sympathetic" which are consistent with findings from the American Culture Connection in 1987. Some students reported affective and altruistic to others. There may be two reasons to that. One reason refers to the students being brought up in a collectivistic society, which is influenced by Confucian concepts. Another reason may be due to students' projection of their self-pity. Because of their felt needs of being helped and loved by others, they may project their inner concerns to other people.

15. Taina Huurre (June 2000)[15] Conducted a study on "Psychological development and social support among adolescent with visual impairment" to compare the psychological development and social support among adolescent with visual impairment and without visual impairment.

The result showed that adolescent with visual impairment did not differ statistically significantly from the control group in self-esteem. However, the self-esteem of girls with visual impairment tended to be lower than that of girls without visual impairment. In addition girls with visual impairment reported statistically significantly lower score of relation with friends ($p<.05$) and less perceived available support from friends than normally sighted girls ($p<.05$). No significant differences

were found in the severity and onset of visual impairment in adolescent with visual impairment.

The result of correlation analysis showed that, for boys and girls with visual impairment, higher score at relations with friends were associated statistically significantly with higher score of self-esteem (boys $p < .01$, girls $p < .001$). In addition there was a trend that higher social class was related to higher self-esteem among girls.

16. Choko, Aphiah Kekeletso (2009)[16] conducted a study on The influence of the parent-child relationship on the self-concept of the Southern Sotho learner.

Those learners, who generally struggle to relate to their teachers and peers, also appear to struggle with their parents. This research study is thus an investigation into the influence of the parent-child relationship on the self-concept of the Southern Sotho child. A literature study was done and the major dimensions of the self-concept were identified, namely, the physical self, the academic self, the social self, the value self, the family self and the psychic self. A questionnaire was developed to measure the self-concept of the child. Another questionnaire was used to measure the parent-child relationship.

The results of the empirical investigation indicated that the parent-child relationship does have an influence on the self-concept of the Southern Sotho child, although certain contradictions to other research findings emerged. Problematic aspects of the research were discussed and recommendations for further research were made.

17. Sharma Neeru, Arora Samridhi, Bharti Shaveta (2012)[17] conducted a study on Relationship of Physically Challenged Institutionalized Children with Parents

A sample of 100 children the age group of 9-12 years was selected from an institute working for physically challenged children in Jammu (J&K). The study was undertaken with the purpose to assess the views of physically challenged children about their relationships with their parents using purposive sampling technique. Data was collected using Parent Child Relationship Scale and Interview Schedule. Results of the study revealed that children perceive their parents as protecting and loving and have positive and healthy relationships with them.

Results: After interviewing children it was revealed that majority of the children (80%) had congenital physical deformities and rest 20% became physically challenged after birth. Seventy percent children received treatment before joining the institution at the age of 9, and others (30%) joined at the age of 10. In general, parents accompanied their children at the time of admission. All children made monthly visits to their respective homes the duration of which depended on the period of vacation. All the children were ambitious - boys wanted to become Doctors they wanted to treat the patients and girls wanted to become teachers. All were of the view that their parents were cooperative and helped them in achieving their aims. The main reason of their institutionalization was low economic status of parents.
Conclusion: It can be concluded that physically challenged children perceive their parents as the most influential persons in their lives and they have positive and healthy relationships with their parents. Children too have faced their disability with great courage and have worked hard at their institution.

18. Wang, Zheng (2013)[18] conducted a study on How parent-child relationship affects adolescents' compulsive buying behavior through the mediator of self-esteem.

Consumer compulsive buying is an important area of inquiry in consumer behavior research. While the previous studies on the relationship between compulsive buying and familial variables have been implied by research in social sciences and mainly about adults, it has not yet been examined fully in the marketing literature. The present study addresses this void by investigating how three parent-child relationship factors (cohesion, expressiveness and conflict) could have both direct and indirect (through the mediator of self-esteem) effects on children's compulsive buying behaviour.

This research investigated the relationship among three major concepts, i.e. parent-child relationship, self-esteem, and adolescents' compulsive buying behavior. The parent-child relationship was measured according to fathers', mothers' and children's responses.

The findings indicated that both parent-child relationship and self-esteem may affect significantly the extent of adolescents' compulsive buying behaviours. Gender, availability of pocket money and involvement in part-time jobs were also found to predict children's compulsive buying behavior in a sample of Canadian adolescents. Both theoretical and practical implications are discussed in the study.

19. Antonio L. Romaguera (2013)[19] conducted approved but unpublished work a study on Parent-Child Relationships in Children with Speech-Language Disabilities

The purpose of this study was to understand how a child's speech-language disability potentially impacts the quality of their parent-child relationship. The theoretical framework used for this study is based on the ABCX Model of Family Stress which suggests that factors that increase parent stress are likely to have a negative impact on parent-child relationships. Parent-child dyads were selected from the Western Reserve Reading Project (WRRP) to form two groups: a) 13 dyads in which the children had a speech-language disability and b) 13 dyads in which the children had typical speech-language skills. Quality of parent-child relationship was compared between these two groups using items from the Parent Feeling Questionnaire (Deater- Deckard, 1996) which measured how parents feel about their relationships with their children.

The results indicate that, the mean differences were statistically evaluated between both groups and between boys and girls with an independent samples t-test. Correlation matrixes were derived to evaluate the influence of parental education level. Results suggested no differences between groups and no influence of parent education level, but suggest that boys elicit more negativity from their mothers as compared to girls.

20. Jones, James E. (2014)[20] conducted a study on Self-concept of parental evaluation of peer relationships in cleft lip and palate children.

This investigation examined the relationship of the self-concept of children with cleft lip and palate to the self-concept of non-cleft children. Fifty cleft lip and palate children between the ages of eight and 18 were individually matched by age, sex and race with 50 non-cleft children. Each child was given the Piers-Harris Children's Self-Concept Scale.

The results indicate that, children with clefts, regardless of sex, reported significantly lower global self-concept than non-cleft subjects ($p < .005$). Further significant differences between cleft and non-cleft subjects were found in five of six cluster scores. These included: behavior ($p < .05$), school status ($p < .05$), popularity ($p < .05$), happiness and satisfaction ($p < .001$), and physical attributes and appearance ($p < .001$). A significant effect ($p < .01$), was found on the popularity score, with cleft males feeling less popular than their non-cleft peers. A significant effect was also

found on the anxiety score, with cleft females reporting significantly more anxiety ($p < .01$) than their non-cleft peers. A questionnaire was completed by the parents of the cleft and non-cleft subjects evaluating their child's relationship with family, peers and progress in school.

In general, parents of both groups reported positive ratings of their child's social interactions. Parents of cleft subjects reported more negative responses than the parents of non-cleft subjects concerning the teasing the child experiences because of his/her facial appearance ($p < .05$) and the effect that the child's facial appearance had on progress in school ($p < .05$).

2.2.2 Related Literature:

1. Trevor R. Parmenter, (1970)[21] conducted a study on Self-concept development of the partially seeing and normal to assess the significant difference of self concept of partially seeing and normally adolescent students.

Self concept inventories were administered to 30 adolescent partially seeing Ss who were educated in a unit attached to a normal High School, and to a similar sample of normal stream pupils matched for age, sex and I.Q.

The results indicate that there are no significant differences in self concept development between the two groups. It is suggested that the opportunities afforded for academic success, together with the feelings of achievement which accrue from integration programme help to develop an adequate self concept in the partially seeing.

2. Bernice M. Swanson, Harry J. Parker (1971)[22] conducted a study on Parent-child relations: A child's acceptance by others, of others, and of self.

A phenomenal approach was employed to assess children's attitudes of acceptance by other family members, acceptance of other family members, and acceptance of self. The sample consisted of 81 Caucasian males, 6 1/2 through 12 years of age; 35 were classified as normal, 35 as learning disordered, and 11 as emotionally disturbed. Children's attitudes of acceptance by and of other family members were measured by the Family Relations Test. Children’s acceptance of self were measured by the sense of personal worth scale, California test of personality.

Findings revealed significant differences in the emotionally disturbed and learning-disordered samples in certain attitude areas. Significant correlations were discovered in certain relationships examined within samples.

3. McLaughlin, Joseph Robert (1975)[23] conducted a study on The self concept of hearing impaired pupils in different educational settings in British Columbia: a preliminary investigation,

The purpose of this study was to investigate the influence of four different educational settings on the self-concept of hearing impaired pupils in British Columbia. The responses of a random sample of fifty-seven hearing impaired students and the responses of twenty-three teachers indicated no statistically significant difference in ranked scores on the Coopersmith Self-Esteem Inventory or the McDaniel Self-Concept Scale using a nonparametric ANOVA at the alpha=.05 level.

However, there was statistical significance in the correlation between the scores from the Coopersmith and McDaniel.

In conclusion, this study shows evidence that there appears to be no statistically significant difference between the development of the self-concept of the deaf and the types of educational setting in which a student spends twelve years or more of his early life.

4. Rosenthal, David M., Chao-Ying J. Peng, McMillan, **James M. (1980)**[24] conducted a study on Relationship of adolescent self-concept to perceptions of parents in single and two-parent Families.

This study investigated the relationship of adolescent self-concept to perceptions of parents in single and two-parent families. The sample consisted of 558 children, 19% from single-parent homes.

Examination of the data indicated that children from single parent families have lower self concepts. There was also a significant relationship between self concept and the adolescents' perceptions of their parents. In addition, perceived love was found to be the best predictor of self concept in adolescents.

5. Edwin L. Harless; Freeman McConnell (1982)[25] conducted a study on Effects of Hearing Aid Use on Self Concept in Older Persons.

The study was designed to determine if self concept as measured in an older group of hearing-impaired individuals who had adjusted successfully to hearing aid

use might be different from that of a similar group who had not yet begun such a rehabilitation process. The Tennessee Self Concept Scale (TSCS), a standardized and multipurpose instrument, was used for appraisal of self concept. In addition, a secondary procedure was the assessment of communicative efficiency by use of a questionnaire relating to various diverse listening situations.

The major finding emerging from the present study showed the hearing aid group higher in overall self concept compared to a similar group who had not begun hearing aid use. This finding suggested that improvement in communicative efficiency, achieved through use of appropriate wearable amplification, may bear some relation to the self image of older hearing-impaired individuals.

6. Loeb, Roger C.; Sarigiani, Pamela (1986)[26] conducted a study on The impact of hearing impairment on self-perceptions of children.

Examined how 64 children with varying degrees of hearing impairment differed from 74 visually impaired children and 112 children with no major sensory impairments. Ss (aged 8–15 yrs) were 132 females and 118 males, and 108 Blacks and 142 Whites. Assessment included the Children's Locus of Control Scale and the Piers-Harris Children's Self Concept Scale (The Way I Feel About Myself).

Hearing-impaired Ss were found to have lower self-esteem and related problems in self-confidence, peer and family relations, and academics. Communication barriers often appeared to be a source of the problems. Sex, race, severity of handicap, and age of onset had a substantial impact.

7. Warren, Charlotte; Hasenstab, Suzanne (1986)[27] conducted a study on Self-concept of severely to profoundly hearing-impaired children.

The researchers studied the combinations of variables relating to demographics, impairment, and parental attitudes best predicting the self-concept of profoundly hearing-impaired children. The self-concept of 58 Ss between the ages of 5 and 11 yrs was assessed with the Picture Game by N. Lambert and E. Bower (1979). Demographic information and information relating to the severity of impairment were assessed. Parental attitudes were assessed with the Maryland Parent Attitude Survey by D. Pumroy (1966).

Parental attitudes were the best predictors of the self-concept of the child, reflecting the importance of the family in aiding the hearing-impaired child.

8. Obiakor F. E., Stile S. W. (1990)[28] conducted a study on The self-concept of visually impaired and normally sighted middle school children.

The researcher compared the self concept visually impaired and normally sighted middle school children

The self-concepts of visually impaired (n = 61) and normally sighted (n = 229) American school children in Grades 6, 7, and 8 were compared. Self-concept was measured with the Student Self-Assessment Inventory (SSAI; Muller, Larned, Leonetti, & Muller, 1984, 1986), which assesses children's self-knowledge, self-ideal, and self-esteem as related to physical maturity, peer relations, academic success, and school adaptiveness.

The results indicate that, visually impaired students scored higher than normally sighted children on 5 of the 12 SSAI subscales, refuting the notion that visually impaired children have poorer self-concepts than normally sighted children.

9. Robert T. Ammerman, Vincent B. Van Hasselt and Michel Hersen (1991)[29] conducted a study on Parent-child problem-solving interactions in families of visually impaired youth**.**

Investigated problem-solving and conflict-resolution strategies an important aspect of family functioning in visually impaired adolescents and their parents. Visually impaired adolescents were compared to adolescents with spina bifida and a control group of adolescents without disabilities. Parent-adolescent dyads participated in a problem-solving discussion of topics reflecting family disagreement. Videotapes of these discussions were rated for patterns of interaction using the Marital Interaction Coding System (MICS-III). Examination of positive and negative reciprocal patterns of interaction using sequential analyses and contrasting frequencies of specific behavioral codes revealed no differences between groups for adolescents, mothers, and fathers on the problem-solving discussion.

Results are discussed in terms of (a) the impact of visual impairment on family functioning and (b) the need to identify those subgroups of visually impaired and their families that may be at heightened risk for maladjustment.

10. Kanagala Uma (2000)[30] conducted a study on “Perception of parental behaviour and its impact on academic achievement of visually impaired” to find out the impact of parental behavior on academic achievement of visually impaired.

The results are interpreted cautiously considering the small size of the sample. However, the general patterns of some of the findings were as expected some were new and can be considered important. Parental attitudes as loving, rejection and protection were considered. The subjects perceived their parents as loving 88.75% and protecting 87.30%. This contradicts the findings of Mittal which indicated that blind males perceived their parents as rejecting them. Parents of children with disabilities tend to be more overprotective than parents of non-disabled children as they are usually more concerned with their children's safety. Mothers were perceived slightly more loving 90.52% and protecting 88.13% than fathers. Mothers of visually impaired children can display appropriate affection. Adolescents tend to link more emotional attributes to mothers and more rigid and formal attributes to fathers.

11. Hammen, Constance; Brennan, Patricia A. (2001)[31] conducted a study on depressed adolescents of depressed and non-depressed mothers: Tests of an interpersonal impairment hypothesis.

Two groups of depressed youngsters were compared. From an interpersonal perspective, it was hypothesized that depressed adolescents of depressed mothers would have significantly more interpersonal dysfunction than depressed youngsters of nondepressed mothers. In a large community sample of youth and their families, 65 depressed offspring of women with histories of a major depressive episode or dysthymia were compared with 45 depressed offspring of never-depressed women.

The result of the study as predicted, after controlling for current symptoms and family social status variables, depressed offspring of depressed mothers displayed significantly more negative interpersonal behaviors and cognitions compared with depressed offspring of nondepressed mothers, but they did not differ on academic performance. Implications concerning mechanisms, course, and consequences of different forms of adolescent depression are presented.

12. Susan van Gurp (2001)[32] conducted a study on Self-Concept of Deaf Secondary School Students in Different Educational Settings

The purpose of this study was to examine the effects of different educational settings on the self-concept of deaf secondary school students. The Self-Description Questionnaire-1 (Marsh, 1986), a multidimensional measure, was linguistically modified and sign language videos were produced for those using sign

communication. In the main study, the participants were deaf secondary students from three school settings: segregated (institutional), congregated (a new facility housing the previously segregated school for the deaf and a hearing secondary school), resource programs (in mainstream schools, providing both special class instruction and opportunities for integration).

Examining dimensions of self-concept, the results identified academic advantages in attending resource programs and social advantages in attending segregated settings. Overall, deaf students who were integrated with hearing students had better self-perceptions of reading ability than those in special classes. Additional analyses with subsamples of deaf students found no significant differences between those using spoken and sign communication in any dimension of self-concept.

13. Taina Maarit Huurre, Erkki Juhani Komulainen, Hillevi Marita Aro (2001)[33] conducted a study on Relationships with parents and friends, self-esteem and depression among adolescents with visual impairments.

Social relationships with parents and friends, depression, and the mediating role of self-esteem between relationships and depression were studied among 115 adolescents with visual impairments attending regular Finnish schools. The control group consisted of normally sighted classmates of visually impaired adolescents (N=607). The data were collected using a self-report questionnaire.

The results showed no significant difference in the prevalence of depression between visually impaired adolescents and the control group. However, there was a trend toward an excessive risk of depression among girls with visual impairments compared to girls without visual impairments. In addition to being male, higher scores of relationships with friends was an important protective factor against depression among adolescents with visual impairments.

The impact of relationships with friends, on depressive symptoms was mediated through self-esteem. Unlike in controls, relationships with parents were not an explanatory factor of depression in adolescents with visual impairments. The mechanisms and processes explaining the various effects of relationships with parents and friends on self-esteem and depression need further investigation through longitudinal studies.

14. Gwen Nagel & Karent Stobbs (August 2003)[34] conducted a study on "A parent perspective on new directions for Blind and Low Vision education services."

Research findings: There were a total of 80 participants in the focus groups. This included 62 mothers over all focus groups, and 18 fathers over 8 focus groups. Included were 9 couples. The children of the participants, presently within the education system ranged age from 19 months to 18 years. In addition, 5 parents had four post-schools young adult children ranging from 21 to 32 years of age. (79 children and young people.) Even families (12 parent participants) had more than one child who was blind or low vision.

It was noted that one learner at primary level is in a total Maori Immersion setting, and a further Maori learner was withdrawn from Kuru Kaupapa, because of a lack of resources and expertise to support his blindness education needs.

15. Nelson, Denise R., Hammen, Brennan, Patricia A., Ullman, Jodie B. (2003)[35] conducted a study on The impact of maternal depression on adolescent adjustment: The role of expressed emotion.

This study evaluated the role of expressed emotion (EE) as a predictor of child symptomatology and functional impairment in a sample of nearly 800 adolescent children of mothers with varying histories of depression or who were nondepressed. Structural equation modeling was used to test the hypothesized associations in half of the sample, and all models were cross-validated on the other half of the study sample.

Results indicated that EE criticism and degree of maternal depression both had independent predictive associations with youths' externalizing symptoms and functional impairment. In addition, high EE criticism served as an intervening variable between maternal depression and child functioning (externalizing symptoms and functional impairment). Results are discussed in terms of the mutual effects of depressed mothers and dysfunctional youths on each other.

16. Sabina Kef and Maja Dekovi (2004)[36] a study conducted on The role of parental and peer support in adolescent's well-being: a comparison of adolescents with and without a visual impairment.

In this study researcher examined the importance of parental and peer support for well-being of adolescents with and without a visual impairment. The sample

included 178 adolescents who are blind or visually impaired and 338 adolescents without visual impairments.

The results indicate that, peer and parental support proved to be important for well-being of both adolescents with a visual impairment and sighted adolescents. Whereas in the group of adolescents with a visual impairment, a positive linear relationship exists between peer support and well-being, in the group of adolescents without an impairment well-being appears not be affected by peer support. Parental support is more strongly related to well-being of adolescents without impairments than of adolescents who are blind or visually impaired.

17. Woon Chia Liu, Chee Keng John Wang (2005)[37] conducted a study on Academic self-concept: A cross-sectional study of grade and gender differences in a Singapore secondary school.

This study aimed to determine whether there is any grade or gender effect on adolescents' academic self-concept in the Singapore context. Specifically, the cross-sectional study was conducted with Secondary 1, 2 and 3 students (N = 656) in a government co-educational school.

The results established a significant main effect according to grade, with Secondary 3 students having significantly lower academic self-concept (scale and subscales) than Secondary 1 and 2 students. In addition, there was a significant main effect for gender, with female students having significantly higher perceived academic effort (academic self-concept subscale) than their male counterparts.

18. Konuk, Erdogan, Atik, Ugur, Simsekyılmaz (2005)[38] conducted a study on "Evaluation of Behavioral and Emotional Problems in Deaf Children by Using the Child Behavior Checklist".

The Results indicate that, the deaf students group showed significantly more internalizing problems than controls. The largest difference was found for the Anxious/Depressed and Somatic Complaints scale. Deaf adolescents aged between 12 and 18 years had significantly higher anxious/depressed and somatic complaints sub scores of CBCL than deaf children aged between 6 and 11 years. Furthermore girls had significantly higher sub scores of Anxious/Depressed and Somatic Complaints than the boys in the deaf group.

The correlation analysis revealed that degree of hearing loss, academic achievement, and teacher-rated communication level were not related to any emotional or behavioral problems.

19. Forney, William Scott; Crutsinger, Christy; Forney, Judith Cardona (2006)[39] conducted a study on Influence of Parent-Child Relationships on the Global Self-Worth and Morality of Juvenile Delinquents.

This study explored the effects of parent-child relationships on the global self-worth and morality of juvenile delinquents. Participants were adjudicated as first-time shoplifting/theft offenders. Factor analyses of three self-esteem scales revealed two reliable parent-child relationship (conduct around parents and interactions with parents) and global self-worth (self-respect and self-acceptance) factors and one reliable morality factor (moral behavior).

Multiple regression analyses revealed a strong positive effect for conduct around parents on self-respect and a strong positive path linking interactions with parents to self-acceptance and moral behavior. Implications for parents, schools, and communities are discussed.

20. Hefziba Lifshitz, Irit Hen, and Izhak Weisse (2006)[40] conducted a study on "Self -concept, adjustment to blindness, and quality of friendship among adolescent with visual impairments." The self-concept and quality of friendship of 40 adolescents with visual impairments (20 in public schools and 20 in a residential school) were compared to those of 41 sighted adolescents.

The findings indicate a similar self-concept profile for sighted adolescents and adolescents with visual impairments, although the scores of the participants with visual impairments were higher in all domains except their fathers' concept of them. The implications of these findings are discussed.

The *t*-test yielded significant differences in the ages of the students with visual impairments (M = 17.38, SD = 1.64) and the sighted students (M = 16.54, SD = .60), ($F[1,79] = 3.09$; $p < .001$), as a result of the need to correlate the groups according to academic level. No gender differences were found between the groups or by visual status.

The academic achievements of the two groups in Hebrew, English, and mathematics were similar ($\chi 2 = .58$; $df = 1$; $p > .05$), with 45% exhibiting a high

academic level (n = 18 in each group) and 55% exhibiting a medium academic level (n = 22 and 23 of those with and without a visual impairment, respectively). No differences were found in relation to visual status.

21. Herbert W. Marsh, Rhonda G. Craven (June 2006)[41] conducted a study on Reciprocal effects of self-concept and performance from a multidimensional perspective: Beyond seductive pleasure and unidimensional perspectives.

To achieve the aim of the study the researchers have claimed that, academic self-concept and achievement are mutually reinforcing, each leading to gains in the other. Self-esteem has no benefits beyond seductive pleasure and may even be detrimental to subsequent performance. Integrating these seemingly contradictory conclusions, they distinguish between (a) older, uni-dimensional perspectives that focus on global self-esteem and underpin the all review and (b) more recent, multidimensional perspectives that focus on specific components of self-concept and are the basis of our claim.

The results indicate that, academic achievement is substantially related to academic self-concept, but nearly unrelated to self-esteem. Consistent with this distinction, research based on our reciprocal-effects model (REM) and a recent meta-analysis show that prior academic self-concept (as opposed to self-esteem) and achievement both have positive effects on subsequent self-concept and achievement.

22. Sally J. Rogers (2006)[42] conducted a study on Characteristics of social interactions between mothers and their disabled infants.

This paper examines interactional characteristics of disabled infants and young children and their mothers. Interactional characteristics of disabled infants and young children differ from those of non-disabled children in several ways: disabled children provide fewer and less readable cues to the mother; they demonstrate less positive effect, more negative effect, and more muted affect; and they have more difficulties synchronizing turn-taking than non-handicapped children. Maternal interactions with disabled children differ from those of mothers with non-disabled children in dimensions involving maternal activity and positive affect.

The researcher suggested that, the social deficits commonly observed in disabled preschoolers and older children may have begun in the altered social interactional patterns observed in infancy. Various intervention strategies are

described which assist parents to achieve more pleasurable, reciprocal, child-centred interactions with their disabled infants.

23. Cecyle K. Perry Carson, Thomas Klee, David K. Carson, Jennifer Jackman-Brown (2007)[43] conducted a study on Self-reported parenting behavior and child temperament in families of toddlers with and without speech-language delay communication disorders

This study examined self-reported parenting behaviors, and child temperament and behavior, based on parental perceptions of 47 toddler's ages 25 to 31 months. Data were obtained via parental reports and direct assessment. Children were identified as having a speech-language delay (SLD, n = 17) or as typically developing (n = 30) based on standardized testing.

The results indicated that parents of toddlers with SLD reported themselves as being significantly less nurturing and more punitive in their discipline than parents of children who were typically developing. Parental accounts also revealed that children with SLD were more detached and under reactive than children without a delay. The implications of these findings are considered with regard to providing intervention to children with early speech-language delay.

24. Samuel O. Salami, A. Oyesoji Aremu (2007)[44] conducted a study on Impact of parent-child relationship on the career development process of high school students in Ibadan, Nigeria

The purpose of this paper was to investigate the relationships of parental attachment and psychological separation to the career development process of secondary school adolescents.

Design/methodology/approach: An ex post facto survey research design was adopted. The sample comprised 242 (males=121, females=121) senior secondary school II students randomly selected. Parental attachment, psychological separation, and career development scales were administered on the students. The data collected were analysed using hierarchical multiple regression analysis treating parental attachment and psychological separation as predictors and career development as a criterion variable.

The result indicate that, Parental attachment and psychological separation (mother scales) separately and significantly predicted career information-seeking

behaviour of participants. However, combined attachment and separation (father scale) could not significantly predict any of the career development variables.

25. Hintermair, M. (2008)[45] conducted a study on Self-esteem and satisfaction with life of deaf and hard-of-hearing people: a resource-oriented approach to identity work.

In the context of the current identity discussions, the interrelations between acculturations, psychological resources, and self-esteem as well as the satisfaction with life of deaf and hard-of-hearing people (N = 629) were examined by means of a questionnaire-based survey. To check these interrelations, one-factor and two-factor analyses of variance were employed.

The results show that bicultural, deaf, and hearing acculturation styles have the advantage over marginal acculturation, but the results for marginal acculturation need to be discussed in depth to ensure a comprehensive understanding of them. All in all, bicultural acculturation seems to be a secure option for psychosocial well-being. The availability of psychological resources (optimism, self-efficacy) seems to be of special importance for the quality of self-esteem and satisfaction with life. On the other hand, the power of these psychological resources is closely associated with good communicative conditions in the individual biographies of the participants in this study as well as with their education level.

26. Majda Schmidt and Branka Cagran (2008)[46] conducted a study on Self-Concept of Students In Inclusive Settings.

The present evaluation case study investigates the self-concept of the students from 7^{th} grade in regular primary school.

The study results indicate that, in comparison to their hearing peers, integrated students with a hearing impairment have a lower academic and social self-concept, as well as a general self-concept but a higher physical self-concept. There are differences among students with a hearing impairment in both the individual dimension and general self-concept.

There are no statistically significant differences between the class with integrated students, on the one hand, and the class without them, on the other; however, there is a noticeable advantage for the students from the class with integrated learners over the other class serving as control group in all three individual dimensions as well as in general self-concept.

27. Melanie Schuetzmann, Hertha Richter-Appelt, Michael Schulte-Markwort, and Benno Graf Schimmelmann (2008)[47] conducted a study on Associations among the perceived parent–child relationship**,** eating behavior, and body weight in preadolescents: Results from a community-based sample.

Objective data on associations between the parent–child relationship, eating behavior, and body weight in a community-based sample of preadolescent children are presented. The aim of their study was to replicate the findings from clinical samples that families of overweight children demonstrate adverse characteristics of the parent-child relationship**.**

Methods: A community-based sample of 373 fourth-grade students was given self-report questionnaires on the perceived parent–child relationship and on eating behavior, and each child's height and weight was measured.

Results: No meaningful associations between children's body weight and the parent–child relationship were apparent. Deviant eating behavior was strongly linked to an adverse parent–child relationship irrespective of children's body weight.

Conclusions: It is suggested that previous findings from clinical samples of overweight children cannot simply be generalized to the population of overweight children and that deviant eating behavior, not overweight it, is linked to an adverse parent–child relationship in preadolescent children.

28. Ray, D. C. (2008)[48] conducted a study on Impact of play therapy on parent-child relationship stress at a mental health training setting.

This study investigated the impact of Child-Centered Play Therapy (CCPT)/Non-Directive Play Therapy on parent-child relationship stress using archival data from 202 child clients divided into clinical behavioral groups over 3-74 sessions in a mental health training setting.

Results demonstrated significant differences between pre and post testing on the Parenting Stress Index. CCPT appeared to be especially effective with children identified with clinical externalizing behavioral problems, combined externalizing and internalizing behavioral problems, and children who were not categorized with clinical problem behaviors but whose parents sought counseling services for them. There were also significant differences determined by length of therapy. Results are discussed concerning implications for clinical practice and further research.

29. Sebastian, Burnett S, Blakemore S. J. (Nov 2008)[49] conducted a study on Development of the self-concept during adolescence.

Adolescence is a period of life in which the sense of 'self' changes profoundly. Here, we review recent behavioural and neuro-imaging studies on adolescent development of the self-concept.

These studies have shown that adolescence is an important developmental period for the self and it's supporting neural structures. Recent neuroimaging research has demonstrated that activity in brain regions associated with self-processing, including the medial prefrontal cortex, changes between early adolescence and adulthood.

The study rsults indicate that, neuro-cognitive development might contribute to behavioural phenomena characteristic of adolescence, such as heightened self-consciousness and susceptibility to peer influence. We attempt to integrate this recent neuro-cognitive research on adolescence with findings from developmental and social psychology.

30. Ann K. Andrew (2009)[50] conducted a study on Meeting the needs of young deaf-blind children and their parent.

In this paper the writer looks at the population of 'deaf-blind' children, stressing the individuality of the child and the special problems created, not only in management, but also in diagnosis and assessment. The inherent dangers of inappropriate and hasty judgments which may lead to misinterpretation of the child's attempts to communicate are also discussed.

31. Kira S. Birditt, Laura M. Miller and Karen L. Fingerman, Eva S. Lefkowitz (Jun 2009)[51] conducted a study on Tensions in the Parent and Adult Child Relationship.

Tensions are normative in the parent and adult child relationship, but there is little research on the topics that cause the most tension or whether tensions are associated with overall relationship quality. Adult sons and daughters, aged 22 to 49, and their mothers and fathers (N = 158 families, 474 individuals) reported the intensity of different tension topics and relationship quality (solidarity and ambivalence) with one another. Tensions varied between and within families by generation, gender and age of offspring. In comparison to tensions regarding

individual issues, tensions regarding the relationship were associated with lower affective solidarity and greater ambivalence.

Findings are consistent with the developmental schism hypothesis, which indicates that parent-child tensions are common and are the result of discrepancies in developmental needs which vary by generation, gender, and age.

Results are presented in three sections. In the first section, we summarize the descriptive statistics. In the second and third sections we describe results of two sets of multilevel models examining whether tensions varied by characteristics of families, parents and their adult children, and whether tensions predicted variations in relationship quality.

32. Papadopoulos Konstantinos, Kartasidou Lefkothea, Papakonstantinou Doxa, Koutsoklenis Athanasios, Koustriava Eleni, (2009)[52] conducted a study on Self-esteem of Adults with Visual Impairments.

One hundred and two adults with visual impairments (blind and individuals with low vision) and one hundred and fifty sighted adults took part in study. The group of sighted adults consisted of 56 males and 94 females, aged from 18 to 58 years old (mean= 31.08, SD= 12.87). Of the 102 participants with visual impairment, 63 were either individuals with blindness or severely reduced vision and 39 were individuals with low vision. The age of the visually impaired participants ranged from 18 to 73 years old (mean= 36.39, SD=13.57). The sample consisted of 63 males and 39 females.

Results

The implementation of T-test, revealed that there is statistically significant differences ($t= -2.249$, $df= 250$, $p<0.05$) amongst the sighted participants and participants with visual impairments. However, the application of ANOVA (LSD post-hoc test) revealed that only the adults with low vision show a lower score on the self-esteem scale ($p<0.05$) compared with the sighted adults. Moreover, there are no statistically significant differences amongst the blind or severely visually impaired participants and participants with low vision as well as sighted participants.

In addition, a multiple regression analysis implemented, using the variables visual status, gender, age, age at loss of sight, ability of independent movement, educational level and employment status to predict self-esteem. The analysis yielded an adjusted R^2 of 0.118 ($F=2.588$, $p<0.05$). Significant individual predictors of self-

esteem were the age at loss of sight (β= -0.201, p<0.05) and the educational level (β= 0.255, p<0.05).

The findings of this study reveal statistically significant differences with regards to the self-esteem amongst sighted adults and adults with low vision. Adults with low vision have less self-esteem when compared to sighted adults.

33. Ronald E. Bulanda, Majumdar Debarun (2009)[53] conducted a study on Perceived Parent–Child Relations and Adolescent Self-Esteem.

Researcher used data drawn from the National Longitudinal Study of Adolescent Health to assess the independent and interactive correlations of maternal and paternal parenting with adolescent self-esteem. Specifically, ordinary least squares regression was used to provide estimates for a large, culturally diverse sample of married, biological parent-families with adolescent children.

Results indicate that, adolescent reports of mothers' and fathers' physical availability, involvement, and quality of relations are each independently associated with adolescent self-esteem. In addition, statistically significant interactions indicated the positive associations of one parent's involvement and high quality relations with self-esteem grow stronger in the presence of high involvement and relationship quality of the second parent. Study highlights the need to assess the independent and interactive associations parents have with the well-being of their children.

34. Jayne Bowen (2010)[54] conducted a study on Visual impairment and its impact on self-esteem.

The aims of the study were to investigate self-esteem levels amongst a sample group of 60 children with Visual Impairment (VI). The group was made up of equal numbers of boys and girls from primary and secondary schools. Each child's self-esteem was measured using the BG STEEM Questionnaire (Maines and Robinson, 1993).

The results showed that, overall 70 per cent of the children scored within the 'normal' or 'high' levels of self-esteem. Overall scores in self-esteem were similar at both primary and secondary level. Girls displayed higher levels of self-esteem than boys at both primary and secondary level, although this difference was more pronounced at secondary level.

The results also suggested that, the degree of visual impairment may be a factor in determining self-esteem. Primary school children appear much more likely than secondary school children to score positively for locus of control and at secondary level boys are more likely than girls to display an internal locus of control.

35. Adsul R. K. (2011)[55] conducted a study on Self concept of high and low achieving adolescents.

Present study was undertaken to measure the self concept of high and low achiever secondary school students in Sangli district. For that purpose 400 students of Xth class were selected randomly from different schools of Sangli District.of Maharashtra these 400Ss, 50%were boys and 50% were girls. Thus male female ratio was 1:1 and age range was 14 to 16years. Rajkumar Saraswat's questionnaire used for measuring self concept of Ss.

Results revealed that, there is no significant difference between high & low achievers on self-concepts namely-physical, social, emotional, moral and educational self-concepts. But it is found that there is significant difference in high & low achievers on intellectual self-concept.

Analysis and results: Pearson's product-moment correlations were computed for the total self-concept score with overall adjustment and achievement scores. Correlations were also computed for the six sub self-concept scores with personal adjustment score, social adjustment score, and achievement score.

36. Nasir Rohany, Zamani Zainah Ahmad, Khairudin Rozainee and W.S. Wan Shahrazad (2011)[56] conducted a study on Family Functioning, Self-Esteem, Self-Concept and Cognitive Distortion Among Juvenile Delinquents,

Adolescents' social and psychological problems relating to juvenile delinquents revolve around factors such as personality and cognitive constructs and family dynamics.

The objectives of this study were to ascertain the background characteristics of juvenile delinquents and to determine relationships between family functioning, self-concept, self-esteem and cognitive distortion. Participants were 316 males and females between 12-18 years old from six rehabilitation and correctional centers in Malaysia. A set of questionnaires comprising background characteristics, Family Adaptability and Cohesion Evaluation Scales (FACES III), Rosenberg Self-Esteem

Scale (RSES), Tennessee Self-Concept (TSC) and Cognitive Distortion Scale (CDS) was used to collect data. Data were analyzed using descriptive statistics and Pearson correlation.

Results showed that >30% of the participants had committed violent offences and there were correlations between family functioning, self-concept, self-esteem and cognitive distortions. Family involvement and family counselling are suggested for effective treatment of delinquents and for the prevention of recidivism.

37. Sadaf Khan, Sehar Hassan, Gul Husain, Iram Gul, (2011)[57] conducted a study on Relationship of Parental Acceptance and Rejection with Psychological Wellness in Young Adults.

This study was aimed at examining relationship of parental acceptance and rejection with self -concept, life satisfaction, self-esteem and self-efficacy in young adults.

Methods: In this cross sectional study, 152 individuals, with equal representation of male and female, were included. The mean age of the participants was 25 years with minimum 12 years of education with equal representation of students and professionals. A set of standard instruments comprising of Parental Acceptance Rejection Questionnaire (PARQ), Six Factor Self-Concept Scale, General Self-efficacy scale (GSES) and Satisfaction with Life Scale (SWLS) were administered

Results: Findings of study showed high rates of parental acceptance from both fathers (60%) and (65%) from mothers. Rejection from mother was more strongly associated with poor self-concept (r =-.321; p=.000), low self-efficacy(r = -.267; p=.001) and less satisfaction with life (r= -.197; p=.01). Linear regression analysis supports that parental acceptance and rejection can predict self-concept, self-esteem, general self-efficacy and satisfaction with life among individuals.

Conclusion: Parental acceptance or rejection has significant role in relation to psychological wellness and functioning in young adults.

38. Nicholas A. Gage and Kristin Lierheimer (2012)[58] conducted a study on Exploring Self-Concept for Students with Emotional and/or Behavioral Disorders as They Transition from Elementary to Middle School and High School.

Although significant research has been conducted around assessment and intervention for students with emotional and/or behavioral disorders (EBDs), few

have investigated specifically how students with EBD self-report on their academic and social competence, or self-concept. Using a national longitudinal database, this study explored how students with EBD reported their self-concept in elementary school, how their reported self-concept changed as they transitioned to middle and high school, and, what factors influenced this change. Using latent growth modeling procedures, the study found that students with EBD reported high self-concept across time and that reported self-concept was most impacted by ethnicity (β= -.174) and urban city (β= -.113).

The purpose of this study was to identify how students with EBD reported on their self-concept, how that view changed over time as students transitioned from elementary to middle and high school, and what factors contributed to the inter and intra individual self-concept differences. Of note, based on the mean values in Table 1 are the high levels of academic, social, and overall self-confidence.

The results indicate that, the mean scores are very near the ceiling of the measure (15), indicating that most of the students have very high levels of self-concept and that those levels remain high as the students transition into middle and high school. Although all of the correlations were significant at the $P = 0.05$ level, the significant correlations were not flagged in the matrix for two reasons: (1) significant correlations were not related to the research questions, and (2) the correlation significant values are a function of the sample size.

39. Tiejo van Gent*, Arnold W. Goedhart, Harry E. T. Knoors, P. Michiel Westenberg and Philip D. A. Treffers (February 2012)[59] Conducted a study on Self-concept and Ego Development in Deaf Adolescents: A Comparative Study.

The researcher attempted to compare the self concept and ego development among boys and girls deaf adolescents.

Results: Differences in Self-concept and Ego Development with Hearing Adolescents, as gender and educational level were associated with most SPPA scales in the Dutch norm group boys ($N = 219$) and girls ($N = 380$) with a comparable educational level who were part of the Dutch norm group were selected for the hearing comparison group. We used the means and *SD*s on the SPPA scales of the boys and girls of the comparison group to compute *T*-scores for boys and girls separately (for the boys and girls of the comparison group, the mean *T*-score is 50, *SD* is 10). Means and *SD*s of the *T*-scores on the SPPA scales of the deaf adolescents are presented. One-sample *t*-

tests showed that the mean *T*-scores in our study sample were significantly lower than 50 for Social Acceptance and Close Friendship and significantly higher than 50 for Physical Appearance. It may be noted that the mean score on the three social competence scales (Social Acceptance, Physical Appearance, and Athletic Competence) is 49.9, that is, about the same as the mean of hearing adolescents. The mean *T*-score of Global Self-worth and the remaining competence scales were not different from 50.

40. Theunissen SCPM, Rieffe C, Netten AP, Briaire JJ, Soede W, (2014)[60] presented the paper on Self-Esteem in Hearing-Impaired Children: The Influence of Communication, Education, and Audiological Characteristics.

Objective: Sufficient self-esteem is extremely important for psychosocial functioning. It is hypothesized that hearing-impaired (HI) children have lower levels of self-esteem, because, among other things, they frequently experience lower language and communication skills. Therefore, the aim of this study was to compare HI children's self-esteem across different domains with those of normal hearing (NH) children and to investigate the influence of communication, type of education, and audiological characteristics. Methods: This large (N = 252) retrospective, multicenter study consisted of two age- and gender-matched groups: 123 HI children and 129 NH controls (mean age = 11.8 years). Self-reports were used to measure self-esteem across four domains: perceived social acceptance by peers, perceived parental attention, perceived physical appearance, and global self-esteem.

Results: HI children experienced lower levels of self-esteem regarding peers and parents than NH controls. Particularly HI children who attended special education for the deaf were at risk, even after correcting for their language development and intelligence. Yet, levels of global self-esteem and self-esteem involving physical appearance in HI children equalled those of NH controls. Furthermore, younger age at implantation and longer duration of having cochlear implants (CIs) were related to higher levels of self-esteem.

Conclusion: HI children experience lower levels of self-esteem in the social domains. Yet, due to the heterogeneity of the HI population, there is high variability in levels of self-esteem.

41. Vinaya K C Manchaiah, Peter Molander, Jerker Rönnberg, Gerhard Andersson, Thomas Lunner (2014)[61] conducted a study on The acceptance of hearing disability among adults experiencing hearing difficulties: a cross-sectional study.

Objective of this study developed the Hearing Disability Acceptance Questionnaire (HDAQ) and tested its construct and concurrent validities. Design cross-sectional. Total of 90 participants who were experiencing hearing difficulties were recruited in the UK.

Results**:** The HDAQ has a two-factor structure that explains 75.69% of its variance. The factors identified were activity engagement and avoidance and suppression. The scale showed a sufficient internal consistency (Cronbach's α=0.86). The HDAQ also had acceptable concurrent validity with regard to self-reported hearing disability, self-reported anxiety and depression and readiness to change measures.

Conclusions: Acceptance is likely an important aspect of coping with chronic health conditions. To our knowledge, no previously published and validated scale measures the acceptance of hearing disability; therefore, the HDAQ might be useful in future research. However, the role of acceptance in adjusting to hearing disability must be further investigated.

Project Report:

1. Anna Beth Doyle, Marlene M. Moretti, Simon Fraser, and Mara Brendgen, William Bukowski [62] submitted a report on Technical Report to Division of Childhood and Adolescence to Public Health Agency of Canada on Parent-Child Relationships and Adjustment in Adolescence

The primary focus of this project was to examine developmental changes in parent-child relationships, and their associations with child adjustment between late childhood and mid-adolescence. These questions were addressed using data from two large, nationally representative samples of Canadian children and adolescents. Recommendations for healthy parenting practices and government initiatives are summarized.

Findings were highly consistent across the two data sets. These findings indicated that the period of adolescence presents major developmental challenges but also new opportunities for parent-child relationships and the way these relationships can influence adolescents' developmental adjustment.

From Electronic Library

1. Hedvig Sallay [63] The role of the family in shaping self-concept and cognitive styles in Hungary**.**

The study presented here investigated the perception of different parenting attitudes of adolescents and its impact on self-concept and self-complexity development. I line with theories of nonlinear dynamics and the ecological family system perspective, authoritative, authoritarian, neglecting, and indulgent family systems were defined. Analysis of parenting attitudes in each system revealed well-defined, specific patterns of maternal and paternal parenting. Structural characteristics of the self-concept, as well as self-complexity as possible outcomes of parenting were explored in each family system.

The results proved that authoritative and indulgent families, providing nurture and warmth, contribute positively to the development of different self-components. Authoritarian family system, however, proved to show a less enhancing background for the self-development of youngsters. Self-concept components, as well as self-complexity, were also influenced by the parenting attitudes in indulgent family systems, where restriction was low.

2. Velmurugan K. and Balakrishnan V.[64] conducted a study on self concept of higher secondary students in relation to social adjustment, International Journal of Current Research, ISSN-0975-833X

The study examines the relationship between the social adjustment and self concept of the higher secondary school students. This study correlates certain demographic variables in respect of social adjustment and self concept. Constructed by normative survey method using a random sample of 100 higher secondary students studying in Ariyalur distric was selected. Social adjustment inventory standardized by Rompal (1985) and self-concept inventory standardized by Mohsin (1979).

The results indicate that, the level of social adjustment among the higher secondary school student is high. The level of self concept among the higher secondary school students is unstable. There is negligible correlation among the higher secondary school student social adjustment and self concept.

Unpublished Work:

1. Arul M. J. (1972)[65] conducted A Study of Self Concept Related to Adjustment and Achievement.

The researcher has put his best efforts to find out the role of self concept in personality development and education.

The results indicate that, Self concept, an ignored and neglected area in psychology and education for long, has now been recognised to play a vital role in personality development. It has been established by contemporary researches that the way an individual perceives himself goes to shape his behaviour patterns.

2. Kemp, S. (1993)[66] Conducted a study on "The self-concept of Hong Kong Chinese secondary school students"

The aim of this study was to compare the self concept of boys and girls of Hong Kong Chinese secondary school students.

Findings obtained from the study also revealed that a) correlations among these 7 factors were highly correlated, b) boys' self-concepts were higher in Physical Abilities and Math's than girls' which was partly consistent with Marsh's (1984) study on sex differences, c) Math's and Reading concepts were uncorrelated. d) General School concept should be better separated into two higher order academic facets. When compared the self-concept using the same SDQ model on local hearing secondary students, results indicated that self-concept of hearing-impaired integrators were higher than hearing secondary students in global and specific components, except Reading concept on girls. Integrators with high self-concept scores were better scored in the sociometric measure.

They were more popular in social functions than in academic activities. When comparing the social position between sexes in regular classes, female adolescents were in a less favorable social position than male.

2.3 RESEARCH DIRECTION:

Till this time the research work has been published by various researchers on self-concept, self-confidence, self-esteem and self-acceptance of adolescent with visual & hearing impairment students. Targeted research work has been presented here in brief.

Targeted Research Work 2.3 A

Author & Year	Subjects	Variables	Result	Directions
Trevor R. Parmenter, (1970)[21]	Partially Seeing and normal	Self Concept	There are no significant differences in self concept development between the two groups	On the basis of reviews of the cited research literature the researcher of the present study got the directions and motivated; **1.** That the researcher can use t value for showing significant difference between two correlations. **2.** To reveal correlation between Parent-child relationship and self concept by Product Moment Method the researcher can calculate 'r' value. **3.** "t" test to be calculated to find out the significant difference between the Adolescent with VI & HI.
Bernice M. Swanson, Harry J. Parker (1971)[22]	Normal, learning disordered, and emotionally disturbed	Parent-child relations and acceptance	Significant differences in the emotionally disturbed and learning-disordered samples in certain attitude areas. Significant correlations were discovered in certain relationships.	
Arul M. J. (1972)[65]	Normal Students	Self Concept, Adjustment and Achievement	It has been proved that the way an individual perceives himself goes to shape his behavior patterns	
McLaughlin, Joseph Robert (1975)[23]	Hearing impaired pupils	self concept and types of educational setting	There is no statistically significant difference between the development of the self-concept of the deaf and the types of educational setting.	
Rosenthal, David M., Chao-Ying J. Peng, McMillan, James M. (1980)[24]	Parents in Single and two-Parent Families.	Self-Concept	Significant relationship between self concept and the adolescents' perceptions of their parents	
Kelliher,	Deaf students	Self-esteem	The majority of the	

M. H. (1982)[1]			subjects in different school settings are found to be within an acceptable level of self-esteem	Coefficient of correlation using Karl Pearson's sformula, i.e. conversion of r values in Fisher *z*. **4.** The researcher got the direction to use standardized tools for collection of research data viz. i. Nalini Rao's Parent-child relationship Scale for assesses the relationship between parents (Father & Mother) and Children. ii. R. K. Saraswat's Self-concept questionnaire iii. S. B. Kakkar's Self-acceptance inventory
Lata K., (1983)[2]	Normal and handicapped students	Parental attitude, social, emotional and educational adjustment	The parental attitude did not differ significantly for normal and handicapped boys and girls.	
Latha Rani G.K., (1983)[3]	Blind & sighted adolescent boys	self-concept, self-confidence & self-acceptance	There was a significant difference on the self-concept & self-acceptance of the blind & sighted adolescent boys.	
Warren, Charlotte; Hasenstab, Suzanne (1986)[27]	Severely to profoundly hearing-impaired children	Parental attitudes and Self-concept	Parental attitudes were the best predictors of the self-concept of the child, reflecting the importance of the family in aiding the hearing-impaired child	
Obiakor F. E., Stile, S. W.(1990)[28]	visually impaired and normally sighted middle school children	self-concept	Revealed that visually impaired children have poorer self-concepts than normally sighted children	
Beaty, L. A. (1991)[14]	Adolescents' visually impaired students	Self-concept	Visually impaired students positively in the area of moral self dimension and perceived themselves"good discipline", "self-control", "honest" and "sympathetic"	
Kemp, S. (1993)[66]	Secondary school students	Self-concept	Boys' self-concepts were higher in Physical Abilities and Math's than girls	
Susan van Gurp (2001)[32]	Deaf Secondary School	Self-Concept	Deaf students who were integrated with hearing students had	

	Students		better self-perceptions of reading ability than those in special classes	
Taina Maarit Huurre, Erkki Juhani, Hillevi Marita Aro (2001)[33]	Visually impaired adolescents and the control group	Relationship, self-esteem and depression	No significant difference in the prevalence of depression between visually impaired adolescents and the control group.	
Forney, William Scott; Crutsinger, Christy; Forney, Judith Cardona (2006)[39]	Around parents and interactions with parents	Parent-Child Relationships , Global Self-Worth and Morality	A strong positive effect for conduct around parents on self-respect and a strong positive path linking interactions with parents to self-acceptance and moral behavior.	
Hefziba Lifshitz, Irit Hen, and Izhak Weisse (2006)[40]	Sighted adolescents and adolescents with visual impairments	Self - concept, adjustment to blindness, and quality of friendship	A similar self-concept profile for sighted adolescents and adolescents with VI, although the scores of the participants with VI were higher in all domains except their fathers' concept of them.	
Samuel O. Salami, A. Oyesoji Aremu (2007)[44]	High school students	parent-child relationship & career development	Parental attachment and psychological separation (mother scales) separately and significantly predicted career information-seeking behavior.	
Majda Schmidt and Branka Cagran (2008)[46]	Students In Inclusive Settings	Self-Concept	In comparison to their hearing peers, integrated students with a HI have a lower academic and social self-concept, as well as a general self-concept but a	

			higher physical self-concept.	
Sebastian, Burnett S, Blakemore S. J. (Nov 2008)[49]	Adolescence	self-concept	Adolescence is a period of life in which the sense of 'self' changes profoundly.	
Choko, Aphiah Kekeletso (2009)[16]	Southern Sotho child.	parent-child relationship & self-concept	The parent-child relationship does have an influence on the self-concept of the Southern Sotho child.	
Ronald E. Bulanda, Majumdar Debarun (2009)[53]	Adolescent	Parent–Child Relations and Self-Esteem	Mothers' and fathers' physical availability, involvement, and quality of relations are each independently associated with adolescent self-esteem.	
Jayne Bowen (2010)[54]	children with Visual Impairment	self-esteem	70 per cent of the children scored within the 'normal' or 'high' levels of self-esteem. Overall scores in self-esteem were similar at both primary and secondary level.	
Adsul R. K. (2011)[55]	High and low achieving adolescents.	Self concept	There is no significant difference between high & low achievers on self-concepts. But it is found that there is significant difference in high & low achievers on intellectual self-concept.	
Wang, Zheng (2013)[18]	Adolescents'	parent-child relationship & self-esteem	Both parent-child relationship and self-esteem may affect significantly the extent of adolescents' compulsive buying behaviors.	
Hedvig Sallay,[63]	Family	self-concept and cognitive	Self-concept components, as well	

		styles	as self-complexity, were also influenced by the parenting attitudes	
Velmuruga n K. and Balakrishn an V.[64]	Higher secondary students	self concept & social adjustment	The level of social adjustment is high. The level of self concept is unstable. There is negligible correlation social adjustment and self concept.	

2.4 UNIQUENESS OF THIS STUDY:

With an overview of the above reviews, different research studies reported till date, no researcher has studied on the impact of parent-child relationship. Hence the Research Scholar can claim that this present study "The impact of parent-child relationship on self-concept and self-acceptance of adolescent with visual impairment and hearing impairment (a comparative study)" is unique one to study impact of parent-child relationship on self-concept and self-acceptance of adolescent with visual and hearing impairment are essential ingredients for their academic achievements as well as their social mainstreaming. It was indispensable to study the impact of parent-child relationship on self-concept and self-acceptance, and comparison between adolescent with visual and hearing impairment in respect of impact and also find out the remedial to accelerate their social and educational and vocational rehabilitation.

2.5 SUMMARY:

The review of literature is important to highlight difference in opinions, contradictory findings or evidence, and the different explanations given for their conclusions and differences by different authors. In some cases, an analysis of these factors can help one understand. May facets of a complex issue and at other times, such analysis can lead to a new possibility that can be researched upon in the current project. Thus review of literature is a very important part of one's research.

To summarize, there is hardly any research project which is totally unrelated with research that has already taken place. Usually every individual research project only adds to the plethora of evidence on a particular issue. Unless the existing work, conclusions and controversies are properly brought about, most research work would

not appear relevant, nor will it appear important in the whole framework. Thus, review of literature is a very important aspect of any research both for planning your work as well as to show its relevance and significance.

At the end of any review work you should always take the opportunity to demonstrate the fact that you have understood the subject and have formulated your own ideas on how the subject should progress or what areas might be controversial or warrant further study for other reasons. As ever, always leave the reader with something to think about!

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CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION:

The terms research and scientific method are sometimes used synonymously in educational discussions. Although it is true that the terms have some common elements of meaning, a distinction is helpful.

For the purposes of this discussion, research is considered to be the more formal, systematic, and intensive process of carrying on a scientific method of analysis. Scientific method in problem solving may be an informal application of problem identification, hypothesis formulation, observation, analysis, and conclusion. You could reach a conclusion why your car wouldn't start or why a fire occurred in an unoccupied house by employing a scientific method, but the processes involved probably would not be as structured as those of research. Research is a more systematic activity that is directed toward discovery and the development of an organized body of knowledge.

3.1.1 Concept of Research:

Research comprises "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications." It is used to establish or confirm facts, reaffirm the results of previous work, solve new or existing problems, support theorems, or develop new theories. A research project may also be an expansion on past work in the field. To test the validity of instruments, procedures, or experiments, research may replicate elements of prior projects, or the project as a whole. The primary purposes of basic research (as opposed to applied research) are documentation, discovery, interpretation, or the research and development (R&D) of methods and systems for the advancement of human knowledge. Approaches to research depend on epistemologies, which vary considerably both within and between humanities and sciences. There are several forms of research: scientific, humanities, artistic, economic, social, business, marketing, practitioner research, etc.

According to Best, J. W. **(1992)**[1] Research is the systematic analysis and recording of controlled observation that may lead to the development of generalized

principles and theories resulting in the prediction and possible ultimate control of events.

According to Varma M. **(1965)**[2] "Research is the typical process by which scientific knowledge is advanced in an orderly manner by unitary quanta of sufficient size on the basis of previous knowledge and necessary assumptions regarding the nature of the field."

According to Monroe W. S. Research may be defined as a method of studying problems whose solution are to be derived partly or wholly from facts." **(Khan, Mohd. Sharif. 2004)**[3]

According to Cook P. M. Research is an honest exhaustive intelligent searching for faults and their meaning or implications with reference to a given problem." **(Khan, Mohd. Sharif. 2004)**[4]

According to Redman, l. V. **(1923)**[5] "Research means systematic efforts for gain new knowledge."

3.1.2 Forms of Research:

Scientific research relies on the application of the scientific method, a harnessing of curiosity. This research provides scientific information and theories for the explanation of the nature and the properties of the world. It makes practical applications possible. Scientific research is funded by public authorities, by charitable organizations and by private groups, including many companies. Scientific research can be subdivided into different classifications according to their academic and application disciplines. Scientific research is a widely used criterion for judging the standing of an academic institution, such as business schools, but some argue that such is an inaccurate assessment of the institution, because the quality of research does not tell about the quality of teaching.

Research in the humanities involves different methods such as for example hermeneutics and semiotics, and a different, more relativist epistemology. Humanities scholars usually do not search for the ultimate correct answer to a question, but instead explore the issues and details that surround it. Context is always important, and context can be social, historical, political, cultural or ethnic. An example of research in the humanities is historical research, which is embodied in historical method. Historians use primary sources and other evidence to systematically investigate a topic, and then to write histories in the form of accounts of the past.

Artistic research, also seen as 'practice-based research', can take form when creative works are considered both the research and the object of research itself. It is the debatable body of thought which offers an alternative to purely scientific methods in research in its search for knowledge and truth.

3.2 EDUCATIONAL RESEARCH:

"The term educational research should be reserved for activities designed to discover fact and relationship that will make the educational process more effective." **Mouly (1964)** [6]

"Educational research aims to make contributions towards the solution of problems in the field of education by the scientific philosophical method." **Whiteny F. L. (1946)** [7]

"Research is the challenge that removes the threat of stagnation and decay from all society."

"If we wish wisdom, we must expect science; if we wish an increase in wisdom, we must expect research. Knowing what to do is mans greatest need. In this area of great need, research is still man's ally." **Good, C. V. & Scates, D. E. (1954)** [8]

"Educational research refers to a variety of methods, in which individuals evaluate different aspects of education including: student learning, teaching methods, teacher training, and classroom dynamics". **(http://en.wikipedia.org /wiki/Educational_research)** [9]

Educational researchers have come to the consensus that, educational research must be conducted in a rigorous and systematic way, although what this implies is often debated. There are a variety of disciplines which are each present to some degree in educational research. These include psychology, sociology, anthropology, and philosophy. The overlap in disciplines creates a broad range from which methodology can be drawn. The findings of educational research also need to be interpreted within the context in which they were discovered as they may not be applicable in every time or place.

Gary Anderson has outlined ten characteristics that can be used to further understand what the field of educational research entails:

- Educational research attempts to solve a problem.
- Educational Research involves gathering new data from primary or first-hand sources or using existing data for a new purpose.

- Educational Research is based upon observable experience or empirical evidence.
- Educational Research demands accurate observation and description.
- Educational Research generally employs carefully designed procedures and rigorous analysis.
- Educational Research emphasizes the development of generalizations, principles or theories that will help in understanding, prediction and/or control.
- Educational Research requires expertise-familiarity with the field; competence in methodology; technical skill in collecting and analyzing the data.
- Educational Research attempts to find an objective, unbiased solution to the problem and takes great pains to validate the procedures employed.
- Educational Research is a deliberate and unhurried activity which is directional but often refines the problem or questions as the research progresses.
- Educational Research is carefully recorded and reported to other persons interested in the problem.

3.3 METHODS AND TYPE OF EDUCATIONAL RESEARCH:

According to Best John W. and Kahn James V. **(2000)** [10] any attempt to classify types of educational research poses a difficult problem. The fact that practically every textbook suggests a different system of classification provides convincing evidence that there is no generally accepted scheme.

To systematize a method of presentation, however, some pattern is desirable. At the risk of seeming arbitrary, and with recognition of the danger of oversimplification, we suggest a framework that might clarify understanding of basic principles of research methodology. It should be noted that the system of classification is not important in it, but only has value in making the analysis of research processes more comprehensible.

Actually, all research involves the elements of observation, description, and the analysis of what happens under certain circumstances. A rather simple four-point analysis may be used to classify educational research. Practically all studies fall under one, or a combination, of these types

1. Historical research describes what was. The process involves investigating, recording, analyzing, and interpreting the events of the past for the purpose of

discovering generalizations that are helpful in understanding the past and the present, and to a limited extent, in anticipating the future.

2. Quantitative descriptive research uses quantitative methods to describe what is, describing, recording, analyzing, and interpreting conditions that exist. It involves some type of comparison or contrast and attempts to discover relationships between existing non-manipulated variables. Some form of statistical analysis is used to describe the results of the study.
3. Qualitative descriptive research use non-quantitative methods to describe what is. Qualitative descriptive research uses systematic procedures to discover non-quantifiable relationship between existing variables.
4. Experimental research describes what will be when certain variables are carefully controlled or manipulated. The focus is on variable relationships. As defined here, deliberate manipulation is always a part of the experimental method.

   In the present study, researcher used survey method.

3.4 SURVEY METHOD OF RESEARCH:

"Survey research is often used to assess thoughts, opinions, and feelings. Survey research can be specific and limited, or it can have more global, widespread goals." Today, survey research is used by a variety of different groups. Psychologists and sociologists often use survey research to analyze behaviour, while it is also used to meet the more pragmatic needs of the media, such as, in evaluating political candidates, public health officials, professional organizations, and advertising and marketing directors. A survey consists of a predetermined set of questions that is given to a sample. With a representative sample, that is, one that is representative of the larger population of interest, one can describe the attitudes of the population from which the sample was drawn. Further, one can compare the attitudes of different populations as well as look for changes in attitudes over time.

According to Terry, Page G., & Thomas J. B. **(1977)**[11] "The survey studies means, research or investigation of an educational problem using scientific methods of sampling and carefully planned methods of questions."

The researcher has selected survey method for the present study. The survey method helps to gather data from a relatively large number of cases at a particular time. It is not concerned with characteristics of individuals. It is concerned with the

generalized statistics that result when data are abstracted from a number of individual cases. It is essentially cross sectional.

Survey research is that branch of social, scientific investigation that studies large and small population by selecting and studying sample chosen from the population to discover relative distribution and interrelation of sociological and psychological variables.

3.4.1 Essentiality and Usefulness of the Method Applied:

The researcher conducted the present research with help of standardized tools to gather field information adapting survey method.

1. Survey method is related with present scenario
2. In this method the researcher doesn't have any control on testing of variables.
3. In survey, there is importance to mean of group rather than individual merit
4. In this method various tools and techniques are used for collection of data.
5. In survey there is a description about situation, procedure, views and background
6. Not only aim to test the hypothesis but also get the guidance for good change
7. Data collection can be for one or more groups
8. More data collection can be done in less time

The **usefulness** of research method for present research is as follows:

1. Collection of data with detail and fact-based by which we can describe the present scenario.
2. For justification of used methods, problem of statement and present situation.
3. For evaluation and comparison.

3.5 RESEARCH DESIGN:

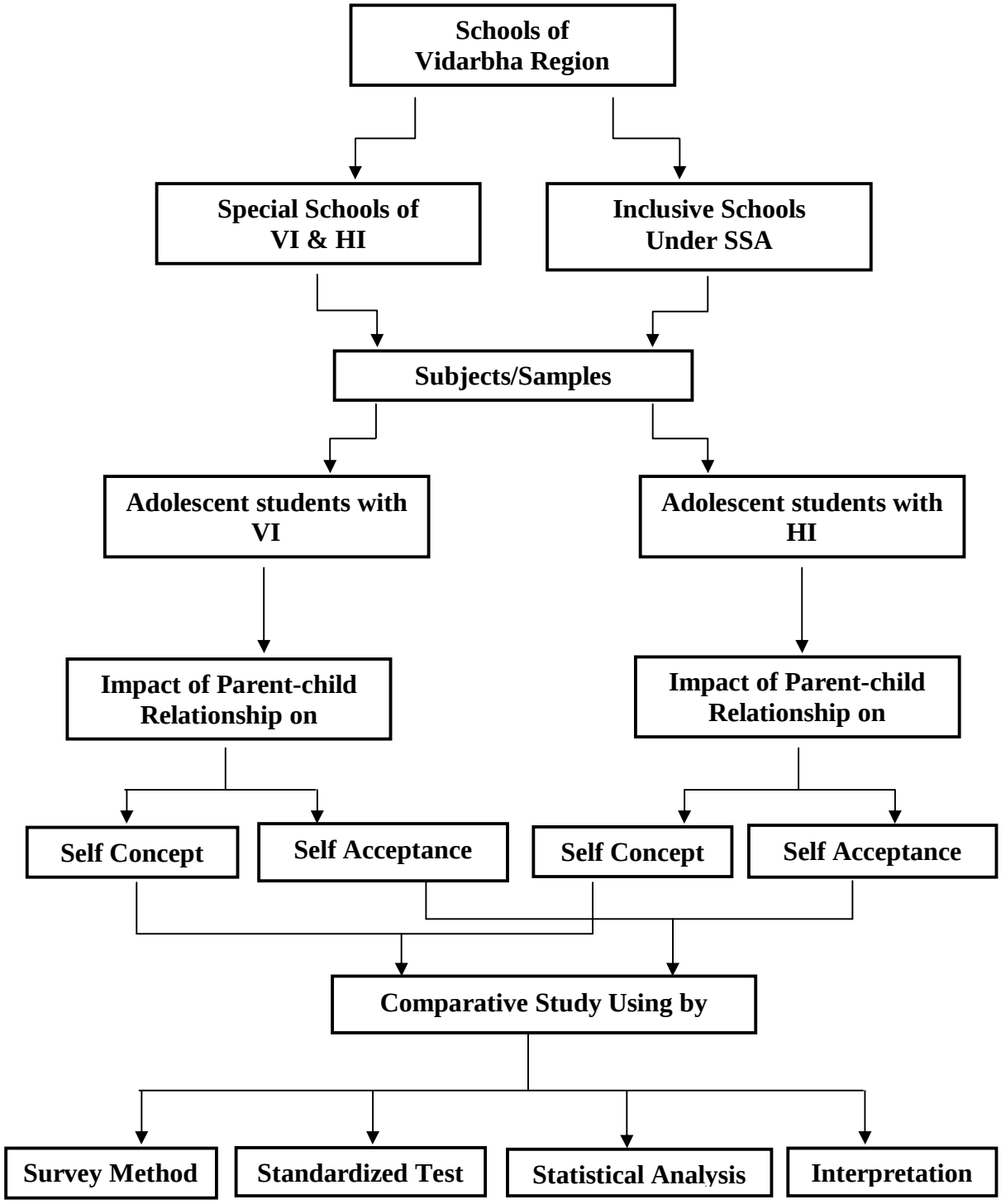
3.5.1 Description of the research design:

"A research design is a systematic plan to study a scientific problem. The design of a study defines the study type (descriptive, correlational, semi-experimental, experimental, review, meta-analytic) and sub-type (e.g., descriptive-longitudinal case study), research question, hypotheses, independent and dependent variables, experimental design, and, if applicable, data collection methods and a statistical analysis plan." **(http://en.wikipedia.org/wiki/Research_design)** [12]

The research was conducted in the following phases, sequenced chronologically:

- Selection of topic based on an identified problem that necessitates research. This was conducted by means of a literature study and an investigation of limited scope within the specific subject discipline of parent child relationship or parental attitude towards their children with impairments.
- Analysis, synthesis and evaluation of literature that led to the refinement of the topic on the basis of background information obtained. This process led to the redefinition of the research question.
- Next, the study was comprehensively planned in terms of research design, methods of data collection and analysis. This included the application for the approval of ethics that accompanied the submission of the research proposal. To support the quantitative and qualitative nature of research design, it was decided to design the questionnaire to translate in regional language along with necessary instructions. The design and composition of the research instruments (questionnaire) were subsequently finalized.
- Pilot study was conducted to determine the suitability and feasibility of the questionnaire and settings of tests.
- Phase 1 data collection involved the distribution of the questionnaire to the adolescent students with visual and hearing impairments in special and inclusive schools. Having prepared the final shape of the tools, contact was established with the head of the institution of selected schools to explain the purpose and significance of the study. The researcher sought permission of the head masters of the target schools for collection of data and the dates and time (during school break and availability of the teacher) were allotted for visit. There upon surveys were conducted at the different schools.
- Phase 2 of the data collection comprised the conducting of two focus group tests. The participants in the respective focus group were adolescent students with visual impairments and hearing impairments. Focus group's tests was conducted in different settings and obtained raw score by tabulating the tools used.
- Processing of raw score was followed by statistical analysis.
- Interpretation of the processed data and conclusion.
- Presentation of the data by means of a research report.

Figure No. 3.5.1.A
Research Design of the Study



VI- Visual Impairment, HI- Hearing Impairment
SSA – Sarva Shiksha Abhiyan.

3.6 POPULATAION:

Successful statistical practice is based on focused problem definition. In sampling, this includes defining the population from which our sample is drawn. A population can be defissssned as including all people or items with the characteristic one wish to understand. Because there is very rarely enough time or money to gather information from everyone or everything in a population, the goal becomes finding a representative sample (or subset) of that population. **(http://en.wikipedia.org/wiki/ Sampling_statistics)** [13]

Although the population of interest often consists of physical objects, sometimes we need to sample over time, space, or some combination of these dimensions. For instance, an investigation of supermarket staffing could examine checkout line length at various times, or a study on endangered penguins might aim to understand their usage of various hunting grounds over time. For the time dimension, the focus may be on periods or discrete occasions.

According to Kothari, C. R. **(2004)**[14] "Population refers to the total items about which information is desired." "By population we mean the aggregate or totally of objects or individuals, regarding which inferences is to be made in a sampling study."

Census 2001 has revealed that over 21 million people in India as suffering from one or the other kind of disability. This is equivalent to 2.1% of the population. Among the total disabled in the country, 12.6 million are males and 9.3 million are females. Although the number of disabled is more in rural and urban areas, such proportion of the disabled by sex in rural and urban areas. Such proportion has been reported between 57-58 percent for males and 42-43 percent females. The disability rate (number of disabled per 100,000 populations) for the country as whole works out to 2130. This is 2,369 in the case of males and 1,874 in the case of females.

Among the five types of disabilities on which data has been collected, disability in seeing at 48.5% emerges as the top category. Others in sequence are: In movement (27.9%), Mental (10.3%), in speech (7.5%), and in hearing (5.8%). The disabled by sex follow a similar pattern except for that the proportion of disabled females is higher in the category in seeing and in hearing.

Across the country, the highest number of disabled has been reported from the state of Uttar Pradesh (3.6 million). Significant numbers of disabled have also been reported from the state like Bihar (1.9 million), West Bengal (1.8million), Tamil Nadu and Maharashtra (1.6 million each). Tamil Nadu is the only state, which has a higher

number of disabled females than males. Among the states, Arunachal Pradesh has the highest proportion of disabled males (66.6%) and lowest proportion of female disabled.

3.6.1 Population of the Present study:

As per the data of Maharashtra Prathamik Shikshan Parishad, Mumbai (SSA), Inclusive Education Programme for CWSN the Population of CWSN in Vidarbha region of State of Maharashtra. There are 11 District in two Division i.e. Amravati Division and Nagpur Division. Students with visual impairment and hearing impairment in Vidarbha Region with District wise as follows.

Chart No. 3.6.1 A

Population of Students with Visual & Hearing Impairment in Vidarbha-2001 (Age between 10 to 20 Years)

Name of District	Visual Impairment	Hearing Impairment	Total
Amravati	1,236	802	2,038
Akola	1,157	916	2,073
Washim	1,092	544	1,636
Yeotmal	1,060	745	1,805
Buldhana	1,430	874	2,304
Nagpur	1,624	908	2,532
Wardha	1,057	604	1,661
Chandrapur	719	126	885
Bhandara	687	145	832
Gondiya	678	204	882
Gadchiroli	719	318	1,037
Total	**11459**	**6186**	**17685**

(Source: www.mpsp.gov.in)[15]

For the present study, out of 11459 adolescent with visual impairment and 6186 adolescent with hearing impairment population in the Vidarbha Region (consisting of 11 Districts viz. Amravati, Akola, Buldhana, Yavatmal, Washim, Nagpur, Wardha, Chandrapur, Bhandara, Gondiya, and Gadchiroli) of Maharashtra, 250 adolescent students with visual impairment and 250 adolescent students with hearing impairment from 55 schools were randomly selected for the study.

3.7 SAMPLING TECHNIQUE:

In statistics, quality assurance, and survey methodology, sampling is concerned with the selection of a subset of individuals from within a statistical population to estimate characteristics of the whole population. Each observation measures one or more properties (such as weight, location, and colour) of observable bodies distinguished as independent objects or individuals. In survey sampling, weights can be applied to the data to adjust for the sample design, particularly stratified sampling. Results from probability theory and statistical theory are employed to guide practice. In business and medical research, sampling is widely used for gathering information about a population. **(http://en.wikipedia.org/wiki/ Sampling _statistics)** [16]

According to Lindquist, E. F. **(1968)**[17], "A sample is any number of the member of population that has been selected to represent the population. It is the part of the population."

If the researcher takes the sample of population as a representative of population in their research it's called use of sample method.

According to Lundberg, G.A. **(1951)** [18] "A small set of individuals or objects selected from population for the forecast of the facts about population is called sample."

3.7.1 Selection of Sample:

In the present study, as was stated clearly in the objectives of this study, the focus is laid on adolescent students with visual impairments and hearing impairment. The participants in this study were therefore students of special as well as mainstream schools.

The populations for the present study i.e. adolescent students with visual impairment and hearing impairment learning in different special schools as well as inclusive schools in the Vidarbha Region of Maharashtra, the researcher was randomly selected 500 subjects i.e. 250 adolescents with visual impairments and 250 adolescent students with hearing impairments for the present study.

Adolescent students mean who are within the age group of 13 to 19 years of age. Students with visual impairments means, those students who have any impairment in visual functioning. Students with visual impairments are those who have significant loss or defect in vision due to impairment in one or both eyes.

Students with hearing impairments are those who have hearing loss in one or both ears due to impairment in the auditory mechanism. Hearing impairments means loss of 60 dB or more in the better ear in the conventional range of frequencies.

As the present research is concerned with the adolescent population with visual and hearing impairments, those who are placed in different special schools, inclusive education set-ups, the researcher selected the subjects from such special schools, and inclusive set-ups in consultation with his esteemed supervisor.

3.8 DATA COLLECTION:

"Data Collection is an important aspect of any type of research study. Inaccurate data collection can impact the results of a study and ultimately lead to invalid results. Data collection methods for impact evaluation vary along a continuum. At the one end of this continuum are quantitative methods and at the other end of the continuum are Qualitative methods for data collection." **(http://www.worldbank.org/ poverty/impact/methods/datacoll.htm)**[19]

Research data may be categorized as primary and secondary data. Primary data are data generated by the researcher using data gathering techniques, some of which will be discussed below. Secondary data are those that have been generated by others and are included in data-sets, case materials, computer or manual databases or published by various private (e.g. Annual Reports of companies) and public organizations or government departments.

3.8.1 Questionnaires and the survey method:

"Questionnaires have, according to (Sharp & Howard 1996), "over the past century, becomes a common method of gathering information." It can be defined as "a pre-formulated written set of questions to which participants record their answers, usually within largely closely defined alternatives" (Sekaran, 1992). In the USA, the term "Survey" is used for this data collection method (Nachmias & Nachmias, 1996). Creswell (1994) informs us that a survey design - through the data collection process of asking questions, provides a quantitative or numeric description of some fraction of the population i.e. a sample which can be in turn generalized to the population from which the sample was drawn."**(http://www.iium.edu.my/iaw/SHPhDHTMLfiles/Chp_ datacollection.htm)** [20]

In general, questionnaires are useful, where the researcher cannot observe the phenomenon directly or is impractical to do so. It allows the researcher to reconstruct the phenomena through the experience and perceptions of the participants who have observed the phenomena. In addition, certain research including the present one, intends to elicit the thoughts and perceptions of people who have certain qualities e.g. education, experience, situation in life etc. who have the knowledge and also the ability to precipitate changes in their environment.

Questionnaires can also be divided into perception and factual questionnaires although this division involves ontological positions which are not acceptable to some academics. Perception questions ask questions concerning the feelings, thought, knowledge and opinion of participants, which are quite subjective. Factual questions ask questions of fact. Even in perception questionnaire, there is usually a 'personal details' section, which is factual.

Questionnaires can also be categorized by the method of delivery i.e. Postal Questionnaire, Personally Administered Questionnaire and telephone and its recent extension - emailed questionnaires. In the researcher's opinion, the main advantages of these methods are structure and timeliness.

Although questionnaires can be both open ended or closed ended, both types provide structure to the process of data collection, the closed ended one being more specific and less prone to verbosity and interpretation than the open ended questionnaire. As compared to participant or process observation, where only general points can be watched for, the questionnaire structures the data and makes it easier for later analysis especially when nominal or ordinal scales are used to capture data. These can be used in computerized statistical analysis, which makes the research more robust and rigorous especially in the light of positivists.

3.9 TOOLS FOR DATA COLLECTION:

To carry out any investigation, data are gathered with which the hypotheses may be tested. The means of collection this new unknown data are called the tools of research. These tools are of many kinds and employ distinctive ways of describing and quantifying the data. The selection of appropriate tools is of vital importance for a successful research. As the data required for the present study was for teachers teaching in primary schools, an attitude scale has been adopted by the investigator as the data gathering instrument. First basic information about the respondents was

collected which formed the basis of comparison. For this purpose personal data sheet was prepared by the researcher.

In every research work, it is essential to collect factual material or data unknown or untapped so far. They can be obtained from many sources, direct or indirect. It is necessary to adopt a systematic procedure to collect essential data. Relevant data, adequate in quantity and quality should be collected. They should be sufficient, reliable and valid. **(http://www.mu.ac.in/ Research_ Methodology)** [21]

For checking new, unknown data required for the study of any problem you may use various devices, instruments, apparatus and appliances. For each and every type of research we need certain instruments to gather new facts or to explore new fields. The instruments thus employed as means for collecting data are called tools.

The selection of suitable instruments or tools is of vital importance for successful research. Different tools are suitable for collecting various kinds of information for various purposes. The researcher may use one or more of the tools in combination for his purpose. Researchers should therefore familiarize themselves with the verities of tools with their nature, merits and limitations. They should also know how to construct and use them effectively. The systematic way and procedure by which a complex or scientific task is accomplished is known as the technique. Techniques are the practical method, skill or art applied to a particulate task. So, as a researcher we should aware of both the tools and techniques of research.

Types of Research Tools:

The major tools of research in education can be classified broadly into the following categories.

A. Inquiry forms

Examples: Questionnaire, Checklist, Score-card, Schedule, Rating Scale, Opinionnaire, Attitude Scale

B. Observation

C. Interview

D. Sociometry

E. Psychological Tests

Examples: Achievement Test, Aptitude Test, Intelligence Test, Interest inventory, Personality measures etc.

Standardized test:

Any test in which the same test is given in the same manner to all test takers is a standardized test. Standardized tests need not be high-stakes tests, time-limited tests, or multiple-choice tests. The opposite of a standardized test is a non-standardized test. Non-standardized testing gives significantly different tests to different test takers, or gives the same test under significantly different conditions (e.g., one group is permitted far less time to complete the test than the next group), or evaluates them differently (e.g., the same answer is counted right for one student, but wrong for another student).

"Standardized tests are perceived as being fairer than non-standardized tests. The consistency also permits more reliable comparison of outcomes across all test takers." **(http://en.wikipedia.org/wiki/Standardized_test)** [22]

The researcher conducted the present research with help of standardized tests tools to gather field information adapting survey method.

3.10 TOOLS USED FOR RESEARCH:

The following major contents found after the review of topic of present study;

1. The impact of parent-child relationship on
2. Self-concept and
3. Self-acceptance
4. Of adolescent students with visual impairment and hearing impairment

From the above contents there are three terms are used i.e. parent-child relationship, self-concept and self-acceptance. Hence, researcher used the three tests for collecting the data from the adolescent students with visual impairment and hearing impairment.

The researcher conducted the tests in different settings and obtained raw score by tabulating the tools (three questionnaires) using tests i.e. Dr. Nalini Rao's Parent-child Relationship Scale (PCRS) and Dr. Raj Kumar Saraswat's Self Concept Questionnaire (SCQ) and Prof. S.B. Kakkar's Self-Acceptance Inventory (KSAI).

3.10.1 Parent-Child Relationship Scale:

Nalini Rao's Parent-child Relationship Scale (PCRS), **(Rao Nalini 2001)**[23] was administered for collection of data. This tool contains 100 items categorized into 10

dimensions. Each respondent ask to score for both father and mother separately. It is meant for adolescent in the age group 13 to 19 years.

Introduction:

In tracing the development or the evolution of the organism from one state to another such as the infancy, childhood, adolescence and so on, as synonyms sometimes with socialization, Freud focuses his attention on many developments concepts such as libido, infantile sexuality, oedipus or castration complexes as restated to and developed out of the relationship with the family. Difference between one family and another then comes to be viewed as a major source of variation from individual to individual in the aspects of personality and social-psychological development of children.

The psycho-analytic thought has been putting increasing emphasis on the importance of social pressures on the developmental process. The stress has been shifted from Freud's instinctual factors to environmental, as social determinants of behavior. The neo-freudian thinkers (7, 10, 13, 30) have recognized this shift in the understanding of child socialization and indicated the implications of familial and parental antecedent variables as of invaluable contribution the the study of human development, Empirical researches (3, 5, 16, 20, 26, 32) have also strongly substantiated this view.

The two basic principles underlying a study of parental factors are:

(1) That the parents act differentially towards their children depending on the sex of the child is common observation ; and

(2) Patterns of socialization differ according to social cultural process factors.

The variables of reward and punishments used extensively in the laboratory studies have been successfully adopted in the process of socialization research and a rich haul of other variables like the 'love-oriented punishment' or 'object-oriented reward' and such combinations of attributes widen the scope of reward and punishment variables in a socially oriented way and involve such objects like :

(i) The strength and extent of mother-daughter/son relationship.

(ii) The strength and extent of father-daughter/son relationship.

(iii) The nature of discipline,

(iv) Amount of permissiveness,

(v) Warmth in parent-child interaction and so on.

This has resulted in the concentrated efforts of studying the relationship between the trainer and the learner, which is a recent contribution of psychodynamic theory of personality development.

A wide range of studies have focused ‘warmth’ as a predominant variable and Sear’s attempts (24) at identifying this factor as ‘concern for the child’ and ‘parent-child harmony’ only reflects the various forms of ‘warmth’ behavior. The difficulty in studying this variables is that the concept varies as the baby grows, as it is evident from the fact that the ‘contact comfort’ which is basic or the preliminary form of warmth in the mother child contact when the child is an infant, invariably manifests itself in various kinds of ego support when the mother-child interaction of a mother with a ten year’ old or still older child is accounted. This means that there is an increased demand on parent responsiveness being recognized and restructured to the changing needs of the child.

There is another set of variables which is difficult to be classified under any one of the two theories of learning and psychodynamics of child development. The dimensions like “permissive versus restrictiveness” or “control versus support” has emerged out as pattern variables, and are extensively used. This is because, the determining factor in an individual’s reaction to his environment is his attitudes and behavior, which depend on his response to “his” perception of his family (29) it is in this context that several researches (4, 11, 17, 18, 22, 25) emphasize, it is inappropriate to elicit information about one’s perception of his family or his parent as a unit; an individual may very well have quite different feelings and attitudes regarding each member of the family and an adolescent’s perceptions of his interaction with his mother and father should be sampled separately (15, 19, 21).

The present scale adapted from the revised Roe-Seigalman Parent-Child Relationship Questionnaire (28) measures characteristic behavior of parents as experienced by their children. The theoretical importance of the child’s perception of the parent’s behavior for understanding socio-psychological personal development has been emphasized by a number of social scientists (2, 6, 8, 24, 30). Their main focus is on the issue that it is the subject who interprets the interaction between himself and his parent who is pertinent and for him, it is own definition of the situation that is significant. It is also ovserved that the parental behavior affects the child’s ego development only to the extent and in the form in which he perceives it (9)

Development of the Scale:

After an extensive survey of available literature and research data in the area, the functional concepts of the ten parent-child relationship dimensions were operationally defined and adapted for quantitative measure through assessable behavioral situations. (for description of the ten dimensions, please see Appendix). A series of formal and informal interviews with children in the age group of 12-18 years and their parents served as critical data in delineating the structure and direction of the item protocol. Roe-Seigalman Parent- Child Relationship questionnaire parent and Student forms (28) were also used as source literature for developing the statements of the scale. Two hundred and thirty statements thus evolved were cross-checked for their clarity, and dimensional and content accuracy by reassigning them on inter-judge evaluation for lack of brevity, overlap, parameter ambiguity and conceptual inadequacy resulted in eighty items being deleted from the original format. One hundred and fifty items with 15 items under each dimension were administered on 544 students in the age group of 12 to 18 studying in standards 7 through 12. Item correlation further structured the scale format to one hundred items evenly distributed over the ten dimensions of the scale.

The data collected from the Parent-child Relationship Scale can be grouped into fairly universal dimensions of Visually Impaired adolescent's experience of family interaction with the two parent factor. The tool contain 100 items categorized into 10 dimensions namely, Protecting, Symbolic punishment, Rejecting, Object punishment, Demanding, Indifferent, Symbolic reward, Loving, Object reward and Neglecting. Items of the Scale are arranged in the same order as the dimension and they rotate in a cycle through the scale. Each respondent score the tool for both Father and Mother separately. Items are common for both the parents except for three items which are different, in the Father and Mother forms due to the nature of variation in paternal and maternal relationship with children.

Respondent are asked to rate statements as to their own perception of their relationship with either father or mother on a five point scale ranging from 'Always' to 'Very rarely' weighted 5, 4, 3, 2 and 1, on the scale points. The scale is scored separately for each of the parent thus every respondent obtained ten scores for 'Father form' and ten for 'Mother form' on the ten dimension of the scale. Each sub scale yields a score found by summing the scores of the ratings on each item of the sub-scale. The scale has been found to be very useful and effective both as product and

presage variable in the analysis of problems involving social, psychological and school factors (1, 12, 14, 17, 31).

Reliability and Validity:

The 100 items parent-Child Relationship Scale was administered to 194 students twice over a period of four to five weeks. The sample consisted of 96 boys and 98 girls in the age group 13 to 16 studying in the secondary schools. All the students answered all the items for both Father and Mother. The test-retest-reliability coefficient ranged from 0.770 to 0.871 for boys sample and 0.772 to 0.873 for the girls sample over the ten sub-scales.

Face validity of the scale was already established at the development stage when items were reassigned to the dimensions by judges to determine whether or not the items met predetermined definition of behavior. Construct validity of the scales was attempted by correlating data from a sample of ninety three secondary school students on the PCR scales with the data obtained on to 0.578 and were found to be significant at .05 level or above. Scores of one hundred and twenty two students from secondary schools on the five scales of Indian Adaptation of CRPBI, namely, Rejection, Acceptance, Positive involvement, Hostile control and lack discipline (23) were correlated with the scores on the PCR scales. All the coefficients of correlation ranging from 0.328 to 0.457 were significant at 0.05 levels or above.

The PCR scales were administered on different language sample groups for establishing concurrent validity of the scales. Hindi and Kannad translations of the PCR scales were administered on a sample of 75 and 78 students in the age group of 13-16 years whose mother- tongue and/or medium of instruction was either Hindi of Kannada. They also answered the scales in English after a lapse of two weeks. The coefficients of correlation on the sets of Hindi-English and English-Kannada concurrent forms of PCR scales are given in table 2. All the correlation values are found to be significant at .01 percent level of confidence. These results provide ample credence to the statistics in reliability and validity of the PCR scales.

The 100 items Parent-child Relationship Scale was administered to 25 adolescent students with visual impairment and 25 adolescent students with hearing impairment within the age group of 13 to 19 studying in special schools and inclusive set-ups. All the students i.e. 25 adolescent students with visual impairment and 25 adolescent students with hearing impairment answered all the items for both Father and Mother. Thus the content and construct validity were established.

APPENDIX

Demanding (DEM):	Expression of authority and claim with imperious command over the child, executed in the exercise of overall control.
Indifferent (IND):	The expression of unconcerned apathetic, passive behavior and functioning without either importance or interest in the child.
Loving (LOV):	Expression of fondness, devoted attachment and amiableness shown to the child.
Neglecting (NEG):	A careless slighting treatment indicated in accustomed omission and deliberate disregard towards the child which might leave the child to devalue himself.
Protecting (PRO):	The defending attitude overtly expressed in the acts of guarding, sheltering and shielding the child from situations or experiences perceived to be hostile, oppressing and harmful.
Rejecting (REJ):	Behavior evident in renouncing the child in aversion. The disposition is indicated in being disdainful and in outright refusal of the child.
Symbolic-Reward (SR) and	Symbolic expression of appreciation for emotional,
Object-Reward (OR):	Psychological security of the child as against physical, tangible, concrete action of warmth. Both indicate parent's acceptance of the child which is a precursor for the child to achieve, aspire and advance.
Symbolic-Punishment (SP) and Object- Punishment(OP):	Symbolic and physical means by which parents show their temporary annoyance with the child.

3.10.2 Self-concept Questionnaire:

R. K. Saraswat's Self-concept Questionnaire (SCQ) - **(Saraswat R. K. 2008)**[24] is used. The tool contains 48 items. Questionnaire measures self-concept in six areas viz. physical, social, temperamental, educational, moral and intellectual of students within the age group of 13 to 19.

Introduction:

Self-concept is a dominant element in personality pattern; therefore, the measurement of self-concept becomes essential. A variety of methods and techniques have been developed to measure self-concept. The problem of measuring the self-concept to a large extent still remains unsolved. The difficulty in conducting research in such an area is that the concept of self is not very well defined and is in a state of flux. There are several terms that are virtually synonymous with self-concept among them are "Self-image", the "Ego", "Self-understanding", "Self-perception" and "Phenomenal Self"

Self-concept has been referred by Lowe (1961) as one's attitude towards self, and by Paderson (1965) as an organized configuration, of perceptions, beliefs, feelings, attitudes and values which the individual views as a part of characteristics of himself. Rogers (1951) defined self-concept as "An organized configuration of perceptions of the self which are admissible to awareness. It is compared of such elements as the perceptions of one's characteristics and abilities, the percepts and concepts of the self in relation to others and to environment, the value qualities which are perceived as associated with experiences and objects, and the goals and ideals which are perceived as having positive or negative valence." Saraswat and Gaur (1981) described self-concept as "The self-concept is the individual's way of looking at himself. It also signifies his way of thinking, feeling and behaving"

Lynche, Norem-Hebeisen and Gergen (1981) have quoted William Fitt's suggestion that attention should be shifted from global measures of the self-concept to configurations of responses across self-concept dimensions. Such configurationally patterns should be mere sensitive to environmental effects.

An examination of various instruments developed to measure self-concept reveals that these measures have not incorporated many important components of self-concept presumed in theory and in observation. These measures do not deal with all aspects of self-concept, but provide narrow and limited information depending upon purpose and interest of investigators.

Adolescence is a period of life with its own peculiar characteristics and problems. Hence for deep penetration into their perceptions their own physical, social, temperamental, educational, As such, an attempt has been made in this questionnaire for eliciting information regarding adolescent's perceptions and characteristics.

Description of Self-Concept Inventory:

The self-concept inventory provides six separate dimensions of self-concept, viz., physical, Social, Intellectual, Moral, Educational and Temperamental Self-concept. It also gives a total self-concept score. The operational definitions of self-concept dimensions measured by this inventory are:

1. **Physical-** individuals' view of their body, health, physical appearance and strength.
2. **Social-** Individual's sense of worth in social interactions.
3. **Temperamental-** Individuals view of their prevailing emotional state or predominance of a particular kind of emotional reaction.
4. **Educational-** individual's view of themselves in relation to school, teachers and extracurricular activities.
5. **Moral-** individuals' estimation of their moral worth; right and wrong activities.
6. **Intellectual-** individuals' awareness of their intelligence and capacity of problem solving and judgments.

   Table 1 indicates item numbers included in different self-concept dimensions.

Chart No. 3.10.2 A

Self-concept Dimensions along with their item Numbers

Self-concept Dimensions	Code No.	Item Numbers
Physical	A	2, 3, 9, 20, 22, 29, 31
Social	B	1, 8, 21, 37, 40, 43, 46, 48
Temperamental	C	4, 10, 14, 16, 19, 23, 24, 28
Educational	D	5, 13, 15, 17, 25, 26, 30, 32
Moral	E	6, 34, 35, 41, 42, 44, 45, 47
Intellectual	F	7, 11, 12, 18, 33, 36, 38, 39

The inventory contains 48 items. Each dimension contains eight items. Each item is provided with five alternatives Responses are obtained on the test booklet itself. There is no time limit but generally 20 minutes have been found sufficient for responding all the items. Instructions for the time of administration of the inventory are also given in the test booklets.

Instructions for Administering the Inventory:

1. Let the students be seated with proper seating arrangement.
2. Before the test starts, let all books and note-books be kept aside or inside the desks.
3. Make sure that the respondent has a pencil or pen.
4. Tell students the purpose of the test.
5. Assure students that the responses obtained on the test will be kept secret.
6. Any doubts raised by the students should be answered frankly.
7. Distribute the test booklet of Self-Concept inventory to the students.
8. Let all the entries of the response booklet be filled in one by one.
9. Read the instructions clearly from the test booklet, while the individuals read silently.
10. Ensure that the instructions have been understood correctly.
11. Invite doubts or queries and clear them before they start responding the items.
12. Supervise the group, i. e. take rounds in the room and make sure that all are responding in a desired way.
13. If someone needs to know the meaning of certain words, he/she should be told. However the responses have to be decided independently by the candidates themselves.
14. Count the test booklets at the end of the testing and be sure that all the test booklets have been returned.

Instructions to Students:

Read the following instructions from the inventory in Marathi of English as the case may be-

“This is a self- concept inventory. There are 48 items in it. Against each item there are five responses. You have to read each item carefully and respond to it by

marking a tick (√) on any one of the five responses given against that item, which you think describe you well.

There is no right or wrong answer. The right answer is only whiat you feel about yourself. Try to give your responses according to what you feel about yourself, with reference to that a statement. Your answers will be kept confidential,"

After the above instructions, administrator should explain the EXAMPLE given on the inventory.

Scoring Method:

The respondent provided with five alternatives to give his responses ranging from most acceptable to least acceptable description of his self-concept. The alternatives or responses are arranged in such a way that the scoring system for all the items will remain the same i, e. 5, 4, 3, 2, 1 whether the items are positive or negative. If the respondent put (√) mark for first alternative the score is 5, for second alternative the score is 4, for third alternative score is 3, for the fourth it is 2 and for the fifth and last alternative the score is one. The summated score of all the forty-eight items provide the total self concept score of an individual. A high score on this inventory indicates a higher self-concept, while a low score shows low self-concept. Transfer the score of each item on the front page against that item. Now odd all the scores of eight items given in that column, this will give you score for that particular dimension of Self-concept.

Chart No. 3.10.2 B

Scoring Chart

Alternative No.	1	2	3	4	5
Score	**5**	**4**	**3**	**2**	**1**

Reliability;

Reliability of the inventory was found by test- retest method, and it was found to be 0.91 for the total self-concept measure. A reliability coefficient of its various dimensions varies from 0.67 to 0.88. The following table shows the test- retest reliability for each dimension.

Chart No. 3.10.2 C

Test-Retest Reliability of the Self-concept Inventory

Code No.	Self-concept Dimension	No. of Items	Reliability Coefficients
A	Physical	8	0.77
B	Social	8	0.83
C	Temperamental	8	0.79
D	Educational	8	0.88
E	Moral	8	0.67
F	Intellectual	8	0.79
	Total Self-Concept	**48**	**0.91**

Validity:

Expert's opinion was obtained to establish the validity of the inventory. 100 items were given to 25 psychologists to classify the items to the category to which it belongs. Items of highest agreement and not less than 80% of agreement were selected. Thus the content and construct validity were established.

Self-concept Questionnaire was administered to 25 adolescent students with visual impairment and 25 adolescent students with hearing impairment within the age group of 13 to 19 studying in special schools and inclusive set-ups. All the students i.e. 25 adolescent students with visual impairment and 25 adolescent students with hearing impairment answered all the items.

Standardization and Norms:

The Self-concept Questionnaire was standardized on 1000 students of 20 Higher Secondary school of Delhi pertaining to Delhi Administration and Central Schools. The students were from IXth and Xth classes ranging from 14 to 18 years of both the sexes.

3.10.3 Self-Acceptance Inventory:

S. B. Kakkar's Self-Acceptance Inventory (KSAI) **(Kakkar, S. B. 2004)**[25] this inventory is used to measure the sense of personal worth and satisfaction with self. It consist 34 items. This tool will be used for the purpose to study the level of self-acceptance among the visually impaired and the hearing impaired adolescent students' age group of 13 to 19.

SA (Self-Acceptance) as measured through this inventory is an assessment of factors such as sense of personal worth and satisfaction with self.

Development of the Inventory:

This 34-item inventory, which is initially adapted from California Psychological Inventory, a very large and comprehensive test covering a total set of 18 facets of personality including self-acceptance and providing wide survey of an individual from social interaction point of view, was pre-tested, redesigned and standardized on groups of graduates, post graduate students and secondary teacher trainees.

Several indices were used in the analysis of the initial test. A simple index of discrimination was provided by dividing 50 secondary teacher trainees into an upper half and a lower half according to scores. The difference between the numbers of trainees in each group answering the questions positively was on index. Further item analysis revealed that there were no items which the upper group failed to give response to or omitted more frequently than the lower group and there were none which the lower goup omitted more frequently than the upper group. The questions were answered equally well by both groups and there were no omissions (misses) by either group on any items.

Test-retest correlation with an interval of two weeks on the same group (N=50) yielded a reliability co-efficient of .86 significant at .01 level.

Validation of the inventory against a criterion measure, a five-point Teacher Quality form for assessing self-acceptance came to .80 significant at .01 levels.

Administration:

It is largely self- administering. Questions are arranged in consumable booklet form where answers are also recorded. It permits “True-false” answers on the test itself. The name and identifying data are filled in the form itself. When the test form has been distributed, subjects are asked to read the directions or the examiner may ready them aloud.

Ease and accuracy of scoring the answers is ensured if subjects encircle the cell under either T (True) or f (False); other marks such as ticks or a single diagonal line, should be discouraged.

Testing time is usually about 10 minutes though a few minutes more may be allowed where necessary. Reading ability and motivation are both factors of importance. A sensible statement to the subject about the aims and purpose of the

testing, and the use to be made of the results is often of help in winning his attention and interest.

Questions about the meaning of a word may be answered by the examiner, while questions requesting explanation of a concept or interpretation of a test item may be dealt with by encouraging the subject to use his own judgment. If an item seems particularly troublesome to a subject, to a subject, he may be asked to leave it bland.

The inventory has been used in research testing with all age groups. It has been tried and standardized on 1265 cases of stratified sample population. With subjects in elementary grades and in early junior high school, some items are apparently difficult. Of these problems, test results are in most cases meaningful and readily interpretable with high school or older subjects. Problems of this type are rarely experienced. No rigorous conditions need to be established in order to achieve valid and useful test results, though the inventory may be given ideally under standard supervised testing conditions. General instructions have been made simple and at the same time complete in order to minimize the verbal assistance required of the test administrator

Scoring:

Hand scoring of the answer sheet is a straight forward clerical task. Scoring key for correct answers is provided in the table 1.

Chart 3.10.3 A: Scoring Key to Correct Answer

Serial No.	Correct Answer	Serial No.	Correct Answer	Serial No.	Correct Answer
1.	F	**13.**	T	**25.**	T
2.	F	**14.**	F	**26.**	F
3.	T	**15.**	T	**27.**	F
4.	F	**16.**	T	**28.**	T
5.	F	**17.**	F	**29.**	F
6.	T	**18.**	F	**30.**	T
7.	F	**19.**	T	**31.**	F
8.	F	**20.**	F	**32.**	F
9.	T	**21.**	F	**33.**	T
10.	T	**22.**	T	**34.**	T
11.	T	**23.**	T		
12.	F	**24**	T		

For one correct answer one score is provided according to key. Scoring through a template is also possible where circles which show through the template are counted and the total entered in the proper cell of the last page is treated as raw score.

Reliability and Validity:

That the test suited the abilities of the sample (N=400 teacher trainees of State's teacher training colleges) became evident from the fact that the frequency distributions very closely approximately the normal curve. The co-efficient of variations (V) showed that the male (19.0) and female (20.9) groups were found equal variable in Self-Acceptance. Again there were no sex differences in the means of SA.

Coefficients of correlation between SA and Teaching skill were .59 (Males 200) .38 (Females 200), .45 (Total 400) – all significant at .01 level.

The forecasting efficiency (k test) for determining teaching skill, was 45% SA, as determined through this test, contributes to the total variance by 25% of the SA, as determined through theis test, contributes to the total variance by 25% Considering several other factors that contribute to teacher skill, the above said prediction value and variance of SA (as measured through this test) are quite significant and considerable.

That there is a substantial degree to which teaching skill is determined by the combined action of Intellectual Efficiency and Self-Acceptance was shown by the R=.87 (males), R=.86 (females).

Test- retest, Split-Half, and Kudar Richardson Reliability. Co-efficient were 0.94, 0.94 and 0.77, all significant at .01 level. Validity co-efficient (Index of reliability) was equally high i.e. .97. The validity of the test determined experimentally by finding correlations between the test and an independent criterion (a rating scale) was 0.79 (males) and 0.86 (females).

Item analysis confirmed that the test items are satisfactory, that they cover a wide talent range, that the item correlations are highly valid and that the test is internally consistent. Item variance upheld the test efficiency by showing that a large majority of the test items have variance approximating the maximum (.20 to .25).

The author, on the basis of the wide use of the test made by him, is of the opinion that the test could be profitably employed by research workers interested in assessing such factors as sense of personal worth, self acceptance and capacity for independent thinking and action. The justification for this ascertains lies in the

inherent aim of the instruments. It provides valid and utilitarian measure of an essential person logical dimension of social personality.

In order to obtain proper response from the selected subjects (adolescent students with visual impairments and hearing impairments), researcher translated the above standardized tools in regional language (Marathi). For this purpose translated copies of said tools were given to experts to get accuracy in translation. Considering the suggestions of the experts, the final tools were changed accordingly prior to starting the pilot study.

3.11 PILOT STUDY:

"A pilot experiment, also called a pilot study, is a small scale preliminary study conducted in order to evaluate feasibility, time, cost, adverse events, and effect size (statistical variability) in an attempt to predict an appropriate sample size and improve upon the study design prior to performance of a full-scale research project. Pilot studies, therefore, may not be appropriate for case studies."

(http://en.wikipedia.org/wiki/Pilot_experiment) [26]

Pilot experiments are frequently carried out before large-scale quantitative research, in an attempt to avoid time and money being wasted on an inadequately designed project. A pilot study is usually carried out on members of the relevant population, but not on those who will form part of the final sample. This is because it may influence the later behaviour of research subjects if they have already been involved in the research.

A pilot experiment/study is often used to test the design of the full-scale experiment which then can be adjusted. It is a potentially valuable insight and should anything be missing in the pilot study it can be added to the full-scale (and more expensive) experiment to improve the chances of a clear outcome.

Definition:

"The term 'pilot studies' refers to mini versions of a full-scale study (also called 'feasibility' studies), as well as the specific pre-testing of a particular research instrument such as a questionnaire or interview schedule."

(http://www.ncbi.nlm.nih.gov/pubmed/12216297) [27]

Pilot studies are a crucial element of a good study design. Conducting a pilot study does not guarantee success in the main study, but it does increase the likelihood of success. Pilot studies fulfill a range of important functions and can provide

valuable insights for other researchers. There is a need for more discussion among researchers of both the process and outcomes of pilot studies.

Importance of Pilot Study:

Pilot study can be used to determine the feasibility of conducting a large scale study. They can inform the investigator on the strength or weakness of the proposed study. They can be used to pretest questionnaire instruments in survey research.

"Pilot studies are also very important to determine the variable reproctibility, measurement error, variability and other metrics that can be used to estimate sample size and to improve your methods. If you have the chance to run a pilot study before your main study, do not waste it!" **(http://vijeshjain.com/importance-of-pilot-study-in-any-research/)** [28]

Aim of the pilot study:

Huysamen (in Strydom, 2000) regards the aim of the pilot study as "…an investigation of the feasibility of the planned project and to bring possible deficiencies in the measurement procedure to the fore".

Due to theoretical and translated origin of the questionnaire used in this study, it was of great importance to perform a pilot study in order to determine the usefulness and feasibility of the questionnaire in terms of the intelligibility/clarity of the terminology, specific focus of each question, relevance and applicability of content, intelligibility of instruction, format of the questionnaire, ease of coding, time required for completion and the strategies envisaged for analysis.

3.11.1 Selection of Sample for Pilot Study:

Total No. of 50 students taking for pilot study out of 25 adolescent students with visual impairment and 25 adolescent students with hearing impairment within the age group of 13 to 19 studying in special schools and inclusive set-ups.

Inclusive schools of Wardha Dist. were included in the pilot study, since schools of Marathi medium were included in the main study. Although certain schools were used in both the main and pilot study, the actual students involved in the pilot study were not included in the main study again.

Three questionnaires were distributed to 25 adolescent students with visual impairments and 25 adolescent students with hearing impairments, which completed them in the presence of the researcher. Afterwards the questionnaires were discussed on the basis of specific criteria. The data collection comprised the conducting of two

focus group tests. The participants in the respective focus group were adolescent students with visual impairments and hearing impairments. Focus group's tests was conducted in different settings and obtained raw score by tabulating the tools used.

3.11.2 Statistical Technique for Pilot Study:

i) Mean:

Formula for Mean

$$M = \frac{\sum x}{n}$$

ii) Standard Deviation:

Standard Deviation calculated by following formula,

$$\sigma = \sqrt{\frac{\sum(x - \overline{x})^2}{N}}$$

Where

σ = the standard deviation

x = each value in the population

Bar *x* = the mean of the values

N = the number of values (the population)

iii) Pearson's Correlation Coefficient

Pearson Product Moment Correlation or PPMC, it shows the linear relationship between two sets of data. Calculated by the following formula,

$$r = \frac{\sum xy}{\sqrt{\sum x^2 \sum y^2}}$$

3.11.3 Statistical Analysis and Interpretation of Pilot Study:

Finally, on the basis of raw score researcher calculated the coefficient of correlation to see the impact of parent child relationship (father form & mother form) on self concept and self acceptance of adolescent students with visual impairments and hearing impairments are as follows:

Calculated the correlation coefficient between:

1. Parent child relationship (father form) and self concept of adolescent students with visual impairment.
2. Parent child relationship (father form) and self acceptance of adolescent students with visual impairment.
3. Parent child relationship (father form) and self concept of adolescent students with hearing impairment.
4. Parent child relationship (father form) and self acceptance of adolescent students with hearing impairment.
5. Parent child relationship (mother form) and self concept of adolescent students with visual impairment.
6. Parent child relationship (mother form) and self acceptance of adolescent students with visual impairment.
7. Parent child relationship (mother form) and self concept of adolescent students with hearing impairments.
8. Parent child relationship (mother form) and self acceptance of adolescent students with hearing impairments.

The results of the pilot study are as follows:

Correlation Coefficient between i) Parent-Child Relationship (Father Form) and Self-Concept

ii)Parent-Child Relationship (Father Form) and Self Acceptance

Subject (Samples) - Adolescent with Visual Impairment

The Values of "r"

Table No. 3.11.3 A

		Self-Concept (Y)							(Y)
Sl. No.	**PCR (X)**	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Accept**
1	**PRO**	0.40	0.11	0.34	0.51	0.23	0.41		0.19
2	**SP**	-0.27	-0.08	-0.43	-0.56	-0.22	-0.45		0.05
3	**REJ**	-0.34	-0.14	-0.50	-0.61	-0.29	-0.52		0.13
4	**OP**	-0.49	-0.18	-0.46	-0.65	-0.27	-0.39		0.09
5	**DEM**	-0.14	-0.10	-0.19	-0.39	-0.03	-0.19		0.17
6	**IND**	-0.33	-0.19	-0.27	-0.26	-0.38	-0.14		-0.03
7	**SR**	0.49	0.35	0.54	0.51	0.37	0.40		-0.20
8	**LOV**	0.34	0.13	0.43	0.54	0.08	0.33		0.01
9	**OR**	0.25	0.26	0.31	0.40	0.18	0.32		-0.28
10	**NEG**	-0.17	-0.01	-0.15	-0.34	-0.24	-0.26		0.14

Observation:

The above result shows that, there is positive correlation between 4 dimensions (i.e. PRO, SR, LOV, OR) of PCR (father form) and all aspects of self concept as well as self acceptance of adolescent children with visual impairment.

On the other hand there is negative correlation between 6 dimension (i.e. SP, REJ, OP, DEM, IND, NEG) of PCR (father form) and all aspects of self concept as well as self acceptance of adolescent children with visual impairment.

Interpretation: (as per Appendix No. 04) It is found that,

1. There is positive correlation between Protective dimension of PCR and all aspects of self concepts as well as self acceptance ranging negligible to legal & reliable i.e. + 0.11 to + 0.51.

2. There is negative correlation between Symbolic Punishment dimension of PCR and all aspects of self-Concepts ranging negligible to legal & reliable i.e. –0.08 to –0.56 but negligible positive (+0.05) correlation between SP and self-acceptance.

3. There is negative correlation between Rejecting dimension of PCR and all aspects of self-Concepts ranging negligible to legal & reliable i.e. –0.14 to –0.61 but negligible positive (+0.13) correlation between REJ and self-acceptance.

4. There is negative correlation between Objective Punishment dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. –0.18 to –0.65 but negligible positive (+0.09) correlation between OP and self-acceptance.

5. There is negative correlation between Demanding dimension of PCR and all aspects of Self-concept ranging negligible to low degree i.e. –0.03 to –0.39 but positive (+0.17) correlation between DEM and self-acceptance.

6. There is negative correlation between Indifferent dimension of PCR and all aspects of Self-concept as well as self acceptance ranging negligible to low degree i.e. -0.03 to -0.38.

7. There is positive correlation between Symbolic Reward dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. +0.35 to +0.54 but low degree negative (-0.20) correlation between SR & self acceptance

8. There is positive correlation between Loving dimension of PCR and all aspects of self Concepts as well as self acceptance ranging negligible to legal & reliable i.e. +0.01 to +0.54.

9. There is positive correlation between Objective Reward dimension of PCR and all aspects of Self concept ranging negligible to legal & reliable i.e. +0.18 to +0.40 but low degree negative (-0.28) correlation between OR & self acceptance.

10. There is negative correlation between Neglecting dimension of PCR and all aspects of Self-concept ranging negligible to low degree i.e. –0.01 to –0.34 but low degree positive (+0.14) correlation between self-acceptance.

Conclusion:

The above result proves that, there is correlation between parent-child relationship (father form) and self concept. When parents gives protection, symbolic reward, express love and give object reward to their adolescent children with visual impairment it helps in developing better self concept in children.

Similarly, when parents give symbolic punishment, show rejection, give object punishment, show demanding, indifferent and neglecting attitude towards their adolescent children with visual impairment, the self concept get worse.

On the other hand, above result proves that, there is no correlation between parent-child relationship (father form) and self acceptance of adolescent children with visual impairment.

Correlation Coefficient between i) Parent-Child Relationship (Father Form) and Self-Concept

ii) Parent-Child Relationship (Father Form) and Self Acceptance

Subject (Samples) - Adolescents with Hearing Impairments

The Values of "r"

Table No. 3.11.3 B

		Self-Concept (Y)							(Y)
Sl. No.	**PCR (X)**	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
1	**PRO**	0.28	0.16	0.43	0.52	0.46	0.33		0.17
2	**SP**	-0.24	-0.08	-0.32	-0.40	-0.14	-0.32		-0.08
3	**REJ**	-0.39	-0.26	-0.51	-0.57	-0.22	-0.36		0.04
4	**OP**	-0.48	-0.20	-0.59	-0.71	-0.27	-0.44		0.19
5	**DEM**	-0.36	-0.16	-0.44	-0.59	-0.28	-0.45		0.03
6	**IND**	-0.30	-0.10	-0.30	-0.31	-0.25	-0.06		0.06
7	**SR**	0.33	0.30	0.44	0.39	0.35	0.45		-0.19
8	**LOV**	0.21	0.07	0.22	0.31	0.07	0.33		-0.29
9	**OR**	0.24	0.28	0.37	0.39	0.23	0.43		-0.25
10	**NEG**	-0.44	-0.06	-0.47	-0.52	-0.30	-0.34		0.17

Observation:

The above result shows that, there is positive correlation between 4 dimensions (i.e. PRO, SR, LOV, OR) of PCR (father form) and all aspects of self concept as well as self acceptance of adolescent children with hearing impairment.

On the other hand there is negative correlation between 6 dimension (i.e. SP, REJ, OP, DEM, IND, NEG) of PCR (father form) and all aspects of self concept as well as self acceptance of adolescent children with hearing impairment.

Interpretation: (as per Appendix No. 04) It is found that,

1. There is positive correlation between Protective dimension of PCR and all aspects of self concepts as well as self acceptance ranging negligible to legal & reliable i.e. +0.16 to +0.52.
2. There is negative correlation between Symbolic Punishment dimension of PCR and all aspects of self Concepts as well as self acceptance ranging negligible to legal & reliable i.e. –0.08 to –0.40.
3. There is negative correlation between Rejecting dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. –0.22 to –0.57 but negligible positive (+0.04) correlation between REJ and self acceptance.
4. There is negative correlation between Objective Punishment dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. –0.17 to –0.59 but negligible positive (+0.19) correlation between OP and self acceptance.
5. There is negative correlation between Demanding dimension of PCR and all aspects of Self concept ranging negligible to legal & reliable i.e. –0.16 to –0.59 but negligible positive (+0.03) correlation between DEM and self acceptance.
6. There is negative correlation between Indifferent dimension of PCR and all aspects of Self concept ranging negligible to low degree i.e. –0.06 to –0.31 but negligible positive correlation between IND and self acceptance.
7. There is positive correlation between Symbolic Reward dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. +0.30 to +0.45 but negligible negative (-0.19) correlation between SR and self acceptance.
8. There is positive correlation between Loving dimension of PCR and all aspects of self Concepts ranging negligible to low degree i.e. +0.07 to +0.33 as but low degree negative (-0.29) correlation between LOV and self acceptance.
9. There is positive correlation between Objective Reward dimension of PCR and all aspects of Self concept ranging negligible to legal & reliable i.e. +0.23 to +0.43 but low degree negative (-0.25) correlation between OR and self acceptance.
10. There is negative correlation between Neglecting dimension of PCR and all aspects of Self concept ranging negligible to legal & reliable i.e. –0.06 to –0.52 but negligible positive (+0.17) correlation between self acceptance.

Conclusion:

The above result proves that, there is correlation between parent-child relationship (father form) and self concept. When parents gives protection, symbolic reward, express love and give object reward to their adolescent children with hearing impairment it helps in developing better self concept in children.

Similarly, when parents give symbolic punishment, show rejection, give object punishment, show demanding, indifferent and neglecting attitude towards their adolescent children with hearing impairment, the self concept get worse.

On the other hand, above result proves that, there is no correlation between parent-child relationship (father form) and self acceptance of adolescent children with hearing impairment.

Correlation Coefficient between i) Parent-Child Relationship (Mother Form) and Self-Concept

ii) Parent-Child Relationship (Mother Form) and Self Acceptance.

Subject (Samples) - Adolescents with Visual Impairment

The Values of "r"

Table No. 3.11.3 C

		Self-Concept (Y)							(Y)
Sl. No.	**PCR (X)**	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
1	**PRO**	0.24	0.04	0.36	0.46	0.07	0.23		0.10
2	**SP**	-0.36	-0.17	-0.46	-0.63	-0.30	-0.46		0.13
3	**REJ**	-0.35	-0.13	-0.49	-0.62	-0.29	-0.46		0.09
4	**OP**	-0.39	-0.22	-0.48	-0.65	-0.22	-0.35		0.18
5	**DEM**	-0.14	-0.09	-0.20	-0.35	-0.10	-0.18		0.10
6	**IND**	-0.35	-0.28	-0.39	-0.30	-0.47	-0.06		-0.15
7	**SR**	0.40	0.26	0.45	0.45	0.26	0.33		-0.27
8	**LOV**	0.46	0.27	0.49	0.61	0.17	0.38		-0.01
9	**OR**	0.22	0.26	0.27	0.38	0.10	0.31		-0.27
10	**NEG**	-0.10	-0.07	-0.16	-0.31	-0.16	-0.17		0.17

Observation:

The above result shows that, there is positive correlation between 4 dimensions (i.e. PRO, SR, LOV, OR) of PCR (mother form) and all aspects of self concept as well as self acceptance of adolescent children with visual impairment.

On the other hand there is negative correlation between 6 dimension (i.e. SP, REJ, OP, DEM, IND, NEG) of PCR (mother form) and all aspects of self concept as well as self acceptance of adolescent children with visual impairment.

Interpretation: (as per Appendix No. 04) It is found that,

1. There is positive correlation between Protective dimension of PCR and all aspects of self concepts as well as self acceptance ranging negligible to legal & reliable i.e. +0.04 to +0.46.
2. There is negative correlation between Symbolic Punishment dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. –0.17 to –0.63 but negligible positive (+0.13) correlation between SP and self acceptance.
3. There is negative correlation between Rejecting dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. –0.13 to –0.62 but negligible positive (+0.09) correlation between REJ & self acceptance.
4. There is negative correlation between Objective Punishment dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. –0.22 to –0.65 but negligible positive (+0.18) correlation between self acceptance.
5. There is negative correlation between Demanding dimension of PCR and all aspects of Self concept ranging negligible to low degree i.e. –0.09 to –0.35 but negligible positive (+0.10) correlation between DEM & self acceptance.
6. There is negative correlation between Indifferent dimension of PCR and all aspects of Self concept as well as self acceptance ranging negligible to legal & reliable i.e. –0.06 to –0.47.
7. There is positive correlation between Symbolic Reward dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. +0.26 to +0.45 but low degree negative (-0.27) correlation between SR & self acceptance.
8. There is positive correlation between Loving dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. +0.17 to +0.61 but negligible negative (-0.01) correlation between LOV & self acceptance.

9. There is positive correlation between Objective Reward dimension of PCR and all aspects of Self concept ranging negligible to legal & reliable i.e. +0.06 to +0.47 but low degree negative (-0.27) correlation between OR & self acceptance.
10. There is negative correlation between Neglecting dimension of PCR and all aspects of Self concept ranging negligible to low degree i.e. –0.07 to –0.31 but negligible positive (+0.17) correlation between NEG & self acceptance.

Conclusion:

The above result proves that, there is correlation between parent-child relationship (mother form) and self concept. When parents gives protection, symbolic reward, express love and give object reward to their adolescent children with visual impairment it helps in developing better self concept in children.

Similarly, when parents give symbolic punishment, show rejection, give object punishment, show demanding, indifferent and neglecting attitude towards their adolescent children with visual impairment, the self concept get worse.

On the other hand, above result proves that, there is no correlation between parent-child relationship (mother form) and self acceptance of adolescent children with visual impairment.

Correlation Coefficient between i) Parent-Child Relationship (Mother Form) and Self-Concept

ii) Parent-Child Relationship (Mother Form) and Self Acceptance

Subject (Samples) - Adolescents with Hearing Impairments

The Values of "r"

Table No. 3.11.3 D

		Self-Concept (Y)							(Y)
Sl. No.	**PCR (X)**	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
1	**PRO**	0.39	0.11	0.36	0.51	0.22	0.44		-0.11
2	**SP**	-0.30	-0.07	-0.42	-0.54	-0.23	-0.42		0.16
3	**REJ**	-0.36	-0.12	-0.45	-0.59	-0.24	-0.47		0.11
4	**OP**	-0.46	-0.14	-0.48	-0.66	-0.28	-0.45		0.17
5	**DEM**	-0.14	-0.06	-0.20	-0.40	-0.03	-0.24		0.14
6	**IND**	-0.40	-0.20	-0.38	-0.42	-0.32	-0.18		0.04
7	**SR**	0.45	0.30	0.53	0.50	0.32	0.38		-0.30
8	**LOV**	0.39	0.17	0.40	0.46	0.16	0.27		-0.25
9	**OR**	0.22	0.26	0.37	0.35	0.22	0.39		-0.26
10	**NEG**	-0.10	-0.02	-0.22	-0.35	-0.27	-0.25		-0.02

Observation:

The above result shows that, there is positive correlation between 4 dimensions (i.e. PRO, SR, LOV, OR) of PCR (mother form) and all aspects of self concept as well as self acceptance of adolescent children with hearing impairment.

On the other hand there is negative correlation between 6 dimension (i.e. SP, REJ, OP, DEM, IND, NEG) of PCR (mother form) and all aspects of self concept as well as self acceptance of adolescent children with hearing impairment.

Interpretation: (as per Appendix No. 04) It is found that,

1. There is positive correlation between Protective dimension of PCR and all aspects of self concepts ranging negligible to legal & reliable i.e. +0.11 to +0.51 but negligible negative (-0.11) correlation between PRO & self acceptance.

2. There is negative correlation between Symbolic Punishment dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. –0.07 to –0.54 but negligible positive (+0.16) correlation between SP & self acceptance.
3. There is negative correlation between Rejecting dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. –0.12 to –0.59 but negligible positive (+0.11) correlation between REJ & self acceptance.
4. There is negative correlation between Objective Punishment dimension of PCR and all aspects of self Concepts ranging negligible to legal & reliable i.e. –0.14 to –0.66 but negligible positive (+0.17) correlation between OP & self acceptance.
5. There is negative correlation between Demanding dimension of PCR and all aspects of Self concept ranging negligible to legal & reliable i.e. –0.03 to –0.40 but negligible positive (+0.14) correlation between DEM & self acceptance.
6. There is negative correlation between Indifferent dimension of PCR and all aspects of Self concept ranging negligible to legal & reliable i.e. –0.20 to –0.42 but negligible positive (+0.04) correlation between IND & self acceptance.
7. There is positive correlation between Symbolic Reward dimension of PCR and all aspects of self-concepts ranging negligible to legal & reliable i.e. +0.30 to +0.53 but low degree negative (-0.30) correlation between SR & self-acceptance.
8. There is positive correlation between Loving dimension of PCR and all aspects of self-concepts ranging negligible to legal & reliable i.e. +0.16 to +0.46 but low degree negative (-0.25) correlation between LOV & self-acceptance.
9. There is positive correlation between Objective Reward dimension of PCR and all aspects of Self-concept ranging negligible to low degree i.e. +0.22 to +0.39 but low degree negative (-0.26) correlation between OR & self acceptance.
10. There is negative correlation between Neglecting dimension of PCR and all aspects of Self concept as well as self acceptance ranging negligible to low degree i.e. –0.02 to –0.35.

Conclusion:

The above result proves that, there is correlation between parent-child relationship (mother form) and self concept. When parents gives protection, symbolic reward, express love and give object reward to their adolescent children with hearing impairment it helps in developing better self concept in children.

Similarly, when parents give symbolic punishment, show rejection, give object punishment, show demanding, indifferent and neglecting attitude towards their adolescent children with hearing impairment, the self concept get worse.

On the other hand, above result proves that, there is no correlation between parent-child relationship (mother form) and self acceptance of adolescent children with hearing impairment.

3.11.4 Difficulties and Modification:

i. Pilot study was conducted to finalize the research tools.
ii. On the basis of the pilot study, the researcher felt the essentiality of a scribe for every student with visual impairment.
iii. Similarly, there must be an interpreter while getting responses from the students with hearing impairment.

3.11.5 Direction from Pilot Study:

Pilot study helps the researcher to work further in a proper direction. It is found that the strategy, methodology and the tools used for the present research are selected are appropriate. Hence, the researcher obtained a positive direction and motivated for the detailed further study.

3.12 DATA COLLECTION PROCEDURE FOR PRESENT STUDY:

- The principal of the schools involved, as well as the teachers of the tertiary institution were contacted telephonically beforehand to explain the rationale and importance of the study. Permission was also obtained to visit the school for the completion of the questionnaire.
- These telephone calls were followed by a letter explaining the finer detail of the study and thanking the principal/teachers for their cooperation.
- Contact was maintained with the school in order to solve any practical problems that might occur.
- Questionnaires were personally distributed to the students at school on the agreed date and time.
- The questionnaires were completed in the presence of the researcher.
- The questionnaires were encoded and tabulated the data for statistical processing.

- The data of present study was collected from 250 adolescent students with visual impairments and 250 adolescent students with hearing impairments, selected at random basis from existing special schools and inclusive setup for the students with visual impairments and hearing impairments of Vidarbha region in the State of Maharashtra.

3.13 DATA ANALYSIS AND INTERPRETATION PROCEDURE:

The procedure involved the analysis of the collected data:

All data as collected on the questionnaire, coded in the appropriate column for statistical processing. Processing was done by the researcher, used the statistical software (Microsoft Office Excel 2007) for calculated the correlation coefficient and calculated the "t" value to find Significance of the Difference between two correlations (r's) by manually.

The correlation coefficient was used to determine whether there was any correlation ($+^{ve}$ or $-^{ve}$) between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment. Similarly, determine whether there was any correlation (+ve or -ve) between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

The correlation coefficient was used to determine whether there was any correlation (+ve or -ve) between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment. Similarly, determine whether there was any correlation (+ve or -ve) between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

The t-test was used to determine whether there were significant of the difference between two correlations i.e. parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing impairment.

Similarly, determine whether there were significant of the difference between two correlations i.e. parent-child relationship (father form) and self acceptance of adolescent students with visual impairment as well as hearing impairment.

On the other hand, to determine whether there were significance of the difference between two correlations i.e. parent-child relationship (mother form) and

self-concept of adolescent students with visual impairment as well as hearing impairment. Similarly, determine whether there were significant of the difference between two correlations i.e. parent-child relationship (mother form) and self acceptance of adolescent students with visual impairment as well as hearing impairment.

3.14 SUMMARY

This chapter describes the methodology that was used to determine there was any correlation between parent child relationship (father form & mother form) and self concept of adolescent students with visual impairments as well as hearing impairment.

To determine there was any correlation between parent child relationship (father form & mother form) and self acceptance of adolescent students with visual impairments as well as hearing impairment.

The objectives for realizing the aim were specified, while detailed descriptions were provided of the main study, subject selections and material and tools. Comprehensive descriptions have been included of all the three questionnaires and research design, as well as the pilot study and the data collection procedure. Finally, the data analysis procedure was discussed.

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CHAPTER 4

STATISTICAL ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION:

The attitude of the parents has changed immensely during the past years and will continue. As the parents may be the most influential in determining the extent to which a child's potential is achieved, it is important that they should be prepared to meet and accept the new challenges.

The main aim of the current study was to determine any correlation between parent child relationship (father form & mother form) and self concept as well as self acceptance of adolescent students with visual impairments and hearing impairments. Within the context of a descriptive research design, questionnaires were utilized to obtained quantitative and qualitative data regarding the attitude of the parents towards their children.

The goals of this chapter are twofold: to use statistical tools such as data organization and analysis techniques to provide information about the data collected for each of the research aim. Secondly, and more importantly, to interpret and discover the meaning of the data so that conclusion can be drawn with regards the attitude of the parents in relation to self concept and self acceptance of their children.

The results will be presented according to the aim and will include the origin of the results, graphics presentation of the results in the form of figures and tables, as well as interpretation of the results.

4.2 USE OF STATASTICAL TECHNIQUES:

4.2.1 What is Statistics?

"Statistics is the study of the collection, organization, analysis, interpretation and presentation of data. It deals with all aspects of data including the planning of data collection in terms of the design of surveys and experiments. When analyzing data, it is possible to use one or both of statistics methodologies: descriptive and inferential statistics in the analysis data." **Blommers, P. & Lindquist, E. F. (1960)** [1]

Statistics is described as a mathematical body of science that pertains to the collection, analysis, interpretation or explanation, and presentation of data, or as a branch of mathematics concerned with collecting and interpreting data. Because of its empirical roots and its focus on applications, statistics is typically considered a

distinct mathematical science rather than as a branch of mathematics. Some tasks a statistician may involve are less mathematical; for example, ensuring that data collection is undertaken in a way that produces valid conclusions, coding data, or reporting results in ways comprehensible to those who must use them.

Statisticians improve data quality by developing specific experiment designs and survey samples. Statistics itself also provides tools for prediction and forecasting the use of data through statistical models. Statistics is applicable to a wide variety of academic disciplines, including natural and social sciences, government, and business. Statistical consultants can help organizations and companies that don't have in-house expertise relevant to their particular questions.

Statistical methods can summarize or describe a collection of data. This is called descriptive statistics. This is particularly useful in communicating the results of experiments and research. In addition, data patterns may be modeled in a way that accounts for randomness and uncertainty in the observations.

These models can be used to draw inferences about the process or population under study a practice called inferential statistics. Inference is a vital element of scientific advance, since it provides a way to draw conclusions from data that are subject to random variation. To prove the propositions being investigated further, the conclusions are tested as well, as part of the scientific method. Descriptive statistics and analysis of the new data tend to provide more information as to the truth of the proposition.

"Applied statistics" comprises descriptive statistics and the application of inferential statistics.” Theoretical statistics concerns both the logical arguments underlying justification of approaches to statistical inference, as well encompassing mathematical statistics. Mathematical statistics includes not only the manipulation of probability distributions necessary for deriving results related to methods of estimation and inference, but also various aspects of computational statistics and the design of experiments.

Statistics is closely related to probability theory, with which it is often grouped. The difference is, roughly, that probability theory starts from the given parameters of a total population to deduce probabilities that pertain to samples. Statistical inference, however, moves in the opposite direction inductively inferring from samples to the parameters of a larger or total population. Statistics has many ties to machine learning and data mining.

4.2.2 Types of Statistics:

i) Descriptive statistics:

Descriptive statistics summarize the population data by describing what was observed in the sample numerically or graphically. Numerical descriptors include mean and standard deviation for continuous data types (like heights or weights), while frequency and percentage are more useful in terms of describing categorical data (like race).

ii) Inferential Statistics:

Inferential statistics uses patterns in the sample data to draw inferences about the population represented, accounting for randomness. These inferences may take the form of: answering yes/no questions about the data (hypothesis testing), estimating numerical characteristics of the data (estimation), describing associations within the data (correlation) and modeling relationships within the data (for example, using regression analysis). Inference can extend to forecasting, prediction and estimation of unobserved values either in or associated with the population being studied; it can include extrapolation and interpolation of time series or spatial data, and can also include data mining

4.2.3 Selection of Statistical Techniques:

i) Mean:

"In mathematics, mean has several different definitions depending on the context. In probability and statistics, mean and expected value are used synonymously to refer to one measure of the central tendency either of a probability distribution or of the random variable characterized by that distribution". **(URL:http://en.wikipedia.org/wiki/Mean)**[2]

Formula for Mean:

$$M = \frac{\sum x}{n}$$

The arithmetic mean (or simply "mean") of a sample $x_1, x_2, \ldots, x_n$ is the sum the sampled values divided by the number of items in the sample:

$$\bar{x} = \frac{x_1 + x_2 + \cdots + x_n}{n}$$

ii) Standard Deviation:

"In statistics and probability theory, the **standard deviation** (**SD**) (represented by the Greek letter sigma, **σ**) shows how much variation or dispersion from the average exists." **(http://en.wikipedia.org/wiki/Standard_deviation)**[3]

A low standard deviation indicates that the data points tend to be very close to the mean (also called expected value); a high standard deviation indicates that the data points are spread out over a large range of values.

The standard deviation of a random variable, statistical population, data set, or probability distribution is the square root of its variance. It is algebraically simpler though in practice less robust than the average absolute deviation. A useful property of the standard deviation is that, unlike the variance, it is expressed in the same units as the data. Note, however, that for measurements with percentage as the unit, the standard deviation will have percentage points as the unit.

In addition to expressing the variability of a population, the standard deviation is commonly used to measure confidence in statistical conclusions. For example, the margin of error in polling data is determined by calculating the expected standard deviation in the results if the same poll were to be conducted multiple times. The reported margin of error is typically about twice the standard deviation—the half-width of a 95 percent confidence interval. In science, researchers commonly report the standard deviation of experimental data, and only effects that fall much farther than one standard deviation away from what would have been expected are considered statistically significant—normal random error or variation in the measurements is in this way distinguished from causal variation. The standard deviation is also important in finance, where the standard deviation on the rate of return on an investment is a measure of the volatility of the investment.

Standard Deviation equation for an entire population:

$$\text{SD or } \sigma = \frac{\sqrt{\sum d^2}}{N}$$

or

$$\sigma = \sqrt{\frac{\sum (x - \overline{x})^2}{N}}$$

Where

σ = the standard deviation

x = each value in the population

Bar x = the mean of the values

N = the number of values (the population)

iii) Pearson's Correlation Coefficient:

"Correlation deals with the comparison between two or more different groups of data in order to ascertain whether any relation exists between them, and to obtain a numerical expression of the degree of such relationship." **(Garret, H. E. 19981)**[4]

"A correlation coefficient is a single number that tell us to what extent two thing are related to what extent variations in the other." **(Guilford, J. P. 1956)**[5]

There are two types of correlation. First, Spearman's Rank Difference Correlation and another Pearson's Product Moment Correlation. In the present study the researcher used Pearson's Product Moment Correlation method for calculating correlation coefficient.

"The sum of deviations from the mean divided by N is called a moment. The corresponding deviation X and Y are multiplied together, summed and divided by N the term is used as product moment." **(Lindquist, E. F. 1968)**[6]

"Correlation is a technique for investigating the relationship between two quantitative, continuous variables, for example, age and blood pressure." **(http://www.statisticshowto.com/what-is-the-pearson-correlation-coefficient/)**[7]

Pearson's correlation coefficient (r) is a measure of the strength of the association between the two variables. Correlation between sets of data is a measure of how well they are related. The most common measure of correlation in stats is the Pearson Correlation. The full name is the Pearson Product Moment Correlation or PPMC. It shows the linear relationship between two sets of data. In simple terms, it answers the question; can I draw a line graph to represent the data? Two letters are used to represent the Pearson correlation: Greek letter rho (ρ) for a population and the letter 'r' for a sample.

A correlation coefficient is a statistical measure of the degree to which changes to the value of one variable predict change to the value of another. In positively correlated variables, the value increases or decreases in tandem. In negative

correlated variables, the value of one increase as the value of the other decreases and vice versa.

Correlation coefficients are expressed as values between +1 and -1.

"**A coefficient of +1 indicates a perfect positive correlation:** A change in the value of one variable will predict a change in the same direction in the second variable.

A coefficient of -1 indicates a perfect negative correlation: A change in the value of one variable predicts a change in the opposite direction in the second variable. Lesser degrees of correlation are expressed as non-zero decimals. A coefficient of zero indicates there is no discernable relationship between fluctuations of the variables." **(http://whatis.techtarget.com/definition/correlation-coefficient)**[8]

Degree of correlation:

1. Perfect correlation: When both the variables change in the same ratio, then it is called perfect correlation. i.e. ± 1.00

2. Very high degree of correlation: When the correlation coefficient range is between ± 0.90 to 0.99, it is called Ideal & very high degree of correlation.

3. High degree of correlation: When the correlation coefficient range is between ±.70 to 0.89, it is called high degree of correlation.

4. Moderate degree correlation: When the correlation coefficient range is between ± 0 .40 to 0.69, it is called legal & reliable moderate degree of correlation.

5. Low degree of correlation: When the correlation coefficient range is between ± 0.20 to 0.39, it is called low degree but definite correlation.

6. Negligible or absence of correlation: When the correlation coefficient is below than ± 0 to 0.20, it shows that there is negligible or absence of correlation.

The following formula is used for calculated the correlation coefficient,

$$r = \frac{\sum xy}{\sqrt{\sum x^2 \sum y^2}}$$

iv) The Significance of the Difference between two r's:

A useful and mathematically exact method of determining the SE of the difference between two r's requires that we first convert the r's into Fisher's *z* functions. The significance of the difference between two *z*'s is then determined. The formula for the SE of the difference between two *z*'s is

$$\delta Dz = \sigma Z1 - \sigma Z2 = \sqrt{\frac{1}{N1-3} + \frac{1}{N2-3}}$$

(SE of the difference between two *z* coefficients)

Where

$$\sigma z = \sqrt{\frac{1}{N-3}}$$

and N_1 and N_2 are the sizes of the two samples. **(Garrett, H. E. 1981)**[9]

iv) Fisher (Z):

"Fisher transformation is mainly associated with the Pearson product-moment correlation coefficient for bivariate normal observations; it can also be applied to Spearman's rank correlation coefficient in more general cases. A similar result for the asymptotic distribution applies, but with a minor adjustment factor" **(http://en.wikipedia.org/wiki/Fisher_transformation)**[10]

v) Degrees of Freedom:

The two correlated variables take away 2 degrees of freedom; and the transformation into *z* adds another restriction. Hence, we subtract 3 from each *N*. **(Garrett, H. E. 1981)**[11]

vi) 't' test:

A ***t*-test** is any statistical hypothesis test in which the test statistic follows a Student's *t* distribution if the null hypothesis is supported. It can be used to determine if two sets of data are significantly different from each other, and is most commonly applied when the test statistic would follow a normal distribution if the value of a scaling term in the test statistic were known. When the scaling term is unknown and is replaced by an estimate based on the data, the test statistic (under certain conditions) follows a Student's *t* distribution.

't' Test is calculated by applying following formula on the collected data to examined the significance differences.

Calculation of 't' test by using the following formula with convert the r's into Fisher's *z* functions:

$$t = \frac{Z1 - Z2}{\sqrt{\frac{1}{N1-3} + \frac{1}{N2-3}}}$$

4.2.4 Justification of Applying the Selected Statistical Techniques:

Correlation Coefficient:

In the present study the above mentioned statistical techniques is used for the statistical analysis of the data. The utility of statistical techniques is as follows.

1. In the present study calculate correlation coefficient to verify the correlation between PCR and Self-concept as well as self-acceptance of adolescent with VI and HI.
2. In the present study calculate correlation coefficient by Pearson's Product Moment Method.
3. In research Pearson's Product Moment method is more legal and reliable for finding the real correlation between two groups, because
   - i) Pearson's r represents standardized product value.
   - ii) It is useful for the large group.
   - iii) Spearman's correlation method is useful for small group. Because it is focus upon the ranking rather than product values.
   - iv) Though ranking distance is equal, the product values distance may not be same everywhere.
   - v) If the group has more than 30 then calculations would be complicated.
   - vi) Spearman's correlation is rank correlation method, hence it does not directly reflect the product values.
   - vii) In Pearson's correlation, every product value is focused independently. Hence, Pearson's Product moment method is used in the present study.

Fisher *z*

The distribution of Pearson's r is never in straight line but it is in zigzag. Hence, in Pearson's r we cannot calculate the average straightly. Therefore correlation coefficient of Emil Fisher's z is used for conversion of a Pearson's 'r' into a corresponding Fisher's *z* coefficient.

t test:

t test is used for finding significance difference between two correlations i.e. i) Parent-child relationship (father form) and self concept of adolescent with visual impairment as well as hearing impairment. ii) Parent-child relationship (father form) and self-acceptance of adolescent with visual impairment as well as hearing impairment. i) Parent-child relationship (mother form) and self concept of adolescent with visual impairment as well as hearing impairment. ii) Parent-child relationship (mother form) and self-acceptance of adolescent with visual impairment as well as hearing impairment.

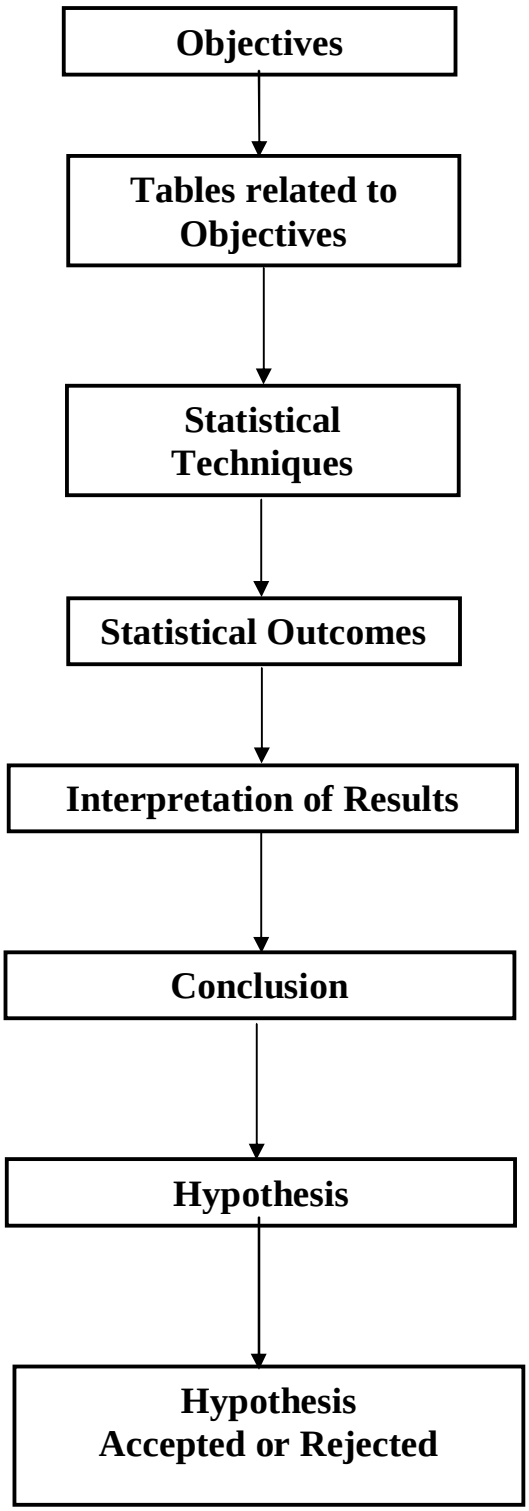
Degrees of Freedom:

The two correlated variables take away 2 degrees of freedom; and the transformation into *z* adds another restriction. Hence, we subtract 3 from each *N*.

4.3 SCHEME OF PRESENTATION:

Analysis and interpretation of research data has been done by using above statistical techniques, and for testing of hypotheses according to research objectives. The procedure used for hypotheses testing and fulfillment of objectives as follows:

Figure No. 4.3-B Scheme of Presentation



Figuire: Flowchart of Statistical Analysis according to Objectives

4.4 ANALYSIS AND INTERPRETATION:

The statistical process has been done from the raw score based on the data collected from the field data.

On the basis of raw score researcher calculated the correlation coefficient. The data is analyzed by applying following formula of Carl Pearson's Correlation Coefficient (r) to find the correlation between parent-child relationship and self concept as well as self acceptance of adolescent students with visual impairment and hearing impairment.

The data is analyzed by applying following formula of Carl Pearson's Coefficient of Correlation (r) to examine the correlation between targeted variables.

The first aim of the study was to determine correlation between parent child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment and hearing impairment. Similarly, determine the correlation between parent child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment and hearing impairment. The second aim was to find significance of the difference between two correlations.

The correlation coefficient was used to determine whether there was any correlation (+ve or -ve) between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment. Similarly, determine whether there was any correlation (+ve or -ve) between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

The correlation coefficient was used to determine whether there was any correlation (+ve or -ve) between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment. Similarly, determine whether there was any correlation (+ve or -ve) between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with hearing impairment. Correlations are as follows:

Correlation coefficients between the following variables were drawn:

1. Parent child relationship (father form) and self concept of adolescent students with visual impairment.
2. Parent child relationship (father form) and self acceptance of adolescent students with visual impairment.
3. Parent child relationship (father form) and self concept of adolescent students with hearing impairment.
4. Parent child relationship (father form) and self acceptance of adolescent students with hearing impairment.
5. Parent child relationship (mother form) and self concept of adolescent students with visual impairment.
6. Parent child relationship (mother form) and self acceptance of adolescent students with visual impairment.
7. Parent child relationship (mother form) and self concept of adolescent students with hearing impairment.
8. Parent child relationship (mother form) and self acceptance of adolescent students with hearing impairment.

The significance of difference between two correlations was drawn:

Further, the data is analyzed by applying following formula for 't' Test to find whether there were significant difference in two correlations:

The t-test was used to determine whether there were significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment and hearing impairment. Similarly, determine whether there were significant difference in correlation between parent-child relationship (father form) and self acceptance of adolescent students with visual impairment and hearing impairment.

As well as, the t-test was used to determine whether there were significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment and hearing impairment. Similarly, determine whether there were significant difference in correlation between parent-child relationship (mother form) and self acceptance of adolescent students with visual impairment and hearing impairment. The significance of difference between two correlations is as follows:

1. To study the significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.
2. To study the significant difference in correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.
3. To study the significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.
4. To study the significant difference in correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

Finally, the researcher has drawn the result and put them in statistical forms with their proper interpretations. A detailed discussion of result has been put under each table.

4.5 RESULT OF CORRELATION COEFFICIENT (r):

Objective No. 1

4.5-A Correlation Coefficient between i) Parent-Child Relationship (Father Form) and Self-Concept ii) Parent-Child Relationship (Father Form) and Self Acceptance Subject (Samples) - Adolescents with Visual Impairments.

In order to test the hypothesis No. 1 to find out correlation coefficient between Parent-Child Relationship (Father Form) and Self-Concept Parent-Child Relationship (Father Form) and Self Acceptance Subject (Samples) - Adolescents with Visual Impairments, the researcher has analyzed the field data which have been clearly presented as follows:

Table No. 4.5.1

The Values of "r"

		Self-Concept (Y)							(Y)
Sl. No.	**PCR (X)**	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
1	**PRO**	0.41	0.14	0.37	0.53	0.26	0.40		0.20
2	**SP**	-0.23	-0.09	-0.35	-0.53	-0.21	-0.41		-0.21
3	**REJ**	-0.33	-0.13	-0.47	-0.57	-0.29	-0.52		-0.08
4	**OP**	-0.47	-0.21	-0.42	-0.62	-0.24	-0. 40		-0.26
5	**DEM**	-0.11	0.07	-0.20	-0.35	-0.02	-0.21		-0.11
6	**IND**	-0.29	-0.20	-0.23	-0.24	-0.32	-0.12		0.02
7	**SR**	0.46	0.35	0.48	0.47	0.35	0.37		0.20
8	**LOV**	0.28	0.14	0.32	0.48	0.02	0.25		0.24
9	**OR**	0.23	0.24	0.27	0.37	0.16	0.31		0.03
10	**NEG**	-0.17	-0.05	-0.20	-0.31	-0.30	-0.27		-0.08

Observation:

The above result shows that, there is positive correlation between 4 dimensions (i.e. PRO, SR, LOV, OR) of PCR (father form) and all aspects of self concept as well as self acceptance and there is negative correlation between 6 dimension (i.e. SP, REJ, OP, DEM, IND, NEG) of PCR (father form) and all aspects of self concept as well as self acceptance.

1. Showing Correlation Coefficient between Protective dimension of PCR (father form) and all aspects of self concepts as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
PRO	0.41	0.14	0.37	0.53	0.26	0.40		0.20

Interpretation: (as per Appendix No. 04)

i. There is legal & reliable moderate degree of (0.41) positive correlation coefficient between protective dimension of PCR and physical aspect of self-concept.

ii. There is negligible (0.14) but positive correlation coefficient between protective dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (0.37) positive correlation coefficient between protective dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (0.53) positive correlation coefficient between protective dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (0.26) positive correlation coefficient between protective dimension of PCR and moral aspect of self-concept.

vi. There is legal & reliable moderate degree (0.40) positive correlation coefficient between protective dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (0.20) positive correlation coefficient between protective dimension of PCR and self-acceptance.

2. Showing Correlation Coefficient between Symbolic Punishment dimension of PCR (father form) and all aspects of self Concepts as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
SP	-0.23	-0.09	-0.35	-0.53	-0.21	-0.41		-0.21

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.23) negative correlation coefficient between symbolic punishment dimension of PCR and physical aspect of self-concept.

ii. There is negligible (−0.09) but negative correlation coefficient between symbolic punishment dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (−0.35) negative correlation coefficient between symbolic punishment dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.53) negative correlation coefficient between symbolic punishment dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.21) negative correlation coefficient between symbolic punishment dimension of PCR and moral aspect of self-concept.

vi. There is legal & reliable moderate degree of (−0.41) negative correlation coefficient between symbolic punishment dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (−0.21) negative correlation coefficient between symbolic punishment dimension of PCR and self-acceptance.

3. Showing Correlation Coefficient between Rejecting dimension of PCR (father form) and all aspects of self Concepts as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
REJ	-0.33	-0.13	-0.47	-0.57	-0.29	-0.52		-0.08

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.33) negative correlation coefficient between rejecting dimension of PCR and physical aspect of self-concept.

ii. There is negligible (−0.13) but negative correlation coefficient between rejecting dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (−0.47) negative correlation coefficient between rejecting dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.57) negative correlation coefficient between rejecting dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.29) negative correlation coefficient between rejecting dimension of PCR and moral aspect of self-concept.

vi. There is legal & reliable moderate degree of (−0.52) negative correlation coefficient between rejecting dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible (−0.08) but negative correlation coefficient between rejecting dimension of PCR and self-acceptance.

4. Showing Correlation Coefficient between Object Punishment dimension of PCR (father form) and all aspects of self Concepts as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
OP	-0.47	-0.21	-0.42	-0.62	-0.24	-0.40		-0.26

Interpretation: (as per Appendix No. 04)

i. There is legal & reliable moderate degree of (−0.47) negative correlation coefficient between object punishment dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (−0.21) negative correlation coefficient between object punishment dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (−0.42) negative correlation coefficient between object punishment dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.62) negative correlation coefficient between object punishment dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.24) negative correlation coefficient between object punishment dimension of PCR and moral aspect of self-concept.

vi. There is legal & reliable moderate degree (−0.40) negative correlation coefficient between object punishment dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (−0.26) negative correlation coefficient between object punishment dimension of PCR and self-acceptance.

5. Showing Correlation Coefficient between Demanding dimension of PCR (father form) and all aspects of Self concept as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
DEM	-0.11	0.07	-0.20	-0.35	-0.02	-0.21		-0.11

Interpretation: (as per Appendix No. 04)

i. There is negligible (−0.11) but negative correlation coefficient between demanding dimension of PCR and physical aspect of self-concept.

ii. There is negligible (0.07) positive correlation coefficient between demanding dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (−0.20) negative correlation coefficient between demanding dimension of PCR and temperamental aspect of self-concept.

iv. There is low degree but definite (−0.35) negative correlation coefficient between demanding dimension of PCR and educational aspect of self-concept.

v. There is negligible (−0.02) but negative correlation coefficient between demanding dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (−0.21) negative correlation coefficient between demanding dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible (−0.11) but negative correlation coefficient between demanding dimension of PCR and self-acceptance.

6. Showing Correlation Coefficient between Indifferent dimension of PCR (father form) and all aspects of Self concept as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
IND	-0.29	-0.20	-0.23	-0.24	-0.32	-0.12		0.02

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.29) negative correlation coefficient between indifferent dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (−0.20) negative correlation coefficient between indifferent dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (−0.23) negative correlation coefficient between indifferent dimension of PCR and temperamental aspect of self-concept.

iv. There is low degree but definite (−0.24) negative correlation coefficient between indifferent dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.32) negative correlation coefficient between indifferent dimension of PCR and moral aspect of self-concept.

vi. There is negligible (−0.12) but negative correlation coefficient between indifferent dimension of PCR and intellectual aspect of self-concept.

vii. There is no (0.02) correlation coefficient between indifferent dimension of PCR and self-acceptance.

7. Showing Correlation Coefficient between Symbolic Reward dimension of PCR (father form) and all aspects of self Concepts as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
SR	0.46	0.35	0.48	0.47	0.35	0.37		0.20

Interpretation: (as per Appendix No. 04)

i. There is legal & reliable moderate degree of (0.46) positive correlation coefficient between symbolic reward dimension of PCR and physical aspect of self-concept.

ii. There is no (0.35) correlation coefficient between symbolic reward dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (0.48) positive correlation coefficient between symbolic reward dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (0.47) positive correlation coefficient between symbolic reward dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (0.35) positive correlation coefficient between symbolic reward dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (0.37) positive correlation coefficient between symbolic reward dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (0.20) positive correlation coefficient between symbolic reward dimension of PCR and self-acceptance.

8. Showing Correlation Coefficient between Loving dimension of PCR (father form) and all aspects of self Concepts as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
LOV	0.28	0.14	0.32	0.48	0.02	0.25		0.24

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (0.28) positive correlation coefficient between loving dimension of PCR and physical aspect of self-concept.

ii. There is negligible (0.14) but positive correlation coefficient between loving dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (0.32) positive correlation coefficient between loving dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (0.48) positive correlation coefficient between loving dimension of PCR and educational aspect of self-concept.

v. There is negligible (0.02) but positive correlation coefficient between loving dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (0.25) positive correlation coefficient between loving dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (0.24) positive correlation coefficient between loving dimension of PCR and self-acceptance.

9. Showing Correlation Coefficient between Object Reward dimension of PCR (father form) and all aspects of Self concept as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
OR	0.23	0.24	0.27	0.37	0.16	0.31		0.03

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (0.23) positive correlation coefficient between object reward dimension of PCR and physical aspect of self-concept.
ii. There is low degree but definite (0.24) positive correlation coefficient between object reward dimension of PCR and social aspect of self-concept.
iii. There is low degree but definite (0.27) positive correlation coefficient between object reward dimension of PCR and temperamental aspect of self-concept.
iv. There is low degree but definite (0.37) positive correlation coefficient between object reward dimension of PCR and educational aspect of self-concept.
v. There is negligible (0.16) but positive correlation coefficient between object reward dimension of PCR and moral aspect of self-concept.
vi. There is low degree but definite (0.31) positive correlation coefficient between object reward dimension of PCR and intellectual aspect of self-concept.
vii. There is negligible (0.03) but positive correlation coefficient between object reward dimension of PCR and self-acceptance.

10. Showing Correlation Coefficient between Neglecting dimension of PCR (father form) and all aspects of Self concept as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
NEG	-0.17	-0.05	-0.20	-0.31	-0.30	-0.27		-0.08

Interpretation: (as per Appendix No. 04)

i. There is negligible but negative correlation coefficient (−0.17) between neglecting dimension of PCR and physical aspect of self-concept.

ii. There is negligible but negative correlation coefficient (−0.05) between neglecting dimension of PCR and social aspect of self-concept.
iii. There is low degree but definite negative correlation coefficient (−0.20) between neglecting dimension of PCR and temperamental aspect of self-concept.
iv. There is low degree but definite (−0.31) negative correlation coefficient between neglecting dimension of PCR and educational aspect of self-concept.
v. There is low degree but definite (−0.30) negative correlation coefficient between neglecting dimension of PCR and moral aspect of self-concept.
vi. There is low degree but definite (−0.27) negative correlation coefficient between neglecting dimension of PCR and intellectual aspect of self-concept.
vii. There is negligible (−0.08) but negative correlation coefficient between neglecting dimension of PCR and self-acceptance.

Conclusion:

From the above table 4.5.1 result of correlation between parent-child relationship (father form) and all aspects of self-concept as well as self-acceptance of adolescent students with visual impairment, it is found that:

1. There is positive correlation between protective dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means how much the parental (father) protection increases or decreases, the all aspects self-concept as well as self-acceptance of adolescent children with visual impairment increases or decreases accordingly in that manner.

2. There is negative correlation between symbolic punishment dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) give more symbolic punishment to their children then development of all aspects of self concept as well as self acceptance of adolescent children with visual impairment get reduced and vice versa.

3. There is negative correlation between rejecting dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) shows rejecting attitude towards their children; then all aspects of self concept as well as self acceptance of adolescent children with visual impairment get worse and vice versa.

4. There is negative correlation between object punishment dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) give more object punishment to their children then development of all aspects of self concept as well as self acceptance of adolescent children with visual impairment get reduced and vice versa.

5. There is negative correlation between demanding dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) exhibit demanding attitude towards their children; then all aspects of self concept as well as self acceptance of adolescent children with visual impairment get worse and vice versa.

6. There is negative correlation between indifferent dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) exhibit indifferent attitude towards their children, then all aspects of self concept as well as self acceptance of adolescent children with visual impairment found worse.

7. There is positive correlation between symbolic reward dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the symbolic rewards from the parents (father) increases or decreases; then all aspects of self concept as well as self acceptance of adolescent children with visual impairment increases or decreases accordingly.

8. There is positive correlation between loving dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when love of parents (father) increases or decreases; then all aspects of self concept as well as self acceptance of adolescent children with visual impairment increases or decreases accordingly.

9. There is positive correlation between object reward dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the object rewards from the parents (father) increases or decreases; then all aspects of self concept as well as self acceptance of adolescent children with visual impairment increases or decreases accordingly.

10. There is negative correlation between neglecting dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) demonstrate neglecting attitude towards their children; then all aspects of self

concept as well as self acceptance of adolescent children with visual impairment become worse and vice versa.

Hypothesis: Hypothesis no. 1 is rejected as per the above conclusion.

Objective No. 2

4.5-B Correlation Coefficient between i) Parent-Child Relationship (Father Form) and Self-Concept ii) Parent-Child Relationship (Father Form) and Self Acceptance Subject (Samples) - Adolescents with Hearing Impairment.

In order to test the hypothesis No. 2 to find out correlation coefficient between Parent-Child Relationship (Father Form) and Self-Concept Parent-Child Relationship (Father Form) and Self Acceptance Subject (Samples) - Adolescents with Hearing Impairment, the researcher has analyzed the field data which have been clearly presented as follows:

Table No. 4.5.2

The Values of "r"

		Self-Concept (Y)							(Y)
Sl. No.	**PCR (X)**	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
1	**PRO**	0.27	0.20	0.40	0.46	0.08	0.32		0.17
2	**SP**	-0.31	-0.21	-0.23	-0.46	-0.29	-0.30		-0.20
3	**REJ**	-0.36	-0.27	-0.48	-0.53	-0.24	-0.32		-0.11
4	**OP**	-0.48	-0.20	-0.49	-0.67	-0.21	-0.42		-0.25
5	**DEM**	-0.37	-0.15	-0.40	-0.55	-0.26	-0.41		-0.20
6	**IND**	-0.26	-0.06	-0.22	-0.26	-0.13	-0.06		-0.04
7	**SR**	0.31	0.28	0.33	0.33	0.31	0.40		0.09
8	**LOV**	0.23	0.05	0.14	0.26	-0.10	0.27		0.20
9	**OR**	0.22	0.28	0.26	0.33	0.21	0.37		0.05
10	**NEG**	-0.42	-0.06	-0.47	-0.48	-0.29	-0.35		-0.01

The above table shows the calculated coefficient of correlation between Parent-Child Relationship (Father Form) and Self-Concept of Adolescents with Hearing Impairments.

As well as coefficient of correlation between Parent-Child Relationship (Father Form) and Self Acceptance of Adolescents with Hearing Impairments.

1. Showing Correlation Coefficient between Protective dimension of PCR (father form) and all aspects of self concepts as well as self acceptance of adolescent with HI

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
PRO	0.27	0.20	0.40	0.46	0.08	0.32		0.17

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (0.27) positive correlation coefficient between protective dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (0.20) positive correlation coefficient between protective dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree (0.40) positive correlation coefficient between protective dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (0.46) positive correlation coefficient between protective dimension of PCR and educational aspect of self-concept.

v. There is negligible (0.08) but positive correlation coefficient between protective dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (0.32) positive correlation coefficient between protective dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible (0.17) but positive correlation coefficient between protective dimension of PCR and self-acceptance.

2. Showing Correlation Coefficient between Symbolic Punishment dimension of PCR (father form) and all aspects of self Concepts as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
SP	-0.31	-0.21	-0.23	-0.46	-0.29	-0.30		-0.20

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.31) negative correlation coefficient between symbolic punishment dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (−0.21) negative correlation coefficient between symbolic punishment dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (−0.23) negative correlation coefficient between symbolic punishment dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.46) negative correlation coefficient between symbolic punishment dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.29) negative correlation coefficient between symbolic punishment dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (−0.30) negative correlation coefficient between symbolic punishment dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (−0.20) negative correlation coefficient between symbolic punishment dimension of PCR and self-acceptance.

3. Showing Correlation Coefficient between Rejecting dimension of PCR (father form) and all aspects of self Concepts as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
REJ	-0.36	-0.27	-0.48	-0.53	-0.24	-0.32		-0.11

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.36) negative correlation coefficient between rejecting dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (−0.27) negative correlation coefficient between rejecting dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (−0.48) negative correlation coefficient between rejecting dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.53) negative correlation coefficient between rejecting dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.24) negative correlation coefficient between rejecting dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (−0.32) negative correlation coefficient between rejecting dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible (−0.11) but positive correlation coefficient between rejecting dimension of PCR and self-acceptance.

4. Showing Correlation Coefficient between Object Punishment dimension of PCR (father form) and all aspects of self Concepts as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
OP	-0.48	-0.20	-0.49	-0.67	-0.21	-0.42		-0.25

Interpretation: (as per Appendix No. 04)

i. There is legal & reliable moderate degree of (−0.48) negative correlation coefficient between object punishment dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (−0.20) negative correlation coefficient between object punishment dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (−0.49) negative correlation coefficient between object punishment dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.67) negative correlation coefficient between object punishment dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.21) negative correlation coefficient between object punishment dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (−0.42) negative correlation coefficient between object punishment dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (−0.25) negative correlation coefficient between object punishment dimension of PCR and self-acceptance.

5. Showing Correlation Coefficient between Demanding dimension of PCR (father form) and all aspects of Self concept as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
DEM	-0.37	-0.15	-0.40	-0.55	-0.26	-0.41		-0.20

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.37) negative correlation coefficient between demanding dimension of PCR and physical aspect of self-concept.

ii. There is negligible (−0.15) but negative correlation coefficient between demanding dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree (−0.40) negative correlation coefficient between demanding dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.55) negative correlation coefficient between demanding dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.26) negative correlation coefficient between demanding dimension of PCR and moral aspect of self-concept.

vi. There is legal & reliable moderate degree of (−0.41) negative correlation coefficient between demanding dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (−0.20) correlation coefficient between demanding dimension of PCR and self-acceptance.

6. Showing Correlation Coefficient between Indifferent dimension of PCR (father form) and all aspects of Self concept as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
IND	-0.26	-0.06	-0.22	-0.26	-0.13	-0.06		-0.04

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.26) negative correlation coefficient between indifferent dimension of PCR and physical aspect of self-concept.
ii. There is negligible (−0.06) but negative correlation coefficient between indifferent dimension of PCR and social aspect of self-concept.
iii. There is low degree but definite (−0.22) negative correlation coefficient between indifferent dimension of PCR and temperamental aspect of self-concept.
iv. There is low degree but definite (−0.26) negative correlation coefficient between indifferent dimension of PCR and educational aspect of self-concept.
v. There is negligible (−0.13) but negative correlation coefficient between indifferent dimension of PCR and moral aspect of self-concept.
vi. There is negligible (−0.06) but negative correlation coefficient between indifferent dimension of PCR and intellectual aspect of self-concept.
vii. There is negligible (−0.04) but negative correlation coefficient between indifferent dimension of PCR and self-acceptance.

7. Showing Correlation Coefficient between Symbolic Reward dimension of PCR (father form) and all aspects of self Concepts as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
SR	0.31	0.28	0.33	0.33	0.31	0.40		0.09

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (0.31) positive correlation coefficient between symbolic reward dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (0.28) positive correlation coefficient between symbolic reward dimension of PCR and social aspect of self-concept.
iii. There is low degree but definite (0.33) positive correlation coefficient between symbolic reward dimension of PCR and temperamental aspect of self-concept.
iv. There is low degree but definite (0.33) positive correlation coefficient between symbolic reward dimension of PCR and educational aspect of self-concept.
v. There is low degree but definite (0.31) positive correlation coefficient between symbolic reward dimension of PCR and moral aspect of self-concept.
vi. There is legal & reliable moderate degree (0.40) positive correlation coefficient between symbolic reward dimension of PCR and intellectual aspect of self-concept.
vii. There is negligible (0.09) but positive correlation coefficient between symbolic reward dimension of PCR and self-acceptance.

8. Showing Correlation Coefficient between Loving dimension of PCR (father form) and all aspects of self Concepts as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
LOV	0.23	0.05	0.14	0.26	-0.10	0.27		0.20

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (0.23) positive correlation coefficient between loving dimension of PCR and physical aspect of self-concept.
ii. There is negligible (0.05) but positive correlation coefficient between loving dimension of PCR and social aspect of self-concept.
iii. There is negligible (0.14) but positive correlation coefficient between loving dimension of PCR and temperamental aspect of self-concept.
iv. There is low degree but definite (0.26) positive correlation coefficient between loving dimension of PCR and educational aspect of self-concept.
v. There is negligible (−0.10) but negative correlation coefficient between loving dimension of PCR and moral aspect of self-concept.
vi. There is low degree but definite (0.27) positive correlation coefficient between loving dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (0.20) positive correlation coefficient between loving dimension of PCR and self-acceptance.

9. Showing Correlation Coefficient between Object Reward dimension of PCR (father form) and all aspects of Self concept as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
OR	0.22	0.28	0.26	0.33	0.21	0.37		0.05

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (0.22) positive correlation coefficient between object reward dimension of PCR and physical aspect of self-concept.
ii. There is low degree but definite (0.28) positive correlation coefficient between object reward dimension of PCR and social aspect of self-concept.
iii. There is low degree but definite (0.26) positive correlation coefficient between object reward dimension of PCR and temperamental aspect of self-concept.
iv. There is low degree but definite (0.33) positive correlation coefficient between object reward dimension of PCR and educational aspect of self-concept.
v. There is low degree but definite (0.21) positive correlation coefficient between object reward dimension of PCR and moral aspect of self-concept.
vi. There is low degree but definite (0.37) positive correlation coefficient between object reward dimension of PCR and intellectual aspect of self-concept.
vii. There is negligible (0.05) but positive correlation coefficient between object reward dimension of PCR and self-acceptance.

10. Showing Correlation Coefficient between Neglecting dimension of PCR (father form) and all aspects of Self concept as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
NEG	-0.42	-0.06	-0.47	-0.48	-0.29	-0.35		-0.01

Interpretation: (as per Appendix No. 04)

i. There is legal & reliable moderate degree of (−0.42) negative correlation coefficient between neglecting dimension of PCR and physical aspect of self-concept.
ii. There is negligible (−0.06) but negative correlation coefficient between neglecting dimension of PCR and social aspect of self-concept.
iii. There is legal & reliable moderate degree of (−0.47) negative correlation coefficient between neglecting dimension of PCR and temperamental aspect of self-concept.
iv. There is legal & reliable moderate degree of (−0.48) negative correlation coefficient between neglecting dimension of PCR and educational aspect of self-concept.
v. There is low degree but definite (−0.29) negative correlation coefficient between neglecting dimension of PCR and moral aspect of self-concept.
vi. There is low degree but definite (−0.35) negative correlation coefficient between neglecting dimension of PCR and intellectual aspect of self-concept.
vii. There is negligible (−0.01) but negative correlation coefficient between neglecting dimension of PCR and self-acceptance.

Conclusion:

From the above table 4.5.2 result of correlation between parent-child relationship (father form) and all aspects of self-concept as well as self-acceptance of adolescent students with hearing impairment, it is found that:

1. There is positive correlation between protective dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means how much the parental (father) protection increases or decreases, the all aspects self-concept as well as self-acceptance of adolescent children with hearing impairment increases or decreases accordingly in that manner.

2. There is negative correlation between symbolic punishment dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) give more symbolic punishment to their children then development of all aspects of self concept as well as self acceptance of adolescent children with hearing impairment get reduced and vice versa.

3. There is negative correlation between rejecting dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) shows rejecting attitude towards their children; then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment get worse and vice versa.

4. There is negative correlation between object punishment dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) give more object punishment to their children then development of all aspects of self concept as well as self acceptance of adolescent children with hearing impairment get reduced and vice versa.

5. There is negative correlation between demanding dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) exhibit demanding attitude towards their children; then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment get worse and vice versa.

6. There is negative correlation between indifferent dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) exhibit indifferent attitude towards their children, then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment found worse.

7. There is positive correlation between symbolic reward dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the symbolic rewards from the parents (father) increases or decreases; then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment increases or decreases accordingly.

8. There is positive correlation between loving dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when love of parents (father) increases or decreases; then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment increases or decreases accordingly.

9. There is positive correlation between object reward dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the object rewards from the parents (father) increases or decreases; then all aspects of self

concept as well as self acceptance of adolescent children with hearing impairment increases or decreases accordingly.

10. There is negative correlation between neglecting dimension of PCR (father form) and all aspects of self-concept as well as self-acceptance. It means when the parents (father) demonstrate neglecting attitude towards their children; then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment become worse and vice versa.

Hypothesis: Hypothesis no. 2 is rejected as per the above conclusion.

Objective No. 3

4.5-C Correlation Coefficient between i) Parent-Child Relationship (Mother Form) and Self-Concept ii) Parent-Child Relationship (Mother Form) and Self Acceptance Subject (Samples) - Adolescents with Visual Impairment:

In order to test the hypothesis No. 3 to find out correlation coefficient between Parent-Child Relationship (Mother Form) and Self-Concept Parent-Child Relationship (Mother Form) and Self Acceptance Subject (Samples) - Adolescents with Visual Impairment, the researcher has analyzed the field data which have been clearly presented as follows:

Table No. 4.5.3

The Values of "r"

		Self-Concept (Y)							(Y)
Sl. No.	**PCR (X)**	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-acceptance**
1	**PRO**	0.20	-0.09	0.27	0.41	-0.08	0.20		0.05
2	**SP**	-0.31	-0.20	-0.42	-0.61	-0.31	-0.44		-0.15
3	**REJ**	-0.33	-0.15	-0.50	-0.60	-0.26	-0.47		-0.13
4	**OP**	-0.40	-0.24	-0.46	-0.62	-0.24	-0.36		-0.24
5	**DEM**	-0.12	0.07	-0.20	-0.34	-0.10	-0.20		-0.14
6	**IND**	-0.27	-0.22	-0.31	-0.24	-0.42	-0.05		-0.02
7	**SR**	0.41	0.25	0.40	0.41	0.26	0.33		0.14
8	**LOV**	0.40	0.22	0.41	0.54	0.13	0.34		0.20
9	**OR**	0.22	0.25	0.25	0.40	0.21	0.31		-0.04
10	**NEG**	-0.15	-0.07	-0.22	-0.32	-0.20	-0.20		-0.06

The above table shows the calculated coefficient of correlation between Parent-Child Relationship (Mother Form) and Self-Concept of Adolescents with Visual Impairments.

As well as coefficient of correlation between Parent-Child Relationship (Mother Form) and Self Acceptance of Adolescents with Visual Impairments.

1. Showing Correlation Coefficient between Protective dimension of PCR (mother form) and all aspects of self concepts as well as self acceptance of adolescent with VI

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
PRO	0.20	**-0.09**	0.27	0.41	**-0.08**	0.20		0.05

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (0.20) positive correlation coefficient between protective dimension of PCR and physical aspect of self-concept.

ii. There is negligible (−0.09) but negative correlation coefficient between protective dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (0.27) positive correlation coefficient between protective dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree (0.41) positive correlation coefficient between protective dimension of PCR and educational aspect of self-concept.

v. There is negligible (−0.08) but negative correlation coefficient between protective dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (0.20) positive correlation coefficient between protective dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible (0.05) but positive correlation coefficient between protective dimension of PCR and self-acceptance.

2. Showing Correlation Coefficient between Symbolic Punishment dimension of PCR (mother form) and all aspects of self Concepts as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
SP	-0.31	-0.20	-0.42	-0.61	-0.31	-0.44		-0.15

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.31) negative correlation coefficient between symbolic punishment dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (−0.20) negative correlation coefficient between symbolic punishment dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (−0.42) negative correlation coefficient between symbolic punishment dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.61) negative correlation coefficient between symbolic punishment dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.31) negative correlation coefficient between symbolic punishment dimension of PCR and moral aspect of self-concept.

vi. There is legal & reliable moderate degree of (−0.44) negative correlation coefficient between symbolic punishment dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible (−0.15) but negative correlation coefficient between symbolic punishment dimension of PCR and self-acceptance.

3. Showing Correlation Coefficient between Rejecting dimension of PCR (mother form) and all aspects of self Concept as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
REJ	-0.33	-0.15	-0.50	-0.60	-0.26	-0.47		-0.13

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.33) negative correlation coefficient between rejecting dimension of PCR and physical aspect of self-concept.

ii. There is negligible but (−0.15) negative correlation coefficient between rejecting dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (−0.50) negative correlation coefficient between rejecting dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.60) negative correlation coefficient between rejecting dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.26) negative correlation coefficient between rejecting dimension of PCR and moral aspect of self-concept.

vi. There is legal & reliable moderate degree of (−0.47) negative correlation coefficient between rejecting dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (−0.13) negative correlation coefficient between rejecting dimension of PCR and self-acceptance.

4. Showing Correlation Coefficient between Object Punishment dimension of PCR (mother form) and all aspects of self Concept as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
OP	-0.40	-0.24	-0.46	-0.62	-0.24	-0.36		-0.24

Interpretation: (as per Appendix No. 04)

i. There is legal & reliable moderate degree (−0.40) negative correlation coefficient between object punishment dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (−0.24) negative correlation coefficient between object punishment dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (−0.46) negative correlation coefficient between object punishment dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.62) negative correlation coefficient between object punishment dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.24) negative correlation coefficient between object punishment dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (−0.36) negative correlation coefficient between object punishment dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (−0.24) negative correlation coefficient between object punishment dimension of PCR and self-acceptance.

5. Showing Correlation Coefficient between Demanding dimension of PCR (mother form) and all aspects of Self concept as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
DEM	-0.12	**0.07**	-0.20	-0.34	-0.10	-0.20		-0.14

Interpretation: (as per Appendix No. 04)

i. There is negligible but (−0.12) negative correlation coefficient between demanding dimension of PCR and physical aspect of self-concept.

ii. There is negligible but (0.07) positive correlation coefficient between demanding dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (−0.20) negative correlation coefficient between demanding dimension of PCR and temperamental aspect of self-concept.

iv. There is low degree but definite (−0.34) negative correlation coefficient between demanding dimension of PCR and educational aspect of self-concept.

v. There is negligible but (−0.10) negative correlation coefficient between demanding dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (−0.20) negative correlation coefficient between demanding dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (−0.14) negative correlation coefficient between demanding dimension of PCR and self-acceptance.

6. Showing Correlation Coefficient between Indifferent dimension of PCR (mother form) and all aspects of Self concept as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
IND	-0.27	-0.22	-0.31	-0.24	-0.42	-0.05		-0.02

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.27) negative correlation coefficient between indifferent dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (−0.22) negative correlation coefficient between indifferent dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (−0.31) negative correlation coefficient between indifferent dimension of PCR and temperamental aspect of self-concept.

iv. There is low degree but definite (−0.24) negative correlation coefficient between indifferent dimension of PCR and educational aspect of self-concept.

v. There is legal & reliable moderate degree of (−0.42) negative correlation coefficient between indifferent dimension of PCR and moral aspect of self-concept.

vi. There is negligible but (−0.05) positive correlation coefficient between indifferent dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (−0.02) negative correlation coefficient between indifferent dimension of PCR and self-acceptance.

7. Showing Correlation Coefficient between Symbolic Reward dimension of PCR (mother form) and all aspects of self Concepts as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
SR	0.41	0.25	0.40	0.41	0.26	0.33		0.14

Interpretation: (as per Appendix No. 04)

i. There is legal & reliable moderate degree of (0.41) positive correlation coefficient between symbolic reward dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (0.25) positive correlation coefficient between symbolic reward dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree (0.40) positive correlation coefficient between symbolic reward dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree (0.41) positive correlation coefficient between symbolic reward dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (0.26) positive correlation coefficient between symbolic reward dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (0.33) positive correlation coefficient between symbolic reward dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (0.14) positive correlation coefficient between symbolic reward dimension of PCR and self-acceptance.

8. Showing Correlation Coefficient between Loving dimension of PCR (mother form) and all aspects of self Concepts as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
LOV	0.40	0.22	0.41	0.54	0.13	0.34		0.20

Interpretation: (as per Appendix No. 04)

i. There is legal & reliable moderate degree (0.40) positive correlation coefficient between loving dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (0.22) positive correlation coefficient between loving dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (0.41) positive correlation coefficient between loving dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (0.54) positive correlation coefficient between loving dimension of PCR and educational aspect of self-concept.

v. There is negligible but (0.13) positive correlation coefficient between loving dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (0.34) positive correlation coefficient between loving dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (0.20) positive correlation coefficient between loving dimension of PCR and self-acceptance.

9. Showing Correlation Coefficient between Object Reward dimension of PCR (mother form) and all aspects of Self concept as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
OR	0.22	0.25	0.25	0.40	0.21	0.31		**-0.04**

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (0.22) positive correlation coefficient between object reward dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (0.25) positive correlation coefficient between object reward dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (0.25) positive correlation coefficient between object reward dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree (0.40) positive correlation coefficient between object reward dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (0.21) positive correlation coefficient between object reward dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (0.31) positive correlation coefficient between object reward dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (−0.04) negative correlation coefficient between object reward dimension of PCR and self-acceptance.

10. Showing Correlation Coefficient between Neglecting dimension of PCR (mother form) and all aspects of Self concept as well as self acceptance of adolescent with VI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
NEG	-0.15	-0.07	-0.22	-0.32	-0.20	-0.20		-0.06

Interpretation: (as per Appendix No. 04)

i. There is negligible but (−0.15) negative correlation coefficient between neglecting dimension of PCR and physical aspect of self-concept.

ii. There is negligible but (−0.07) negative correlation coefficient between neglecting dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (−0.22) negative correlation coefficient between neglecting dimension of PCR and temperamental aspect of self-concept.

iv. There is low degree but definite (−0.32) negative correlation coefficient between neglecting dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.20) negative correlation coefficient between neglecting dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (−0.20) negative correlation coefficient between neglecting dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (−0.06) negative correlation coefficient between neglecting dimension of PCR and self-acceptance.

Conclusion:

From the above table 4.5.3 result of correlation between parent-child relationship (mother form) and all aspects of self-concept as well as self-acceptance of adolescent students with visual impairment, it is found that:

1. There is positive correlation between protective dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means how much the parental (mother) protection increases or decreases, the all aspects self-concept as well as self-acceptance of adolescent children with visual impairment increases or decreases accordingly in that manner.

2. There is negative correlation between symbolic punishment dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) give more symbolic punishment to their children then development of all aspects of self concept as well as self acceptance of adolescent children with visual impairment get reduced and vice versa.

3. There is negative correlation between rejecting dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) shows rejecting attitude towards their children; then all aspects of self concept as well as self acceptance of adolescent children with visual impairment get worse and vice versa.

4. There is negative correlation between object punishment dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) give more object punishment to their children then development of all aspects of self concept as well as self acceptance of adolescent children with visual impairment get reduced and vice versa.

5. There is negative correlation between demanding dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) exhibit demanding attitude towards their children; then all aspects of self concept as well as self acceptance of adolescent children with visual impairment get worse and vice versa.

6. There is negative correlation between indifferent dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) exhibit indifferent attitude towards their children, then all aspects of self concept as well as self acceptance of adolescent children with visual impairment found worse.

7. There is positive correlation between symbolic reward dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the symbolic rewards from the parents (mother) increases or decreases; then all aspects of self concept as well as self acceptance of adolescent children with visual impairment increases or decreases accordingly.

8. There is positive correlation between loving dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when love of parents (mother) increases or decreases; then all aspects of self concept as well as self acceptance of adolescent children with visual impairment increases or decreases accordingly.

9. There is positive correlation between object reward dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the object rewards from the parents (mother) increases or decreases; then all aspects of self concept as well as self acceptance of adolescent children with visual impairment increases or decreases accordingly.

10. There is negative correlation between neglecting dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) demonstrate neglecting attitude towards their children; then all aspects of self concept as well as self acceptance of adolescent children with visual impairment become worse and vice versa.

Hypothesis: Hypothesis no. 3 is rejected as per the above conclusion.

Objective No. 4

4.5-D Correlation Coefficient between i) Parent-Child Relationship (Mother Form) and Self-Concept ii) Parent-Child Relationship (Mother Form) and Self Acceptance Subject (Samples) - Adolescents with Hearing Impairments.

In order to test the hypothesis No. 4 to find out correlation coefficient between Parent-Child Relationship (Mother Form) and Self-Concept Parent-Child Relationship (Mother Form) and Self Acceptance Subject (Samples) - Adolescents with Hearing Impairment, the researcher has analyzed the field data which have been clearly presented as follows:

Table 4.5.4

The Values of "r"

		Self-Concept (Y)							(Y)
Sl. No.	**PCR (X)**	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle**		**Self-Acceptance**
1	**PRO**	0.33	0.10	0.25	0.40	0.20	0.32		0.11
2	**SP**	-0.32	-0.07	-0.32	-0.49	-0.21	-0.36		-0.13
3	**REJ**	-0.37	-0.13	-0.44	-0.58	-0.24	-0.45		-0.06
4	**OP**	-0.44	-0.15	-0.43	-0.63	-0.26	-0.43		-0.21
5	**DEM**	-0.20	-0.06	-0.21	-0.38	-0.03	-0.24		-0.10
6	**IND**	-0.37	-0.21	-0.33	-0.36	-0.25	-0.12		-0.04
7	**SR**	0.40	0.30	0.49	0.45	0.34	0.35		0.13
8	**LOV**	0.36	0.15	0.29	0.41	0.10	0.24		0.25
9	**OR**	0.21	0.24	0.31	0.34	0.20	0.34		0.20
10	**NEG**	-0.11	-0.05	-0.21	-0.33	-0.28	-0.26		-0.05

The above table shows the calculated coefficient of correlation between Parent-Child Relationship (Mother Form) and Self-Concept of Adolescents with Hearing Impairments.

As well as coefficient of correlation between Parent-Child Relationship (Mother Form) and Self Acceptance of Adolescents with Hearing Impairments.

1. Showing Correlation Coefficient between Protective dimension of PCR (mother form) and all aspects of self concepts as well as self acceptance of adolescent with HI

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
PRO	0.33	0.10	0.25	0.40	0.20	0.32		0.11

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (0.33) positive correlation coefficient between protective dimension of PCR and physical aspect of self-concept.

ii. There is negligible but (0.10) positive correlation coefficient between protective dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (0.25) positive correlation coefficient between protective dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree (0.40) positive correlation coefficient between protective dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (0.20) positive correlation coefficient between protective dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (0.32) positive correlation coefficient between protective dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (0.11) positive correlation coefficient between protective dimension of PCR and self-acceptance.

2. Showing Correlation Coefficient between Symbolic Punishment dimension of PCR (mother form) and all aspects of self Concepts as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
SP	-0.32	-0.07	-0.32	-0.49	-0.21	-0.36		-0.13

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.32) negative correlation coefficient between symbolic punishment dimension of PCR and physical aspect of self-concept.

ii. There is negligible but (−0.07) negative correlation coefficient between symbolic punishment dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (−0.32) negative correlation coefficient between symbolic punishment dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.49) negative correlation coefficient between symbolic punishment dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.21) negative correlation coefficient between symbolic punishment dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (−0.36) negative correlation coefficient between symbolic punishment dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (−0.13) negative correlation coefficient between symbolic punishment dimension of PCR and self-acceptance.

3. Showing Correlation Coefficient between Rejecting dimension of PCR (mother form) and all aspects of self Concepts as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
REJ	-0.37	-0.13	-0.44	-0.58	-0.24	-0.45		-0.06

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.37) negative correlation coefficient between rejecting dimension of PCR and physical aspect of self-concept.

ii. There is negligible but (−0.13) negative correlation coefficient between rejecting dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (−0.44) negative correlation coefficient between rejecting dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.58) negative correlation coefficient between rejecting dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.24) negative correlation coefficient between rejecting dimension of PCR and moral aspect of self-concept.

vi. There is legal & reliable moderate degree of (−0.45) negative correlation coefficient between rejecting dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (−0.06) negative correlation coefficient between rejecting dimension of PCR and self-acceptance.

4. Showing Correlation Coefficient between Object Punishment dimension of PCR (mother form) and all aspects of self Concepts as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
OP	-0.44	-0.15	-0.43	-0.63	-0.26	-0.43		-0.21

Interpretation: (as per Appendix No. 04)

i. There is legal & reliable moderate degree of (−0.44) negative correlation coefficient between object punishment dimension of PCR and physical aspect of self-concept.

ii. There is negligible but (−0.15) negative correlation coefficient between object punishment dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (−0.43) negative correlation coefficient between object punishment dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (−0.63) negative correlation coefficient between object punishment dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.26) negative correlation coefficient between object punishment dimension of PCR and moral aspect of self-concept.

vi. There is legal & reliable moderate degree of (−0.43) negative correlation coefficient between object punishment dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (−0.21) negative correlation coefficient between object punishment dimension of PCR and self-acceptance.

5. Showing Correlation Coefficient between Demanding dimension of PCR (mother form) and all aspects of Self concept as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
DEM	-0.20	-0.06	-0.21	-0.38	-0.03	-0.24		-0.10

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.20) negative correlation coefficient between demanding dimension of PCR and physical aspect of self-concept.

ii. There is negligible but (−0.06) negative correlation coefficient between demanding dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (−0.21) negative correlation coefficient between demanding dimension of PCR and temperamental aspect of self-concept.

iv. There is low degree but definite (−0.38) negative correlation coefficient between demanding dimension of PCR and educational aspect of self-concept.

v. There is negligible but (−0.03) negative correlation coefficient between demanding dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (−0.24) negative correlation coefficient between demanding dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (−0.10) negative correlation coefficient between demanding dimension of PCR and self-acceptance.

6. Showing Correlation Coefficient between Indifferent dimension of PCR (mother form) and all aspects of Self concept as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
IND	-0.37	-0.21	-0.33	-0.36	-0.25	-0.12		-0.04

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (−0.37) negative correlation coefficient between indifferent dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (−0.21) negative correlation coefficient between indifferent dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (−0.33) negative correlation coefficient between indifferent dimension of PCR and temperamental aspect of self-concept.

iv. There is low degree but definite (−0.36) negative correlation coefficient between indifferent dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (−0.25) negative correlation coefficient between indifferent dimension of PCR and moral aspect of self-concept.

vi. There is negligible but (−0.12) negative correlation coefficient between indifferent dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (−0.04) negative correlation coefficient between indifferent dimension of PCR and self-acceptance.

7. Showing Correlation Coefficient between Symbolic Reward dimension of PCR (mother form) and all aspects of self Concepts as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
SR	0.40	0.30	0.49	0.45	0.34	0.35		0.13

Interpretation: (as per Appendix No. 04)

i. There is legal & reliable moderate degree (0.40) positive correlation coefficient between symbolic reward dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (0.30) positive correlation coefficient between symbolic reward dimension of PCR and social aspect of self-concept.

iii. There is legal & reliable moderate degree of (0.49) positive correlation coefficient between symbolic reward dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (0.45) positive correlation coefficient between symbolic reward dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (0.34) positive correlation coefficient between symbolic reward dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (0.35) positive correlation coefficient between symbolic reward dimension of PCR and intellectual aspect of self-concept.

vii. There is negligible but (0.13) positive correlation coefficient between symbolic reward dimension of PCR and self-acceptance.

8. Showing Correlation Coefficient between Loving dimension of PCR (mother form) and all aspects of self Concepts as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
LOV	0.36	0.15	0.29	0.41	0.10	0.24		0.25

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (0.36) positive correlation coefficient between loving dimension of PCR and physical aspect of self-concept.

ii. There is negligible but (0.15) positive correlation coefficient between loving dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (0.29) positive correlation coefficient between loving dimension of PCR and temperamental aspect of self-concept.

iv. There is legal & reliable moderate degree of (0.41) positive correlation coefficient between loving dimension of PCR and educational aspect of self-concept.

v. There is negligible but (0.10) positive correlation coefficient between loving dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (0.24) positive correlation coefficient between loving dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (0.25) positive correlation coefficient between loving dimension of PCR and self-acceptance.

9. Showing Correlation Coefficient between Object Reward dimension of PCR (mother form) and all aspects of Self concept as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							**(Y)**
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu**	**E Moral**	**F Intelle**		**Self-Acceptance**
OR	0.21	0.24	0.31	0.34	0.20	0.34		0.20

Interpretation: (as per Appendix No. 04)

i. There is low degree but definite (0.21) positive correlation coefficient between object reward dimension of PCR and physical aspect of self-concept.

ii. There is low degree but definite (0.24) positive correlation coefficient between object reward dimension of PCR and social aspect of self-concept.

iii. There is low degree but definite (0.31) positive correlation coefficient between object reward dimension of PCR and temperamental aspect of self-concept.

iv. There is low degree but definite (0.34) positive correlation coefficient between object reward dimension of PCR and educational aspect of self-concept.

v. There is low degree but definite (0.20) positive correlation coefficient between object reward dimension of PCR and moral aspect of self-concept.

vi. There is low degree but definite (0.34) positive correlation coefficient between object reward dimension of PCR and intellectual aspect of self-concept.

vii. There is low degree but definite (0.20) positive correlation coefficient between object reward dimension of PCR and self-acceptance.

10. Showing Correlation Coefficient between Neglecting dimension of PCR (mother form) and all aspects of Self concept as well as self acceptance of adolescent with HI:

	Self-Concept (Y)							(Y)
PCR (X)	**A Physical**	**B Social**	**C Temp.**	**D Edu.**	**E Moral**	**F Intelle.**		**Self-Acceptance**
NEG	-0.11	-0.05	-0.21	-0.33	-0.28	-0.26		-0.05

Interpretation: (as per Appendix No. 04)

i. There is negligible but (−0.11) negative correlation coefficient between neglecting dimension of PCR and physical aspect of self-concept.
ii. There is negligible but (−0.05) negative correlation coefficient between neglecting dimension of PCR and social aspect of self-concept.
iii. There is low degree but definite (−0.21) negative correlation coefficient between neglecting dimension of PCR and temperamental aspect of self-concept.
iv. There is low degree but definite (−0.33) negative correlation coefficient between neglecting dimension of PCR and educational aspect of self-concept.
v. There is low degree but definite (−0.28) negative correlation coefficient between neglecting dimension of PCR and moral aspect of self-concept.
vi. There is low degree but definite (−0.26) negative correlation coefficient between neglecting dimension of PCR and intellectual aspect of self-concept.
vii. There is negligible but (−0.05) negative correlation coefficient between neglecting dimension of PCR and self-acceptance.

Conclusion:

From the above table 4.5.4 result of correlation between parent-child relationship (mother form) and all aspects of self-concept as well as self-acceptance of adolescent students with hearing impairment, it is found that:

1. There is positive correlation between protective dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means how much the parental (mother) protection increases or decreases, the all aspects self-concept as well as self-acceptance of adolescent children with hearing impairment increases or decreases accordingly in that manner.

2. There is negative correlation between symbolic punishment dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) give more symbolic punishment to their children then development of all aspects of self concept as well as self acceptance of adolescent children with hearing impairment get reduced and vice versa.

3. There is negative correlation between rejecting dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) shows rejecting attitude towards their children; then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment get worse and vice versa.

4. There is negative correlation between object punishment dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) give more object punishment to their children then development of all aspects of self concept as well as self acceptance of adolescent children with hearing impairment get reduced and vice versa.

5. There is negative correlation between demanding dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) exhibit demanding attitude towards their children; then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment get worse and vice versa.

6. There is negative correlation between indifferent dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) exhibit indifferent attitude towards their children, then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment found worse.

7. There is positive correlation between symbolic reward dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the symbolic rewards from the parents (mother) increases or decreases; then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment increases or decreases accordingly.

8. There is positive correlation between loving dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when love of parents (mother) increases or decreases; then all aspects of self concept as well as self

acceptance of adolescent children with hearing impairment increases or decreases accordingly.

9. There is positive correlation between object reward dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the object rewards from the parents (mother) increases or decreases; then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment increases or decreases accordingly.

10. There is negative correlation between neglecting dimension of PCR (mother form) and all aspects of self-concept as well as self-acceptance. It means when the parents (mother) demonstrate neglecting attitude towards their children; then all aspects of self concept as well as self acceptance of adolescent children with hearing impairment become worse and vice versa.

Hypothesis: Hypothesis no. 4 is rejected as per the above conclusion.

4.6 RESULTS OF 't' TEST

To study the significant difference between two correlations:

After calculated the correlation coefficient, the data is analyzed by applying following formula for 't' Test to study the significant difference between two correlations:

1. To study the significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.
2. To study the significant difference in correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.
3. To study the significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.
4. To study the significant difference in correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

't' Test is calculated by applying following formula on the calculated correlation coefficent to examined the significance differences between two correlations.

Calculation of 't' value use the following formula:

$$t = \frac{Z1 - Z2}{\sqrt{\frac{1}{N1 - 3} + \frac{1}{N2 - 3}}}$$

For calculating of Standard Error of the difference between two *z* coefficients by use the following formula:

$$\delta Dz = \sigma Z1 - \sigma Z2 = \sqrt{\frac{1}{N1 - 3} + \frac{1}{N2 - 3}}$$

(SE of the difference between two *z* coefficients)

Objective No. 5

4.6.1 Significance of the Difference between two Correlations i.e. PCR (father form) and Self concept of adolescent with VI & HI:

In order to test the hypothesis No. 5, the researcher has calculated the t values to find out Significance of difference between two correlations i.e. all dimension of Parent-Child Relationship (father form) and all aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment. The tables showing t' values are reasonably presented as follows in table 4.6.1 to 4.6.60:

Table No. 4.6.1

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Physical (SC)	250	0.41	0.44	0.16	0.090	1.78
HI	PRO (PCR) & Physical (SC)	250	0.27	0.28			

Tabulated 't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 1 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.41 and 0.27 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.44 and 0.28 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.16. The calculated "t" value is 1.78.

Interpretation: It is found that, the calculated "t" value 1.78 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (father form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Fig. 4.6.1 A

Graph showing difference between two Fisher's *z* correlations coefficient

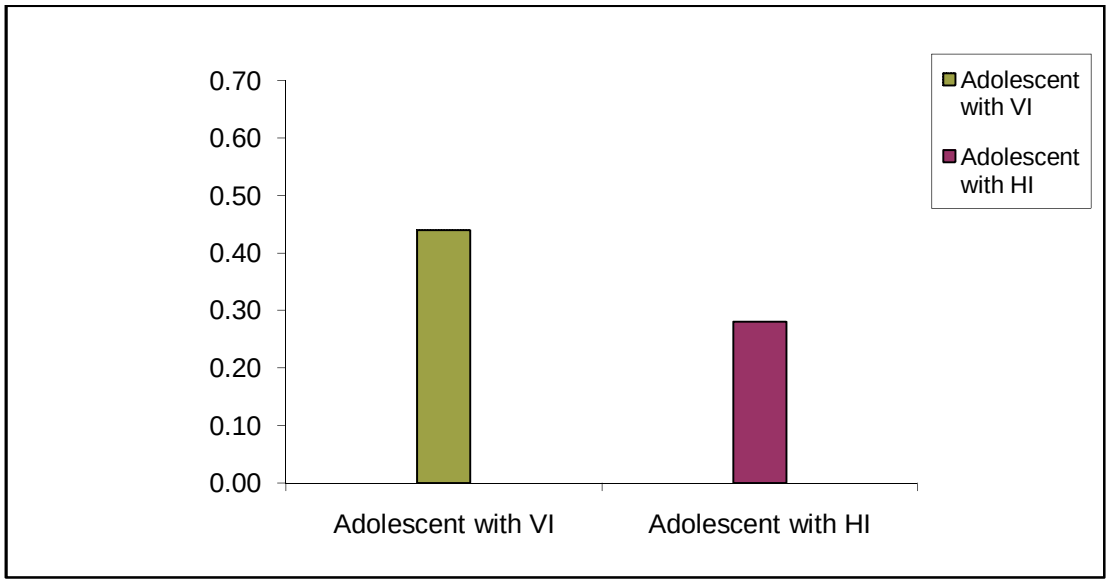


Table No. 4.6.2

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Social (SC)	250	0.14	0.14	0.06	0.090	0.67
HI	PRO (PCR) & Social (SC)	250	0.20	0.20			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 2 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.14 and 0.20 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.14 and 0.20 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.06. The calculated "t" value is 0.67.

Interpretation: It is found that, the calculated "t" value 0.67 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (father form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Fig. 4.6.2 B

Graph showing difference between two Fisher's *z* correlations coefficient

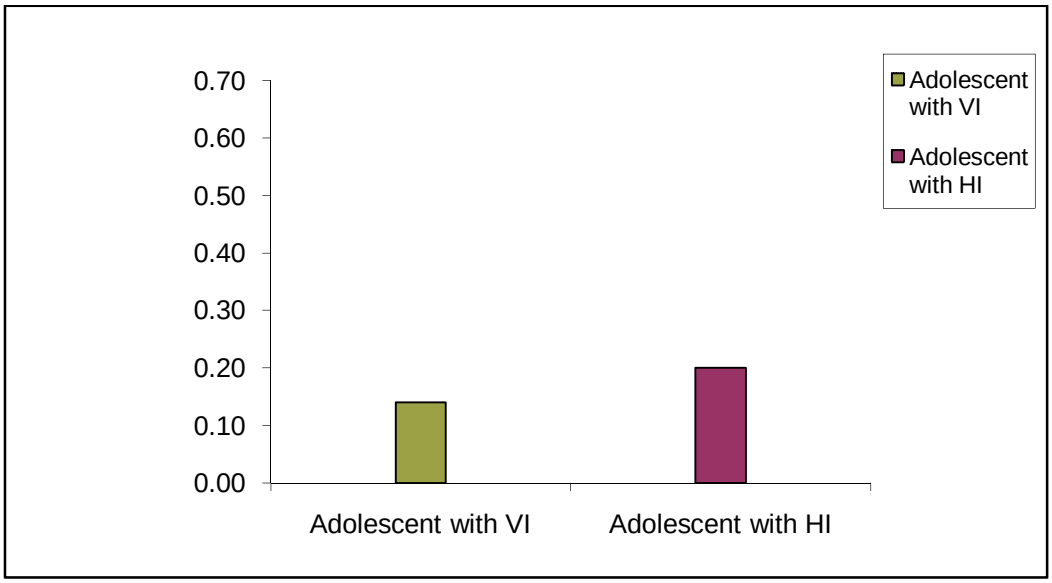


Table No. 4.6.3

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Temp. (SC)	250	0.37	0.39	0.03	0.090	0.33
HI	PRO (PCR) & Temp. (SC)	250	0.40	0.42			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 3 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.37 and 0.40 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.39 and 0.42 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (father form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.4

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Edu. (SC)	250	0.53	0.59	0.09	0.090	1.00
HI	PRO (PCR) & Edu. (SC)	250	0.46	0.50			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 4 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.53 and 0.46 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.59 and 0.50 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.09. The calculated "t" value is 1.00.

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (father form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.5

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Moral (SC)	250	0.26	0.27	0.19	0.090	2.11 *
HI	PRO (PCR) & Moral (SC)	250	0.08	0.08			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 5 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (father form) and moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.26 and 0.08 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.27 and 0.08 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.19. The calculated "t" value is 2.11.

Interpretation: It is found that, the calculated "t" value 2.11 is more than tabulated "t" values 1.96 at 0.05 and less than 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between protecting dimension of parent-child relationship (father form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.6

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Intellectual (SC)	250	0.40	0.42	0.09	0.090	1.00
HI	PRO (PCR) & Intellectual (SC)	250	0.32	0.33			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 6 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (father form) and intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.40 and 0.32 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.42 and 0.33 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.09. The calculated "t" value is 1.00.

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (father form) and intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.7

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Physical (SC)	250	– 0.23	0.23	0.09	0.090	1.00
HI	SP (PCR) & Physical (SC)	250	– 0.31	0.32			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 7 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.23 and – 0.31 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.23 and 0.32 respectively, and the difference between Z scores (Z_1– Z_2) is 0.09. The calculated "t" value is 1.00.

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (father form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.8

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Social (SC)	250	– 0.09	0.09	0.12	0.090	1.34
HI	SP (PCR) & Social (SC)	250	– 0.21	0.21			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 8 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (father form) and social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.09 and – 0.21 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.09 and 0.21 respectively, and the difference between Z scores (Z_1– Z_2) is 0.12. The calculated "t" value is 1.34.

Interpretation: It is found that, the calculated "t" value 1.34 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (father form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.9

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Temp. (SC)	250	– 0.35	0.37	0.14	0.090	1.56
HI	SP (PCR) & Temp. (SC)	250	– 0.23	0.23			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 9 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (father form) and temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.35 and – 0.23 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.37 and 0.23 respectively, and the difference between Z scores (Z_1– Z_2) is 0.14. The calculated "t" value is 1.56.

Interpretation: It is found that, the calculated "t" value 1.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (father form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.10

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Edu. (SC)	250	– 0.53	0.59	0.09	0.090	1.00
HI	SP (PCR) & Edu. (SC)	250	– 0.46	0.50			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 10 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (father form) and educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.53 and – 0.46 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.59 and 0.50 respectively, and the difference between Z scores (Z_1– Z_2) is 0.09. The calculated "t" value is 1.00.

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (father form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.11

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Moral (SC)	250	– 0.21	0.21	0.09	0.090	1.00
HI	SP (PCR) & Moral (SC)	250	– 0.29	0.30			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 11 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (father form) and moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.21 and – 0.29 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.21 and 0.30 respectively, and the difference between Z scores (Z_1– Z_2) is 0.09. The calculated "t" value is 1.00.

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (father form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.12

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Intellectual (SC)	250	– 0.41	0.44	0.13	0.090	1.44
HI	SP (PCR) & Intellectual (SC)	250	– 0.30	0.31			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 12 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.41 and – 0.30 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.44 and 0.31 respectively, and the difference between Z scores (Z_1– Z_2) is 0.13. The calculated "t" value is 1.44.

Interpretation: It is found that, the calculated "t" value 1.44 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (father form) and Intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.13

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Physical (SC)	250	– 0.33	0.34	0.04	0.090	0.44
HI	REJ (PCR) & Physical (SC)	250	– 0.36	0.38			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 13 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.33 and – 0.36 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.34 and 0.38 respectively, and the difference between Z scores (Z_1– Z_2) is 0.04. The calculated "t" value is 0.44.

Interpretation: It is found that, the calculated "t" value 0.44 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (father form) and Physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.14

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Social (SC)	250	– 0.13	0.13	0.15	0.090	1.66
HI	REJ (PCR) & Social (SC)	250	– 0.27	0.28			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 14 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (father form) and social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.13 and – 0.27 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.13 and 0.28 respectively, and the difference between Z scores (Z_1– Z_2) is 0.15 The calculated "t" value is 1.66.

Interpretation: It is found that, the calculated "t" value 1.66 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (father form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.15

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Temp. (SC)	250	– 0.47	0.51	0.01	0.090	0.11
HI	REJ (PCR) & Temp. (SC)	250	– 0.48	0.52			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 15 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (father form) and temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.47 and – 0.48 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.51 and 0.52 respectively, and the difference between Z scores (Z_1– Z_2) is 0.15 The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (father form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.16

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Edu. (SC)	250	– 0.57	0.65	0.06	0.090	0.67
HI	REJ (PCR) & Edu. (SC)	250	– 0.53	0.59			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 16 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.57 and – 0.53 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.65 and 0.69 respectively, and the difference between Z scores (Z_1– Z_2) is 0.06 The calculated "t" value is 0.67.

Interpretation: It is found that, the calculated "t" value 0.67 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (father form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.17

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Moral (SC)	250	– 0.29	0.30	0.06	0.090	0.67
HI	REJ (PCR) & Moral (SC)	250	– 0.24	0.24			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 17 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.29 and – 0.24 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.30 and 0.24 respectively, and the difference between Z scores (Z_1– Z_2) is 0.06 The calculated "t" value is 0.67.

Interpretation: It is found that, the calculated "t" value 0.67 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (father form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.18

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Intellectual (SC)	250	– 0.52	0.58	0.25	0.090	2.77 **
HI	REJ (PCR) & Intellectual (SC)	250	– 0.32	0.33			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 18 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.52 and – 0.32 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.58 and 0.33 respectively, and the difference between Z scores (Z_1– Z_2) is 0.25 The calculated "t" value is 2.77.

Interpretation: It is found that, the calculated "t" value 2.77 is more than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between rejecting dimension of parent-child relationship (father form) and Intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.19

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Physical (SC)	250	– 0.47	0.51	0.01	0.090	0.11
HI	OP (PCR) & Physical (SC)	250	– 0.48	0.52			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 19 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.47 and – 0.48 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.51 and 0.25 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (father form) and Physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.20

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Social (SC)	250	– 0.21	0.21	0.01	0.090	0.11
HI	OP (PCR) & Social (SC)	250	– 0.20	0.20			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 20 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.21 and – 0.20 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.21 and 0.20 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (father form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.21

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Temp. (SC)	250	– 0.42	0.45	0.09	0.090	1.00
HI	OP (PCR) & Temp. (SC)	250	– 0.49	0.54			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 21 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.42 and – 0.49 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.45 and 0.54 respectively, and the difference between Z scores (Z_1– Z_2) is 0.09. The calculated "t" value is 1.00.

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (father form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.22

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Edu. (SC)	250	– 0.62	0.73	0.08	0.090	0.89
HI	OP (PCR) & Edu. (SC)	250	– 0.67	0.81			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 22 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.62 and – 0.67 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.73 and 0.81 respectively, and the difference between Z scores (Z_1– Z_2) is 0.08. The calculated "t" value is 0.89.

Interpretation: It is found that, the calculated "t" value 0.89 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (father form) and Educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.23

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Moral (SC)	250	– 0.24	0.24	0.03	0.090	0.33
HI	OP (PCR) & Moral (SC)	250	– 0.21	0.21			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 23 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.24 and – 0.21 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.24 and 0.21 respectively, and the difference between Z scores (Z_1– Z_2) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (father form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.24

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Intellectual (SC)	250	– 0.40	0.42	0.03	0.090	0.33
HI	OP (PCR) & Intellectual (SC)	250	– 0.42	0.45			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 24 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.40 and – 0.42 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.42 and 0.45 respectively, and the difference between Z scores (Z_1– Z_2) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (father form) and Intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.25

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Physical (SC)	250	– 0.11	0.11	0.28	0.090	3.11 **
HI	DEM (PCR) & Physical (SC)	250	– 0.37	0.39			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 25 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.11 and – 0.37 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.11 and 0.39 respectively, and the difference between Z scores (Z_1– Z_2) is 0.28. The calculated "t" value is 3.11.

Interpretation: It is found that, the calculated "t" value 3.11 is more than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between demanding dimension of parent-child relationship (father form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.26

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Social (SC)	250	0.07	0.07	0.08	0.090	0.89
HI	DEM (PCR) & Social (SC)	250	– 0.15	0.15			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 26 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.07 and – 0.15 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.07 and 0.15 respectively, and the difference between Z scores (Z_1– Z_2) is 0.08. The calculated "t" value is 0.89.

Interpretation: It is found that, the calculated "t" value 0.89 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between demanding dimension of parent-child relationship (father form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.27

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Temp. (SC)	250	– 0.20	0.20	0.22	0.090	2.44 *
HI	DEM (PCR) & Temp. (SC)	250	– 0.40	0.42			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 27 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.20 and – 0.40 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.42 respectively, and the difference between Z scores (Z_1– Z_2) is 0.22. The calculated "t" value is 2.44.

Interpretation: It is found that, the calculated "t" value 2.44 is more than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between demanding dimension of parent-child relationship (father form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.28

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Edu. (SC)	250	– 0.35	0.37	0.25	0.090	2.77 **
HI	DEM (PCR) & Edu. (SC)	250	– 0.55	0.62			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 28 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.35 and – 0.55 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.37 and 0.62 respectively, and the difference between Z scores (Z_1– Z_2) is 0.25. The calculated "t" value is 2.77.

Interpretation: It is found that, the calculated "t" value 2.77 is more than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between demanding dimension of parent-child relationship (father form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.29

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Moral (SC)	250	– 0.02	0.02	0.25	0.090	2.77 **
HI	DEM (PCR) & Moral (SC)	250	– 0.26	0.27			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 29 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.02 and – 0.26 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.02 and 0.27 respectively, and the difference between Z scores (Z_1– Z_2) is 0.25. The calculated "t" value is 2.77.

Interpretation: It is found that, the calculated "t" value 2.77 is more than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between demanding dimension of parent-child relationship (father form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.30

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Intellectual (SC)	250	– 0.21	0.21	0.23	0.090	2.55 *
HI	DEM (PCR) & Intellectual (SC)	250	– 0.41	0.44			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 30 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.21 and – 0.41 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.21 and 0.44 respectively, and the difference between Z scores (Z_1– Z_2) is 0.23. The calculated "t" value is 2.55.

Interpretation: It is found that, the calculated "t" value 2.55 is more than tabulated "t" values 1.96 at 0.05 and less than 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between demanding dimension of parent-child relationship (father form) and Intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.31

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Physical (SC)	250	– 0.29	0.30	0.03	0.090	0.33
HI	IND (PCR) & Physical (SC)	250	– 0.26	0.27			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 31 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.29 and – 0.26 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.30 and 0.27 respectively, and the difference between Z scores (Z_1– Z_2) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (father form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.32

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Social (SC)	250	– 0.20	0.20	0.14	0.090	1.56
HI	IND (PCR) & Social (SC)	250	– 0.06	0.06			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 32 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.20 and – 0.06 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.06 respectively, and the difference between Z scores (Z_1– Z_2) is 0.14. The calculated "t" value is 1.56.

Interpretation: It is found that, the calculated "t" value 1.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (father form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.33

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Temp. (SC)	250	– 0.23	0.23	0.01	0.090	0.11
HI	IND (PCR) & Temp. (SC)	250	– 0.22	0.22			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 33 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.23 and – 0.22 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.23 and 0.22 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (father form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.34

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Edu. (SC)	250	– 0.24	0.24	0.03	0.090	0.33
HI	IND (PCR) & Edu. (SC)	250	– 0.26	0.27			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 34 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.24 and – 0.26 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.24 and 0.27 respectively, and the difference between Z scores (Z_1– Z_2) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (father form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.35

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Moral (SC)	250	– 0.32	0.33	0.20	0.090	2.22 *
HI	IND (PCR) & Moral (SC)	250	– 0.13	0.13			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 35 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.32 and – 0.13 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.33 and 0.13 respectively, and the difference between Z scores (Z_1– Z_2) is 0.20. The calculated "t" value is 2.22.

Interpretation: It is found that, the calculated "t" value 2.22 is more than tabulated "t" values 1.96 at 0.05 and less than 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between indifferent dimension of parent-child relationship (father form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.36

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Intellectual (SC)	250	– 0.12	0.12	0.06	0.090	0.67
HI	IND (PCR) & Intellectual (SC)	250	– 0.06	0.06			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 36 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.12 and – 0.06 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.12 and 0.06 respectively, and the difference between Z scores (Z_1– Z_2) is 0.06. The calculated "t" value is 0.67.

Interpretation: It is found that, the calculated "t" value 0.67 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (father form) and intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.37

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Physical (SC)	250	0.46	0.50	0.18	0.090	2.00 *
HI	SR (PCR) & Physical (SC)	250	0.31	0.32			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 37 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.46 and 0.31 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.50 and 0.32 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.18. The calculated "t" value is 2.00.

Interpretation: It is found that, the calculated "t" value 2.00 is more than tabulated "t" values 1.96 at 0.05 and less than 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between symbolic reward dimension of parent-child relationship (father form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.38

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Social (SC)	250	0.35	0.37	0.08	0.090	0.89
HI	SR (PCR) & Social (SC)	250	0.28	0.29			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 38 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.35 and 0.28 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.37 and 0.29 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.08. The calculated "t" value is 0.89.

Interpretation: It is found that, the calculated "t" value 0.89 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic reward dimension of parent-child relationship (father form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.39

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Temp. (SC)	250	0.48	0.52	0.18	0.090	2.00 *
HI	SR (PCR) & Temp. (SC)	250	0.33	0.34			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 39 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.48 and 0.33 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.52 and 0.34 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.18. The calculated "t" value is 2.00.

Interpretation: It is found that, the calculated "t" value 2.00 is more than tabulated "t" values 1.96 at 0.05 and less than 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between symbolic reward dimension of parent-child relationship (father form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.40

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Edu. (SC)	250	0.47	0.51	0.17	0.090	1.89
HI	SR (PCR) & Edu. (SC)	250	0.33	0.34			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 40 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.47 and 0.33 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.51 and 0.34 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.17. The calculated "t" value is 1.89.

Interpretation: It is found that, the calculated "t" value 1.89 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic reward dimension of parent-child relationship (father form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.41

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Moral (SC)	250	0.35	0.37	0.05	0.090	0.56
HI	SR (PCR) & Moral (SC)	250	0.31	0.32			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 41 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.35 and 0.31 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.37 and 0.32 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.05. The calculated "t" value is 0.56.

Interpretation: It is found that, the calculated "t" value 0.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic reward dimension of parent-child relationship (father form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.42

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Intellectual (SC)	250	0.37	0.39	0.03	0.090	0.33
HI	SR (PCR) & Intellectual (SC)	250	0.40	0.42			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 42 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.37 and 0.40 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.39 and 0.42 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.89 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic reward dimension of parent-child relationship (father form) and intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.43

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Physical (SC)	250	0.28	0.29	0.06	0.090	0.67
HI	LOV (PCR) & Physical (SC)	250	0.23	0.23			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 43 the values of (r) correlation between Loving dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.28 and 0.23 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.29 and 0.23 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.06. The calculated "t" value is 0.67.

Interpretation: It is found that, the calculated "t" value 0.67 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between loving dimension of parent-child relationship (father form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.44

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Social (SC)	250	0.14	0.14	0.09	0.090	1.00
HI	LOV (PCR) & Social (SC)	250	0.05	0.05			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 44 the values of (r) correlation between Loving dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.14 and 0.05 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.14 and 0.05 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.09. The calculated "t" value is 1.00.

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between loving dimension of parent-child relationship (father form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.45

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Temp. (SC)	250	0.32	0.33	0.19	0.090	2.11 *
HI	LOV (PCR) & Temp. (SC)	250	0.14	0.14			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 45 the values of (r) correlation between Loving dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.32 and 0.14 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.33 and 0.14 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.19. The calculated "t" value is 2.11.

Interpretation: It is found that, the calculated "t" value 2.11 is more than tabulated "t" values 1.96 at 0.05 and less than 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between loving dimension of parent-child relationship (father form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.46

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Edu. (SC)	250	0.48	0.52	0.25	0.090	2.77 **
HI	LOV (PCR) & Edu. (SC)	250	0.26	0.27			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 46 the values of (r) correlation between Loving dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.48 and 0.26 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.52 and 0.27 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.25. The calculated "t" value is 2.77.

Interpretation: It is found that, the calculated "t" value 2.77 is more than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between loving dimension of parent-child relationship (father form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.47

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Moral (SC)	250	0.02	0.02	0.08	0.090	0.89
HI	LOV (PCR) & Moral (SC)	250	– 0.10	0.10			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 47 the values of (r) correlation between Loving dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.02 and – 0.10 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.02 and 0.10 respectively, and the difference between Z scores (Z_1– Z_2) is 0.08. The calculated "t" value is 0.89.

Interpretation: It is found that, the calculated "t" value 0.89 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between loving dimension of parent-child relationship (father form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.48

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Intellectual (SC)	250	0.25	0.26	0.02	0.090	0.22
HI	LOV (PCR) & Intellectual (SC)	250	0.27	0.28			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 48 the values of (r) correlation between Loving dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.25 and 0.27 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.26 and 0.28 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.02. The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between loving dimension of parent-child relationship (father form) and intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.49

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Physical (SC)	250	0.23	0.23	0.01	0.090	0.11
HI	OR (PCR) & Physical (SC)	250	0.22	0.22			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 49 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.23 and 0.22 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.23 and 0.22 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (father form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.50

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Social (SC)	250	0.24	0.24	0.05	0.090	0.56
HI	OR (PCR) & Social (SC)	250	0.28	0.29			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 50 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.24 and 0.28 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.24 and 0.29 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.05. The calculated "t" value is 0.56.

Interpretation: It is found that, the calculated "t" value 0.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (father form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.51

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Temp. (SC)	250	0.27	0.28	0.01	0.090	0.11
HI	OR (PCR) & Temp. (SC)	250	0.26	0.27			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 51 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.27 and 0.26 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.28 and 0.27 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (father form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.52

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Edu. (SC)	250	0.37	0.39	0.05	0.090	0.56
HI	OR (PCR) & Edu. (SC)	250	0.33	0.34			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 52 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.37 and 0.33 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.39 and 0.34 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.05. The calculated "t" value is 0.56.

Interpretation: It is found that, the calculated "t" value 0.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (father form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.53

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Moral (SC)	250	0.16	0.16	0.05	0.090	0.56
HI	OR (PCR) & Moral (SC)	250	0.21	0.21			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 53 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.16 and 0.21 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.16 and 0.21 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.05. The calculated "t" value is 0.56.

Interpretation: It is found that, the calculated "t" value 0.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (father form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.54

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Intellectual (SC)	250	0.31	0.32	0.07	0.090	0.78
HI	OR (PCR) & Intellectual (SC)	250	0.37	0.39			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 54 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.31 and 0.37 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.32 and 0.39 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.07. The calculated "t" value is 0.78.

Interpretation: It is found that, the calculated "t" value 0.78 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (father form) and intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.55

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Physical (SC)	250	– 0.17	0.17	0.28	0.090	3.11 **
HI	NEG (PCR) & Physical (SC)	250	– 0.42	0.45			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 55 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (father form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.17 and – 0.42 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.17 and 0.45 respectively, and the difference between Z scores (Z_1– Z_2) is 0.28. The calculated "t" value is 3.11.

Interpretation: It is found that, the calculated "t" value 3.11 is more than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between Neglecting dimension of parent-child relationship (father form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.56

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Social (SC)	250	– 0.05	0.05	0.01	0.090	0.11
HI	NEG (PCR) & Social (SC)	250	– 0.06	0.06			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 56 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (father form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.05 and – 0.06 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.05 and 0.06 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between neglecting dimension of parent-child relationship (father form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.57

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Temp. (SC)	250	– 0.20	0.20	0.31	0.090	3.44 **
HI	NEG (PCR) & Temp. (SC)	250	– 0.47	0.51			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 57 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.20 and – 0.47 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.51 respectively, and the difference between Z scores (Z_1– Z_2) is 0.31. The calculated "t" value is 3.44.

Interpretation: It is found that, the calculated "t" value 3.44 is more than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between Neglecting dimension of parent-child relationship (father form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.58

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Edu. (SC)	250	– 0.31	0.32	0.20	0.090	2.22 *
HI	NEG (PCR) & Edu. (SC)	250	– 0.48	0.52			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 58 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.31 and – 0.48 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.32 and 0.52 respectively, and the difference between Z scores (Z_1– Z_2) is 0.20. The calculated "t" value is 2.22.

Interpretation: It is found that, the calculated "t" value 2.22 is more than tabulated "t" values 1.96 at 0.05 and less than 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between Neglecting dimension of parent-child relationship (father form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is rejected as per the above conclusion.

Table No. 4.6.59

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Moral (SC)	250	– 0.30	0.31	0.01	0.090	0.11
HI	NEG (PCR) & Moral (SC)	250	– 0.29	0.30			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 59 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.30 and – 0.49 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.31 and 0.30 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Neglecting dimension of parent-child relationship (father form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Table No. 4.6.60

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (father form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Intellectual (SC)	250	– 0.27	0.28	0.09	0.090	1.00
HI	NEG (PCR) & Intellectual (SC)	250	– 0.35	0.37			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 60 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (father form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.27 and – 0.35 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.28 and 0.37 respectively, and the difference between Z scores (Z_1– Z_2) is 0.09. The calculated "t" value is 1.00

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Neglecting dimension of parent-child relationship (father form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 5 is accepted as per the above conclusion.

Objective No. 6

4.6.2 Significance of the Difference between two Correlations i.e. PCR (father form) and Self-acceptance of adolescent with VI & HI:

In order to test the hypothesis No. 6, the researcher has calculated the t values to find out Significance of difference between two correlations i.e. all dimension of Parent-Child Relationship (father form) and Self-acceptance of adolescent students with visual impairment as well as hearing impairment. The tables showing t' values are reasonably presented as follows in table 4.6.61 to 4.6.70:

Table No. 4.6.61

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Self Acceptance	250	0.20	0.20	0.03	0.090	0.33
HI	PRO (PCR) & Self Acceptance	250	0.17	0.17			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 61 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are 0.20 and 0.17 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.17 respectively, and the difference between Z scores ($Z_1 - Z_2$) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 6 is accepted as per the above conclusion.

Table No. 4.6.62

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Self Acceptance	250	– 0.21	0.21	0.01	0.090	0.11
HI	SP (PCR) & Self Acceptance	250	– 0.20	0.20			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 62 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are – 0.21 and – 0.20 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.21 and 0.20 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 6 is accepted as per the above conclusion.

Table No. 4.6.63

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Self Acceptance	250	– 0.08	0.08	0.03	0.090	0.33
HI	REJ (PCR) & Self Acceptance	250	– 0.11	0.11			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 63 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are –0.08 and – 0.11 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.08 and 0.11 respectively, and the difference between Z scores (Z_1– Z_2) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 6 is accepted as per the above conclusion.

Table No. 4.6.64

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Self Acceptance	250	– 0.26	0.27	0.01	0.090	0.11
HI	OP (PCR) & Self Acceptance	250	– 0.25	0.26			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 64 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are – 0.26 and – 0.25 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.27 and 0.26 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 6 is accepted as per the above conclusion.

Table No. 4.6.65

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Self Acceptance	250	– 0.11	0.11	0.09	0.090	1.00
HI	DEM (PCR) & Self Acceptance	250	– 0.20	0.20			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 65 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are – 0.11 and – 0.20 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.11 and 0.20 respectively, and the difference between Z scores (Z_1-Z_2) is 0.09. The calculated "t" value is 1.00

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between demanding dimension of parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 6 is accepted as per the above conclusion.

Table No. 4.6. 66

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Self Acceptance	250	0.02	0.02	0.02	0.090	0.22
HI	IND (PCR) & Self Acceptance	250	– 0.04	0.04			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 66 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are 0.02 and – 0.04 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.02 and 0.04 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.02. The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 6 is accepted as per the above conclusion.

Table No. 4.6.67

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Self Acceptance	250	0.20	0.20	0.11	0.090	1.22
HI	SR (PCR) & Self Acceptance	250	0.09	0.09			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 67 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are 0.20 and 0.09 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.09 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.11. The calculated "t" value is 1.22.

Interpretation: It is found that, the calculated "t" value 1.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic reward dimension of parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 6 is accepted as per the above conclusion.

Table No. 4.6.68

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Self Acceptance	250	0.24	0.24	0.04	0.090	0.44
HI	LOV (PCR) & Self Acceptance	250	0.20	0.20			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 68 the values of (r) correlation between Loving dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are 0.24 and 0.20 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.24 and 0.20 respectively, and the difference between Z scores ($Z_1 - Z_2$) is 0.04. The calculated "t" value is 0.44.

Interpretation: It is found that, the calculated "t" value 0.44 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between loving dimension of parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 6 is accepted as per the above conclusion.

Table No. 4.6.69

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Self Acceptance	250	0.03	0.03	0.02	0.090	0.22
HI	OR (PCR) & Self Acceptance	250	0.05	0.05			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 69 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are 0.03 and 0.05 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.03 and 0.05 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.02. The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object reward dimension of parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 6 is accepted as per the above conclusion.

Table No. 4.6.70

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Self Acceptance	250	– 0.08	0.08	0.07	0.090	0.78
HI	NEG (PCR) & Self Acceptance	250	– 0.01	0.01			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 70 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are –0.08 and – 0.01 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.08 and 0.01 respectively, and the difference between Z scores (Z_1– Z_2) is 0.07. The calculated "t" value is 0.78.

Interpretation: It is found that, the calculated "t" value 0.78 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between neglecting dimension of parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 6 is accepted as per the above conclusion.

Objective No. 7

4.6.3 Significance of the Difference between two Correlations i.e. PCR (mother form) and Self-concept of adolescent with VI & HI:

In order to test the hypothesis No. 7, the researcher has calculated the t values to find out Significance of difference between two correlations i.e. all dimension of Parent-Child Relationship (Mother form) and all aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment. The tables showing t' values are reasonably presented as follows in table 4.6.71 to 4.6.130:

Table No. 4.6.71

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Physical (SC)	250	0.20	0.20	0.14	0.090	1.56
HI	PRO (PCR) & Physical (SC)	250	0.33	0.34			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 71 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.20 and 0.33 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.34 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.14. The calculated "t" value is 1.56.

Interpretation: It is found that, the calculated "t" value 1.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (mother form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.72

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Social (SC)	250	– 0.09	0.09	0.01	0.090	0.11
HI	PRO (PCR) & Social (SC)	250	0.10	0.10			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 72 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.09 and 0.10 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.09 and 0.10 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (mother form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.73

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Temp. (SC)	250	0.27	0.28	0.02	0.090	0.22
HI	PRO (PCR) & Temp. (SC)	250	0.25	0.26			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 73 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.27 and 0.25 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.28 and 0.26 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.02. The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (mother form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.74

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Edu. (SC)	250	0.41	0.44	0.02	0.090	0.22
HI	PRO (PCR) & Edu. (SC)	250	0.40	0.42			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 74 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.41 and 0.40 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.44 and 0.42 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.02. The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (mother form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.75

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Moral (SC)	250	– 0.08	0.08	0.12	0.090	1.33
HI	PRO (PCR) & Moral (SC)	250	0.20	0.20			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 75 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (mother form) and moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.08 and 0.20 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.08 and 0.20 respectively, and the difference between Z scores (Z_1– Z_2) is 0.12. The calculated "t" value is 1.33.

Interpretation: It is found that, the calculated "t" value 1.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (mother form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.76

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Intellectual (SC)	250	0.20	0.20	0.13	0.090	1.44
HI	PRO (PCR) & Intellectual (SC)	250	0.32	0.33			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 76 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (mother form) and intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.20 and 0.32 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.33 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.13. The calculated "t" value is 1.44.

Interpretation: It is found that, the calculated "t" value 1.44 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (mother form) and intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.77

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Physical (SC)	250	– 0.31	0.32	0.01	0.090	0.11
HI	SP (PCR) & Physical (SC)	250	– 0.32	0.33			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 77 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.31 and – 0.32 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.32 and 0.33 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (mother form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.78

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Social (SC)	250	– 0.20	0.20	0.13	0.090	1.44
HI	SP (PCR) & Social (SC)	250	– 0.07	0.07			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 78 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (mother form) and social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.20 and – 0.07 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.07 respectively, and the difference between Z scores (Z_1– Z_2) is 0.13. The calculated "t" value is 1.44.

Interpretation: It is found that, the calculated "t" value 1.44 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (mother form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.79

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Temp. (SC)	250	– 0.42	0.45	0.12	0.090	1.33
HI	SP (PCR) & Temp. (SC)	250	– 0.32	0.33			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 79 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (mother form) and temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.42 and – 0.32 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.45 and 0.33 respectively, and the difference between Z scores (Z_1– Z_2) is 0.12. The calculated "t" value is 1.33.

Interpretation: It is found that, the calculated "t" value 1.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (mother form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.80

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Edu. (SC)	250	– 0.61	0.71	0.18	0.090	2.00 *
HI	SP (PCR) & Edu. (SC)	250	– 0.49	0.53			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 80 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (mother form) and educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.61 and – 0.49 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.71 and 0.53 respectively, and the difference between Z scores (Z_1– Z_2) is 0.18. The calculated "t" value is 2.00.

Interpretation: It is found that, the calculated "t" value 2.00 is more than tabulated "t" values 1.96 at 0.05 and less than 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between symbolic punishment dimension of parent-child relationship (mother form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is rejected as per the above conclusion.

Table No. 4.6.81

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Moral (SC)	250	– 0.31	0.32	0.11	0.090	1.22
HI	SP (PCR) & Moral (SC)	250	– 0.21	0.21			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 81 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (mother form) and moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.31 and – 0.20 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.32 and 0.21 respectively, and the difference between Z scores (Z_1– Z_2) is 0.11. The calculated "t" value is 1.22.

Interpretation: It is found that, the calculated "t" value 1.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (mother form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.82

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Intellectual (SC)	250	– 0.44	0.47	0.09	0.090	1.00
HI	SP (PCR) & Intellectual (SC)	250	– 0.36	0.38			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 82 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.44 and – 0.36 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.47 and 0.38 respectively, and the difference between Z scores (Z_1– Z_2) is 0.09. The calculated "t" value is 1.00.

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (mother form) and Intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.83

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Physical (SC)	250	– 0.33	0.34	0.05	0.090	0.56
HI	REJ (PCR) & Physical (SC)	250	– 0.37	0.39			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 83 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.33 and – 0.37 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.34 and 0.39 respectively, and the difference between Z scores (Z_1– Z_2) is 0.05. The calculated "t" value is 0.56.

Interpretation: It is found that, the calculated "t" value 0.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (mother form) and Physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

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Table No. 4.6.84

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Social (SC)	250	– 0.15	0.15	0.02	0.090	0.22
HI	REJ (PCR) & Social (SC)	250	– 0.13	0.13			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 84 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (mother form) and social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.15 and – 0.13 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.15 and 0.13 respectively, and the difference between Z scores (Z_1– Z_2) is 0.02 The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (mother form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no.7 is accepted as per the above conclusion.

Table No. 4.6.85

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Temp. (SC)	250	– 0.50	0.55	0.08	0.090	0.89
HI	REJ (PCR) & Temp. (SC)	250	– 0.44	0.47			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 85 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (mother form) and temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.50 and – 0.44 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.55 and 0.47 respectively, and the difference between Z scores (Z_1– Z_2) is 0.08 The calculated "t" value is 0.89.

Interpretation: It is found that, the calculated "t" value 0.89 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (father form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.86

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Edu. (SC)	250	– 0.60	0.69	0.03	0.090	0.33
HI	REJ (PCR) & Edu. (SC)	250	– 0.58	0.66			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 86 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.60 and – 0.58 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.69 and 0.66 respectively, and the difference between Z scores (Z_1– Z_2) is 0.03 The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (mother form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.87

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Moral (SC)	250	– 0.26	0.27	0.03	0.090	0.33
HI	REJ (PCR) & Moral (SC)	250	– 0.24	0.24			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 87 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.26 and – 0.24 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.27 and 0.24 respectively, and the difference between Z scores (Z_1– Z_2) is 0.03 The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (mother form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.88

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Intellectual (SC)	250	– 0.47	0.51	0.03	0.090	0.33
HI	REJ (PCR) & Intellectual (SC)	250	– 0.45	0.48			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 88 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.47 and – 0.45 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.51 and 0.48 respectively, and the difference between Z scores (Z_1– Z_2) is 0.03 The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between rejecting dimension of parent-child relationship (mother form) and Intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.89

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Physical (SC)	250	– 0.40	0.42	0.05	0.090	0.56
HI	OP (PCR) & Physical (SC)	250	– 0.44	0.47			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 89 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.40 and – 0.44 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.42 and 0.47 respectively, and the difference between Z scores (Z_1– Z_2) is 0.05. The calculated "t" value is 0.56.

Interpretation: It is found that, the calculated "t" value 0.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (mother form) and Physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.90

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Social (SC)	250	– 0.24	0.24	0.09	0.090	1.00
HI	OP (PCR) & Social (SC)	250	– 0.15	0.15			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 90 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.24 and – 0.15 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.24 and 0.15 respectively, and the difference between Z scores (Z_1– Z_2) is 0.09. The calculated "t" value is 1.00.

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (mother form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.91

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Temp. (SC)	250	– 0.46	0.50	0.04	0.090	0.44
HI	OP (PCR) & Temp. (SC)	250	– 0.43	0.46			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 91 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.46 and – 0.43 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.50 and 0.46 respectively, and the difference between Z scores (Z_1– Z_2) is 0.04. The calculated "t" value is 0.44.

Interpretation: It is found that, the calculated "t" value 0.44 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (mother form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.92

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Edu. (SC)	250	– 0.62	0.73	0.01	0.090	0.11
HI	OP (PCR) & Edu. (SC)	250	– 0.63	0.74			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 92 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.62 and – 0.63 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.73 and 0.74 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (mother form) and Educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.93

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Moral (SC)	250	– 0.24	0.24	0.03	0.090	0.33
HI	OP (PCR) & Moral (SC)	250	– 0.26	0.27			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 93 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.24 and – 0.26 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.24 and 0.27 respectively, and the difference between Z scores (Z_1– Z_2) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (mother form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.94

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Intellectual (SC)	250	– 0.36	0.38	0.08	0.090	0.89
HI	OP (PCR) & Intellectual (SC)	250	– 0.43	0.46			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 94 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.36 and – 0.43 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.38 and 0.46 respectively, and the difference between Z scores (Z_1– Z_2) is 0.08. The calculated "t" value is 0.89.

Interpretation: It is found that, the calculated "t" value 0.89 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (mother form) and Intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.95

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Physical (SC)	250	– 0.12	0.12	0.08	0.090	0.89
HI	DEM (PCR) & Physical (SC)	250	– 0.20	0.20			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 95 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.12 and – 0.20 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.12 and 0.20 respectively, and the difference between Z scores (Z_1– Z_2) is 0.8. The calculated "t" value is 0.89.

Interpretation: It is found that, the calculated "t" value 0.89 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between demanding dimension of parent-child relationship (mother form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.96

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Social (SC)	250	0.07	0.07	0.01	0.090	0.11
HI	DEM (PCR) & Social (SC)	250	– 0.06	0.06			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 96 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.07 and – 0.06 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.07 and 0.06 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between demanding dimension of parent-child relationship (mother form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.97

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (father form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Temp. (SC)	250	– 0.20	0.20	0.01	0.090	0.11
HI	DEM (PCR) & Temp. (SC)	250	– 0.21	0.21			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 97 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.20 and – 0.21 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.21 respectively, and the difference between Z scores (Z_1– Z_2) is 0.1. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between demanding dimension of parent-child relationship (mother form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.98

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Edu. (SC)	250	– 0.34	0.35	0.05	0.090	0.56
HI	DEM (PCR) & Edu. (SC)	250	– 0.38	0.40			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 98 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.34 and – 0.38 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.35 and 0.40 respectively, and the difference between Z scores (Z_1– Z_2) is 0.05. The calculated "t" value is 0.56.

Interpretation: It is found that, the calculated "t" value 0.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between demanding dimension of parent-child relationship (mother form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.99

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Moral (SC)	250	– 0.10	0.10	0.07	0.090	0.78
HI	DEM (PCR) & Moral (SC)	250	– 0.03	0.03			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 99 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.10 and – 0.03 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.10 and 0.03 respectively, and the difference between Z scores (Z_1– Z_2) is 0.07. The calculated "t" value is 0.78.

Interpretation: It is found that, the calculated "t" value 0.78 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between demanding dimension of parent-child relationship (mother form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.100

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Intellectual (SC)	250	– 0.20	0.20	0.04	0.090	0.44
HI	DEM (PCR) & Intellectual (SC)	250	– 0.24	0.24			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 100 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.20 and – 0.24 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.24 respectively, and the difference between Z scores (Z_1– Z_2) is 0.04. The calculated "t" value is 0.44.

Interpretation: It is found that, the calculated "t" value 0.44 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between demanding dimension of parent-child relationship (mother form) and Intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.101

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Physical (SC)	250	– 0.27	0.28	0.11	0.090	1.22
HI	IND (PCR) & Physical (SC)	250	– 0.37	0.39			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 101 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.27 and – 0.37 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.28 and 0.39 respectively, and the difference between Z scores (Z_1– Z_2) is 0.11. The calculated "t" value is 1.22.

Interpretation: It is found that, the calculated "t" value 1.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (mother form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.102

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (mother form) as well as Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Social (SC)	250	– 0.22	0.22	0.01	0.090	0.11
HI	IND (PCR) & Social (SC)	250	– 0.21	0.21			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 102 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.22 and – 0.21 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.22 and 0.21 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (mother form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.103

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Temp. (SC)	250	– 0.31	0.32	0.02	0.090	0.22
HI	IND (PCR) & Temp. (SC)	250	– 0.33	0.34			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 103 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.31 and – 0.33 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.32 and 0.34 respectively, and the difference between Z scores (Z_1– Z_2) is 0.02. The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (mother form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.104

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Edu. (SC)	250	– 0.24	0.24	0.14	0.090	1.56
HI	IND (PCR) & Edu. (SC)	250	– 0.36	0.38			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 104 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.24 and – 0.36 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.24 and 0.38 respectively, and the difference between Z scores (Z_1– Z_2) is 0.14. The calculated "t" value is 1.56.

Interpretation: It is found that, the calculated "t" value 1.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (mother form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.105

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Moral (SC)	250	– 0.42	0.45	0.19	0.090	2.11 *
HI	IND (PCR) & Moral (SC)	250	– 0.25	0.26			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 105 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.42 and – 0.25 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.45 and 0.26 respectively, and the difference between Z scores (Z_1– Z_2) is 0.19. The calculated "t" value is 2.11.

Interpretation: It is found that, the calculated "t" value 2.11 is more than tabulated "t" values 1.96 at 0.05 and less than 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between indifferent dimension of parent-child relationship (mother form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is rejected as per the above conclusion.

Table No. 4.6.106

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Intellectual (SC)	250	– 0.05	0.05	0.07	0.090	0.78
HI	IND (PCR) & Intellectual (SC)	250	– 0.12	0.12			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 106 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.05 and – 0.12 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.05 and 0.12 respectively, and the difference between Z scores (Z_1– Z_2) is 0.07. The calculated "t" value is 0.78.

Interpretation: It is found that, the calculated "t" value 0.78 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (mother form) and intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.107

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Physical (SC)	250	0.41	0.44	0.02	0.090	0.22
HI	SR (PCR) & Physical (SC)	250	0.40	0.42			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 107 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.41 and 0.40 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.44 and 0.42 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.02. The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between symbolic reward dimension of parent-child relationship (mother form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.108

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Social (SC)	250	0.25	0.26	0.05	0.090	0.56
HI	SR (PCR) & Social (SC)	250	0.30	0.31			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 108 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.25 and 0.30 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.26 and 0.31 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.05. The calculated "t" value is 0.56.

Interpretation: It is found that, the calculated "t" value 0.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic reward dimension of parent-child relationship (mother form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.109

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Temp. (SC)	250	0.40	0.42	0.12	0.090	1.33
HI	SR (PCR) & Temp. (SC)	250	0.49	0.54			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 109 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.40 and 0.49 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.42 and 0.54 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.12. The calculated "t" value is 1.33.

Interpretation: It is found that, the calculated "t" value 1.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic reward dimension of parent-child relationship (mother form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.110

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Edu. (SC)	250	0.40	0.42	0.12	0.090	1.33
HI	SR (PCR) & Edu. (SC)	250	0.49	0.54			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 110 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.40 and 0.49 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.42 and 0.54 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.12. The calculated "t" value is 1.33.

Interpretation: It is found that, the calculated "t" value 1.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic reward dimension of parent-child relationship (mother form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.111

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Moral (SC)	250	0.26	0.27	0.08	0.090	0.89
HI	SR (PCR) & Moral (SC)	250	0.34	0.35			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 111 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.26 and 0.34 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.27 and 0.35 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.08. The calculated "t" value is 0.89.

Interpretation: It is found that, the calculated "t" value 0.89 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic reward dimension of parent-child relationship (mother form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.112

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Intellectual (SC)	250	0.33	0.34	0.03	0.090	0.33
HI	SR (PCR) & Intellectual (SC)	250	0.35	0.37			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 112 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.33 and 0.35 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.34 and 0.37 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic reward dimension of parent-child relationship (mother form) and intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.113

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Physical (SC)	250	0.40	0.42	0.04	0.090	0.44
HI	LOV (PCR) & Physical (SC)	250	0.36	0.38			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 113 the values of (r) correlation between Loving dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.40 and 0.36 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.42 and 0.38 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.04. The calculated "t" value is 0.44.

Interpretation: It is found that, the calculated "t" value 0.44 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between loving dimension of parent-child relationship (mother form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.114

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Social (SC)	250	0.22	0.22	0.07	0.090	0.78
HI	LOV (PCR) & Social (SC)	250	0.15	0.15			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 114 the values of (r) correlation between Loving dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.22 and 0.15 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.22 and 0.15 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.07. The calculated "t" value is 0.78.

Interpretation: It is found that, the calculated "t" value 0.78 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between loving dimension of parent-child relationship (mother form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Tab1e No. 4.6.115

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Temp. (SC)	250	0.41	0.44	0.14	0.090	1.56
HI	LOV (PCR) & Temp. (SC)	250	0.29	0.30			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 115 the values of (r) correlation between Loving dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.41 and 0.29 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.44 and 0.30 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.14. The calculated "t" value is 1.56.

Interpretation: It is found that, the calculated "t" value 1.56 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between loving dimension of parent-child relationship (mother form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.116

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Edu. (SC)	250	0.54	0.60	0.16	0.090	1.78
HI	LOV (PCR) & Edu. (SC)	250	0.41	0.44			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 116 the values of (r) correlation between Loving dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.54 and 0.41 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.60 and 0.44 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.16. The calculated "t" value is 1.78.

Interpretation: It is found that, the calculated "t" value 1.78 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between loving dimension of parent-child relationship (mother form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 14.6.17

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Moral (SC)	250	0.13	0.13	0.03	0.090	0.33
HI	LOV (PCR) & Moral (SC)	250	0.10	0.10			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 117 the values of (r) correlation between Loving dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.13 and 0.10 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.13 and 0.10 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between loving dimension of parent-child relationship (mother form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.118

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Intellectual (SC)	250	0.34	0.35	0.11	0.090	1.22
HI	LOV (PCR) & Intellectual (SC)	250	0.24	0.24			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 118 the values of (r) correlation between Loving dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.34 and 0.24 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.35 and 0.24 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.11. The calculated "t" value is 1.22.

Interpretation: It is found that, the calculated "t" value 1.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between loving dimension of parent-child relationship (mother form) and intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.119

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Physical (SC)	250	0.22	0.22	0.01	0.090	0.11
HI	OR (PCR) & Physical (SC)	250	0.21	0.21			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 119 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.22 and 0.21 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.22 and 0.21 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (mother form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.120

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Social (SC)	250	0.25	0.26	0.02	0.090	0.22
HI	OR (PCR) & Social (SC)	250	0.24	0.24			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 120 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.25 and 0.24 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.26 and 0.24 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.02. The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (mother form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.121

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Temp. (SC)	250	0.25	0.26	0.06	0.090	0.67
HI	OR (PCR) & Temp. (SC)	250	0.31	0.32			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 121 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.25 and 0.31 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.26 and 0.32 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.06. The calculated "t" value is 0.67.

Interpretation: It is found that, the calculated "t" value 0.67 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (mother form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.122

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Edu. (SC)	250	0.40	0.42	0.07	0.090	0.78
HI	OR (PCR) & Edu. (SC)	250	0.34	0.35			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 122 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.40 and 0.34 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.42 and 0.35 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.07. The calculated "t" value is 0.78.

Interpretation: It is found that, the calculated "t" value 0.78 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (mother form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.123

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Moral (SC)	250	0.21	0.21	0.01	0.090	0.11
HI	OR (PCR) & Moral (SC)	250	0.20	0.20			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 123 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.21 and 0.20 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.21 and 0.20 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (mother form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.124

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Intellectual (SC)	250	0.31	0.32	0.03	0.090	0.33
HI	OR (PCR) & Intellectual (SC)	250	0.34	0.35			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 124 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment and hearing impairment are 0.31 and 0.34 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.32 and 0.35 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Object Reward dimension of parent-child relationship (mother form) and intellectual aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.125

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Physical (SC)	250	– 0.15	0.15	0.04	0.090	0.44
HI	NEG (PCR) & Physical (SC)	250	– 0.11	0.11			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 125 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (mother form) and Physical aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.15 and – 0.11 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.15 and 0.11 respectively, and the difference between Z scores (Z_1– Z_2) is 0.04. The calculated "t" value is 0.44.

Interpretation: It is found that, the calculated "t" value 0.44 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Neglecting dimension of parent-child relationship (mother form) and physical aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepcted as per the above conclusion.

Table No. 4.6.126

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Social (SC)	250	– 0.07	0.07	0.02	0.090	0.22
HI	NEG (PCR) & Social (SC)	250	– 0.05	0.05			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 126 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (mother form) and Social aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.07 and – 0.05 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.07 and 0.05 respectively, and the difference between Z scores (Z_1– Z_2) is 0.02. The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between neglecting dimension of parent-child relationship (mother form) and social aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.127

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Temp. (SC)	250	– 0.22	0.22	0.01	0.090	0.11
HI	REJ (PCR) & Temp. (SC)	250	– 0.21	0.21			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 127 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (mother form) and Temperamental aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.22 and – 0.21 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.22 and 0.21 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Neglecting dimension of parent-child relationship (mother form) and temperamental aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.128

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (father form) and Educational aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Edu. (SC)	250	– 0.32	0.33	0.01	0.090	0.11
HI	NEG (PCR) & Edu. (SC)	250	– 0.33	0.34			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 128 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (mother form) and Educational aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.32 and – 0.33 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.33 and 0.34 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is significant difference in correlation between Neglecting dimension of parent-child relationship (mother form) and educational aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.129

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Moral (SC)	250	– 0.20	0.20	0.09	0.090	1.00
HI	NEG (PCR) & Moral (SC)	250	– 0.28	0.29			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 129 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.20 and – 0.28 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.29 respectively, and the difference between Z scores (Z_1– Z_2) is 0.09. The calculated "t" value is 1.00.

Interpretation: It is found that, the calculated "t" value 1.00 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Neglecting dimension of parent-child relationship (mother form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Table No. 4.6.130

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (mother form) and Intellectual aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Intellectual (SC)	250	– 0.20	0.20	0.07	0.090	0.78
HI	NEG (PCR) & Intellectual (SC)	250	– 0.26	0.27			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 130 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (mother form) and Moral aspect of Self Concept of adolescent students with visual impairment and hearing impairment are – 0.20 and – 0.26 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.27 respectively, and the difference between Z scores (Z_1– Z_2) is 0.07. The calculated "t" value is 0.78

Interpretation: It is found that, the calculated "t" value 0.78 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between Neglecting dimension of parent-child relationship (mother form) and moral aspect of self-concept of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 7 is accepted as per the above conclusion.

Objective No. 8

4.6.4 Significance of the Difference between two Correlations i.e. PCR (mother form) and Self-acceptance of adolescent with VI and HI:

In order to test the hypothesis No. 8, the researcher has calculated the t values to find out Significance of difference between two correlations i.e. all dimension of Parent-Child Relationship (father form) and Self-acceptance of adolescent students with visual impairment as well as hearing impairment. The tables showing t' values are reasonably presented as follows in table 4.6.131 to 4.6.140:

Table No. 4.6.131

Significance of difference between two correlations i.e. Protecting dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	PRO (PCR) & Self Acceptance	250	0.05	0.05	0.06	0.090	0.67
HI	PRO (PCR) & Self Acceptance	250	0.11	0.11			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 131 the values of (r) correlation between Protecting dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are 0.05 and 0.11 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.05 and 0.11 respectively, and the difference between Z scores ($Z_1 - Z_2$) is 0.06. The calculated "t" value is 0.67.

Interpretation: It is found that, the calculated "t" value 0.67 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between protecting dimension of parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 8 is accepted as per the above conclusion.

Table No. 4.6.132

Significance of difference between two correlations i.e. Symbolic Punishment dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SP (PCR) & Self Acceptance	250	– 0.15	0.15	0.02	0.090	0.22
HI	SP (PCR) & Self Acceptance	250	– 0.13	0.13			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 132 the values of (r) correlation between Symbolic Punishment dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are – 0.15 and – 0.13 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.15 and 0.13 respectively, and the difference between Z scores (Z_1– Z_2) is 0.02. The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic punishment dimension of parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 8 is accepted as per the above conclusion.

Table No. 4.6.133

Significance of difference between two correlations i.e. Rejecting dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	REJ (PCR) & Self Acceptance	250	– 0.13	0.13	0.07	0.090	0.78
HI	REJ (PCR) & Self Acceptance	250	– 0.06	0.06			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 133 the values of (r) correlation between Rejecting dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are –0.13 and – 0.06 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.13 and 0.06 respectively, and the difference between Z scores (Z_1– Z_2) is 0.07. The calculated "t" value is 0.78.

Interpretation: It is found that, the calculated "t" value 0.78 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between rejecting dimension of parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 8 is accepted as per the above conclusion.

Table No. 4.6.134

Significance of difference between two correlations i.e. Object Punishment dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OP (PCR) & Self Acceptance	250	– 0.24	0.24	0.03	0.090	0.33
HI	OP (PCR) & Self Acceptance	250	– 0.21	0.21			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 134 the values of (r) correlation between Object Punishment dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are – 0.24 and – 0.21 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.24 and 0.21 respectively, and the difference between Z scores (Z_1– Z_2) is 0.03. The calculated "t" value is 0.33.

Interpretation: It is found that, the calculated "t" value 0.33 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object punishment dimension of parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 8 is accepted as per the above conclusion.

Table No. 4.6.135

Significance of difference between two correlations i.e. Demanding dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	DEM (PCR) & Self Acceptance	250	– 0.14	0.14	0.04	0.090	0.44
HI	DEM (PCR) & Self Acceptance	250	– 0.10	0.10			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 135 the values of (r) correlation between Demanding dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are – 0.14 and – 0.10 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.14 and 0.10 respectively, and the difference between Z scores (Z_1-Z_2) is 0.04. The calculated "t" value is 0.44

Interpretation: It is found that, the calculated "t" value 0.44 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between demanding dimension of parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 8 is accepted as per the above conclusion.

Table No. 4.6.136

Significance of difference between two correlations i.e. Indifferent dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	IND (PCR) & Self Acceptance	250	0.02	0.02	0.02	0.090	0.22
HI	IND (PCR) & Self Acceptance	250	– 0.04	0.04			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 136 the values of (r) correlation between Indifferent dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are 0.02 and – 0.04 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.02 and 0.04 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.02. The calculated "t" value is 0.22.

Interpretation: It is found that, the calculated "t" value 0.22 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between indifferent dimension of parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 8 is accepted as per the above conclusion.

Table No. 4.6.137

Significance of difference between two correlations i.e. Symbolic Reward dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	SR (PCR) & Self Acceptance	250	0.14	0.14	0.01	0.090	0.11
HI	SR (PCR) & Self Acceptance	250	0.13	0.13			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 137 the values of (r) correlation between Symbolic Reward dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are 0.14 and 0.13 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.14 and 0.13 respectively, and the difference between Z scores ($Z_1 – Z_2$) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between symbolic reward dimension of parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 8 is accepted as per the above conclusion.

Table No. 4.6.138

Significance of difference between two correlations i.e. Loving dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	LOV (PCR) & Self Acceptance	250	0.20	0.20	0.06	0.090	0.67
HI	LOV (PCR) & Self Acceptance	250	0.25	0.26			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 138 the values of (r) correlation between Loving dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are 0.20 and 0.25 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.20 and 0.26 respectively, and the difference between Z scores ($Z_1 - Z_2$) is 0.06. The calculated "t" value is 0.67.

Interpretation: It is found that, the calculated "t" value 0.67 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between loving dimension of parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 8 is accepted as per the above conclusion.

Table No. 4.6.139

Significance of difference between two correlations i.e. Object Reward dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	OR (PCR) & Self Acceptance	250	– 0.04	0.04	0.16	0.090	1.78
HI	OR (PCR) & Self Acceptance	250	0.20	0.20			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 139 the values of (r) correlation between Object Reward dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are –0.04 and 0.20 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.04 and 0.20 respectively, and the difference between Z scores (Z_1– Z_2) is 0.16. The calculated "t" value is 1.78.

Interpretation: It is found that, the calculated "t" value 1.78 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between object reward dimension of parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 8 is accepted as per the above conclusion.

Table No. 4.6.140

Significance of difference between two correlations i.e. Neglecting dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment

Group	Correlation bet^{n}	N	'r'	'Z'	Z_1-Z_2	SE δD_Z	't' Value
VI	NEG (PCR) & Self Acceptance	250	– 0.06	0.06	0.01	0.090	0.11
HI	NEG (PCR) & Self Acceptance	250	– 0.05	0.05			

Tabulated't' value df 494 0.05 Level of Significance 1.96

0.01 Level of Significance 2.59

Observation: It is observed from the above Table 140 the values of (r) correlation between Neglecting dimension of Parent-Child Relationship (mother form) and Self Acceptance of adolescent students with visual impairment and hearing impairment are –0.06 and – 0.05 respectively. Similarly, as per Appendix no. 5 the converted 'r' values into Z values are 0.06 and 0.05 respectively, and the difference between Z scores (Z_1– Z_2) is 0.01. The calculated "t" value is 0.11.

Interpretation: It is found that, the calculated "t" value 0.11 is less than tabulated "t" values 1.96 at 0.05 and 2.59 at 0.01 levels of significance as per Appendix no. 6.

Conclusion: It is proved that, comparatively there is no significant difference in correlation between neglecting dimension of parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and hearing-impairment.

Hypothesis: Hypothesis no. 8 is accepted as per the above conclusion.

4.7 OVERALL CONCLUSION:

It is observed from table 1 to 60 showing significant difference between two correlations (t values) that, in major findings there is no significant difference between two correlations i.e. i) correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment and ii) correlation between parent-child relationship (father form) and self-concept of adolescent students with hearing impairment. On the other hand, it is revealed that a very negligible number of t' values (14 tables out of 60) showing significant difference between the correlations.

As well as, there found no significant difference between two correlations i.e. i) correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and ii) correlation between parent-child relationship (father form) and self-acceptance of adolescent students with hearing impairment.

Similarly, there found no significant difference between two correlations i.e. i) correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment and ii) correlation between parent-child relationship (mother form) and self-concept of adolescent students with hearing impairment. On the other hand, it is revealed that a very negligible number of t' values (2 tables out of 60) showing significant difference between the correlations.

As well as, there found no significant difference between two correlations i.e. i) correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and ii) correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with hearing impairment.

4.8 HYPOTHESES TESTED:

The t-test is probably the most commonly used statistical data analysis procedure for hypothesis testing. Actually, there are several kinds of t-tests, but the most common is the "two-sample t-test" also known as the "Student's t-test" or the "independent samples t-test".

H1. There exists no correlation between the parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment.

From table No. 4.5.1 it is found that, there is correlation between parent-child relationship (father form) and all aspects of self-concept as well as self acceptance of adolescent students with visual impairment. Hence, hypothesis number H1 is rejected.

H2. There exists no correlation between the parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

From table No. 4.5.2 it is found that, there is correlation between parent-child relationship (father form) and all aspects of self-concept as well as self acceptance of adolescent students with hearing impairment. Hence, hypothesis number H2 is rejected.

H3. There exists no correlation between the parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment.

From table No. 4.5.3 it is found that, there is correlation between parent-child relationship (mother form) and all aspects of self-concept as well as self acceptance of adolescent students with visual impairment. Hence, hypothesis number H3 is rejected.

H4. There exists no correlation between the parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

From table No. 4.5.4 it is found that, there is correlation between parent-child relationship (mother form) and all aspects of self-concept as well as self acceptance of adolescent students with hearing impairment. Hence, hypothesis number H4 is rejected.

H5. There exists no significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.

From table No. 4.6.1 to 4.6.60 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing impairment. Hence, hypothesis number H5 is accepted.

H6. There exists no significant difference in correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

From table No. 4.6.61 to 4.6.70 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing impairment. Hence, hypothesis number H6 is accepted.

H7. There exists no significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.

From table No. 4.6.71 to 4.6.130 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing impairment. Hence, hypothesis number H7 is accepted.

H8. There exists no significant difference in correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

From table No. 4.6.131 to 4.6.140 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing impairment. Hence, hypothesis number H8 is accepted.

4.9 SUMMARY:

This chapter describes the statistical analysis and interpretation, procedure of use of statistical techniques, scheme of presentation, and result and discussions. In statistical analysis and interpretation, researcher calculated coefficient of correlation to determine whether there was any correlation between parent child relationship

(father form) and self concept as well as self acceptance of adolescent students with visual impairments and hearing impairment.

To determine there was any correlation between parent child relationship (mother form) and self concept as well as self acceptance of adolescent students with visual impairments and hearing impairment.

To find the significance difference between two correlation the researcher calculated the ‘t’ test.

The objectives of this chapter are to use statistical tools such as data organization and analysis techniques to provide information about the data collected for each of the research aim. Second aim is to interpret and discover the meaning of the data so that conclusion can be drawn with regards the attitude of the parents in relation to self concept and self acceptance of their children.

The results will be presented according to the aim and will include the origin of the results, graphics presentation of the results in the form of figures and tables, as well as interpretation of the results.

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CHAPTER 5

SUMMARY, CONCLUSION AND RECOMENDATIONS

5.1 CHAPTER 1: INTRODUCTION

BACKGROUND OF THE STUDY:

Education is not a new concept. It is old as human race. Its importance and magnanimity have been keenly realized since time immemorial. The biped animal human being is the best and finest creation of god on earth. His life is pious and praiseworthy. God has endowed man with certain rare qualities, which are not found in other animate world. Man is amenable. He applies his reasoning power. He acts according to his rational thinking and judgment.

Human life has two aspects. Biologically, the needs of man are not different from that of animals. The biological needs like external bodies can easily supplement food, shelter and sex, besides that his cultural and social needs are to be satisfied. Man does not live by bread alone. He wants something more to be called as a man-civilized, cultured and socialized. Hence, there is necessity of education for the human beings.

Concept of Education:

"Education is a process by which the experience of the society, which is knowledge, skills and attitudes are transmitted to the members of the society. It broadens the mental horizon of the people and enables them to evaluate social and cultural traditions and to reset new goals and aspirations." -Adam Smith

Aristotle: Education is the creation of a sound mind in a sound body.

Painter: Education is the complete human development.

Ross: Education is the development of valuable personality and spiritual individuality.

Dewey: Education is a continuous reconstruction of experience.

M. K. Gandhi: By education I mean an all-round drawing out of the best in child and man – body, mind and spirit.

Swami Vivekanand: Education is the manifestation of divine perfection already existing in man.

Aurobindo Ghosh: Education as helping the growing soul to draw out that is in itself.

Concept of Special Education:

There are individuals who learn very fast. There are others who do not learn very fast but, with reasonable teaching learning input, can learn prescribed task, may be over a relatively longer time segment. There are some individuals who find it difficult to learn without special inputs. These are the individuals who have special learning needs, which arise out of sensory, intellectual, psychological or socio-cultural deficits. For example, persons with visual, hearing or neuromuscular impairment have learning problems so have persons with a low level of intellectual functioning and those with disorders in psychological processes. These conditions, impairments or disabilities impede the normal development of individuals-intellectually, socially, emotionally and physically. Needless to say, the discrepancy in their development and the development of those without such impairment depends on the type and degree of disability. There are however, ways to reduce this discrepancy through restorative and rehabilitative inputs, including education. Thanks to significant developments in medical science, technology and education. The lives of disabled persons can be normalized through special inputs. “These persons can also be educated using special instructional methodology and instructional material, and learning aids and equipment specific to special learning needs. It also requires additional teaching competencies in the general teacher and in some cases special teachers are indispensable. These needs have given rise to the component of education known as special education.”

Special education, therefore, is that component of education that employs special instructional methodology, instructional materials, learning-teaching aids and equipment, and special teaching and managerial competencies to meet educational needs of persons with specific disability. These needs may be congenital are may arise out of conditions appearing at any stage of life.

Special education refers to specially designed instruction which meets the unique needs of exceptional children. It involves special instructional materials, teaching techniques, content, equipment and facilities. For example, children with visual impairment may require reading materials in large print or Braille; children with hearing impairment may require hearing aids and instruction in manual communication.

Nature of Attitudes:

The Webster's dictionary defines attitude as "Measure, disposition, feeling, position etc., with regard to a person or thing, tendency or orientation, especially of the mind".

An attitude can be defined as a learned predisposition to behave in a consistent evaluative manner toward a person, an object or a group of objects. This evaluation can be favorable or unfavorable, positive or negative directed toward certain people, issues or institutions. An attitude may involve a prejudice, in which we perceive an issue or person without giving unbiased consideration to all the evidence. This prejudice leads to an unrealistic judgment based on inadequate grounds.

Milton Rokesch suggests the following definition. "An attitude is a relative enduring organization of beliefs around an object or situation predisposing one to respond in some preferential manner.

Milton points out the functional significance of an attitude that is predisposition to a preferential response, an "agenda for action" way of reacting to some object and or situation when it is encountered. In addition to this general function and attitude also serves several functions for the particular individual holding it. Denial L. Katz's formulation includes four such functions of attitudes:

5. Instrumental, adjustive
6. Ego defensive
7. Value expressive
8. Provision of knowledge based upon the individual's need to give adequate structure to his universe.

All these four functions are inter-related but value expressive function is subordinate to the other three.

RATIONAL OF THE STUDY:

As we have seen, people with disabilities have long been suffering from an injustice treat. Scanty people show sympathy or empathy to them in the society."Although society has considerable intellectual tolerance of handicaps, beneath the surface most people harbor feelings of repugnance and abhorrence, if not involuntary revulsion. On the surface, however, these feelings are masked by outward signs of kindness, or perhaps embarrassment"

Realizing that this is indeed a fact that exists in our society, we should therefore take it as our responsibility to help children who have felt impotent, defective and inferior to live up to the standards of society by enhancing their self-concepts and self-acceptance.

Research in the past frequently reported that people with disabilities often displayed low self-concepts and self-acceptance in comparison with their normal counterparts.

However, these findings were not always consistent. Other research reported that self-concept of people with disabilities could be as high as that of people without disabilities. It is therefore difficult to conclude and generate results across groups. Henceforth, it is worth finding out in what direction self-concept and self-acceptance is related to people with visual impairment and hearing impairment as well as the impact of parent-child relationship on self-concept & self-acceptance of these adolescent students so as to keep us more informed and up-to-date. The Researcher of this study has been teaching the teachers of the visually impaired and hearing impaired students in Department of Special Education since last 12 years. He has observed that visually & hearing impaired students often display unsatisfactory academic performances, disruptive behaviors in class, and a lack of social skills to communicate with their normally sighted peers as well as society. Besides, some students show signs of discomfort with their physical appearance. Such behavior is in one way or the other related to a person's self-concept and self-acceptance.

Therefore, the purpose of this research is to find out the impact of parent-child relationship on self-concept and self-acceptance of visually impaired and hearing-impaired adolescent. As well as perceive themselves in relation to their observable behavior. It is hypothesized that, there exists no significant difference in the impact of parent-child relationship on the self-concept and self-acceptance of the adolescent with visual and hearing-impairment. It is hoped that this research will shed light on understanding more the inner world of these adolescent students and developing ways of enhancing their self-concepts and self-acceptance so as to help them develop into more independent, mature and competitive persons in the world they are living.

The main purpose of the study is to determine the impact of parent-child relationship on self-concept and self-acceptance of adolescent students with visual impairments and hearing impairments of Vidarbha region in the State of Maharashtra.

STATEMENT OF THE PROBLEM:

"A COMPARATIVE STUDY ON THE IMPACT OF PARENT-CHILD RELATIONSHIP ON SELF-CONCEPT AND SELF-ACCEPTANCE OF VISUALLY AND HEARING IMPAIRED ADOLESCENTS"

OPERATIONAL DEFINITION OF KEY TERMS:

Parent-child Relationship (PCR):

"The parent-child relationship consists of a combination of behaviors, feelings, and expectations that are unique to a particular parent and a particular child. The relationship involves the full extent of a child's development."

In the present study, Parent-child relationship includes 10 dimensions i.e. Protective, Symbolic Punishment, Rejecting, Object Punishment, Demanding, Indifferent, Symbolic Reward, Loving, Object Reward and Neglecting.

Self-concept:

"One's self-concept (also called self-construction, self-identity, or self-perspective) is a collection of beliefs about oneself that includes elements such as academic performance, gender roles and sexuality, and racial identity. Generally, self-concept embodies the answer to 'Who am I?"

In the present study, Self-concept includes 6 aspects i.e. physical, social, temperamental, educational, moral, and intellectual irrespective of the person's ability and disability.

Self-acceptance:

"Self-acceptance is defined as acceptance of self in spite of deficiencies. Although this term has been often understood in a common sense way, researchers have defined it formally in terms of positive and negative self-concepts. According to Shepard (1979), self-acceptance refers to an individual's satisfaction or happiness with himself, and is thought to be necessary for good mental health. Self-acceptance involves self-understanding, a realistic, albeit subjective, awareness of one's strengths and weaknesses. It results in an individual's feeling about himself that he is of "unique worth".

Child with Visual Impairment:

"Child with Visual impairments is those who have significant loss of or defect in vision due to impairment in one or both eyes. The visual loss presents a continuum. The partially sighted persons are able to use their eyes in some way to read, but blind

persons cannot read by any means of vision and use their fingers to read Braille or use talking books. The impairments causing damage to or loss of vision can be congenital or acquired at any stage of life." In the present study, the subjects are students with visual impairment who has visual impairment. They may be totally blind, or partially sighted.

Child with Hearing Impairment:

"Child with Hearing Impairments is those who have hearing loss in one or both ears due to impairment in the auditory mechanism. The hearing loss is a continuum ranging from mild to severe and profound loss. Deaf persons on this continuum are those whose auditory channel fails to serve as a means of processing speech

In the present study, the subjects are students with hearing impairment who has hearing impairment. They may be totally deaf, or mild to severe deafness.

Adolescence:

"Adolescence is the period of transition from childhood to adulthood. It is often described at the period of storms and stresses." It is the crucial stage between the age of thirteen and nineteen years when the young person acquires the physical maturity of an adult, but suffers from impulsiveness and instability of emotions.

In the present study, the subjects are students within the age group of 13 to 19 years i.e. adolescent with visual impairment and hearing impairment.

RESEARCH QUESTIONS:

From the brief reviews of related literatures, following questions are raised for a comparative study on the impact of parent-child relationship on self-concept and self-acceptance of adolescent with visual impairment and hearing impairment in Vidarbha Region of Maharashtra.

v) In spite of abundant efforts made by the parents and support from the significant members of the community, and various strategies adapted by the educational institutions, why the self concept and self acceptance of the students with disabilities; especially the students with visual impairments and hearing impairments is not improved?

vi) Is the backwardness and lack of awareness of the family members responsible for self concept and self acceptance of those students with visual impairments and hearing impairments?

vii) Is the attitude of the parents of those children influence negatively on self concept and self acceptance as well as education of those students?

viii) What is the level of the self concept and self acceptance of students with Visual Impairments and hearing impairments?

Although, huge amounts are being spent for the noble cause of education and rehabilitation of students with visual impairments and hearing impairments, those who are still deprived, deficient and deviated from the mainstream of educational and social race. Hence, this was an attempt to study the problem: "A comparative study on the impact of parent-child relationship on self-concept and self-acceptance of adolescent with visual impairment and hearing impairment", in Vidarbha Region of Maharashtra".

OBJECTIVES OF THE STUDY:

The main objectives of the empirical study is to determine and describe the challenges of built up self concept and self acceptance of strength and weaknesses regarding adolescent students with visual and hearing impairment as well as the impact of parent child relationship on self concept and self acceptance.

The objectives of this study was as follows-

1. To find the correlation between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment.
2. To find the correlation between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.
3. To find the correlation between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment.
4. To find the correlation between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.
5. To study the significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.

6. To study the significant difference in correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.
7. To study the significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.
8. To study the significant difference in correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

VARIABLES:

There are two variables related to the problem.

Independent Variable: Parent-child relationship

Dependent Variables: Self-concept & Self-acceptance

ASSUMPTIONS:

The researcher assumes that;

1. If there exists a healthy parent-child relationship, the level of self-concept in adolescent students with visual impairment and hearing impairment will be high. On the other hand, if there is unhealthy parent-child relationship, the self-concept level will be worse.
2. If there exists a healthy parent-child relationship, there will be high level of self-acceptance in adolescent students with visual impairment and hearing impairment. On the other hand, if there is unhealthy parent-child relationship the self-acceptance level will be worse.

HYPOTHESES:

In the light of the objectives of the present study, the following null hypotheses to be evolved.

H1. There exists no correlation between the parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment.

H2. There exists no correlation between the parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

H3. There exists no correlation between the parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment.

H4. There exists no correlation between the parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

H5. There exists no significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.

H6. There exists no significant difference in correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

H7. There exists no significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.

H8. There exists no significant difference in correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

SCOPE AND LIMITATIONS OF THE STUDY:

The present study was delimited to the following aspects:

1. The present study was confined to the Vidarbha Region in the State of Maharastra.
2. The present study was confined to adolescent students with visual Impairments only.
3. The present study was confined to adolescent students with hearing impairments only.
4. The present study was confined to investigate the impact of parent-child relationship on the self-concept and self-acceptance of adolescent students with visual and hearing impairments.
5. The present study was confined to only this 10 dimension of parent-child relationship i.e. Protective, Symbolic Punishment, Rejecting, Object Punishment, Demanding, Indifferent, Symbolic Reward, Loving, Object Reward and Neglecting.

6. The present study was confined to only this 6 aspects of Self-Concept i.e. Physical, Social, Temperamental, Educational, Moral, Intellectual.
7. The present study was confined to adolescent students with visual and hearing impairments within a/any educational set-up.
8. The subjects of the present study was confined to the students within the age group of 13 to 19 years i.e. adolescents.

For the present study 250 adolescent students with visual impairments and 250 adolescent students with hearing impairments were taken randomly as subjects of the study, i.e. from different special schools, inclusive schools within the geographical area of Vidarbha region in Maharashtra.

SIGNIFICANCE AND UTILITY OF THE STUDY:

The present study will help the researcher as well as the educational and rehabilitation personnel working in the field of education and rehabilitation in:

1. Managing the persons with visual and hearing impairments.
2. Planning the educational programmes for adolescent students with visual and hearing impairments.
3. Fostering the educational, vocational and economic rehabilitation of adolescent students with visual and hearing impairments.
4. Enhancing the appropriate parent-child relationship in the academic achievements of the adolescent students with visual and hearing impairments.
5. Promoting the social integration of the adolescent students with visual and hearing impairments.

5.2 CHAPTER 2: REVIEW OF RELATED LITERATURE

RELATED RESEARCH AND LITERATURE:

The relevant studies of learned scholars, from various sources, which the scholar has come across, are cited below:

Trevor R. Parmenter, (1970) conducted a study on Self-concept development of the partially seeing and normal.

Published in International Journal of Disability, Development and Education

Bernice M. Swanson, Harry J. Parker (1971) conducted a study on Parent-child relations: A child's acceptance by others, of others, and of self.

Published in Journal on Child Psychiatry and Human Development

Arul M. J. (1972) conducted A Study of Self Concept Related to Adjustment and Achievement, the dissertation submitted to the Faculty of Education and Psychology

M.S. University of Baroda in partial fulfillment of the requirements for a Master's degree in Psychology.

McLaughlin, Joseph Robert (1975) conducted a study on The self concept of hearing impaired pupils in different educational settings in British Columbia: a preliminary investigation.

Retrived from http://www.library.ubc.ca/archives/retro_theses

Rosenthal, David M., Chao-Ying J. Peng, McMillan, **James M. (1980)** conducted a study on Relationship of Adolescent Self-Concept to Perceptions of Parents in Single and Two-Parent Families, International Journal of Behavioral Development,

Published in International Journal of Behavioral Development

Kelliher, M. H. (1982) conducted a study on "Self-esteem in deaf students of hearing parents." This study investigated the self-esteem of the hearing-impaired students of hearing parents.

Published in, Third Survey of Research in Education (1978-1983). First Edition

Lata K., (1983) conducted a study on "Impact of parental attitude on social, emotional and educational adjustment of normal and handicapped students".

Cited in, Buch M. B. Fourth Survey of Research in Education (1983-1988).

Latha Rani G.K., (1983) conducted a study on "self-concept, self-confidence & self-acceptance in blind & sighted adolescent boys."

Cited in, Buch M. B. Fourth Survey of Research in Education (1983-1988).

Warren, Charlotte; Hasenstab, Suzanne (1986) conducted a study on Self-concept of severely to profoundly hearing-impaired children.

Journal Article, Published in, The Volta Review, Vol 88(6), Oct-Nov 1986

Obiakor F. E, Stile S. W. (1990) conducted a study on The self-concept of visually impaired and normally sighted middle school children.

Published by, US National library of Medicine National Institute of Health 1990.

Beaty, L. A. (1991) conducted a study on "The effects of visual impairment on adolescents' self-concept."

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Kemp, S. (1993) Conducted a study on "The self-concept of Hong Kong Chinese secondary school students"

Unpublished Master Dissertation submitted to the University of Hong Kong.

Taina Maarit Huurre, Erkki Juhani Komulainen, Hillevi Marita Aro (2001) conducted a study on Relationships with parents and friends, self-esteem and depression among adolescents with visual impairments.

Published in, Scandinavian Journal of Disability Research, Volume 3, 2001

UNIQUENESS OF THIS STUDY:

With an overview of the above reviews, different research studies reported till date, no researcher has studied on the impact of parent-child relationship. Hence the Research Scholar can claim that this present study "The impact of parent-child relationship on self-concept and self-acceptance of adolescent with visual impairment and hearing impairment (a comparative study)" is unique one to study impact of parent-child relationship on self-concept and self-acceptance of adolescent with visual and hearing impairment are essential ingredients for their academic achievements as well as their social mainstreaming. It was indispensable to study the impact of parent-child relationship on self-concept and self-acceptance, and comparison between adolescent with visual and hearing impairment in respect of impact and also find out the remedial to accelerate their social and educational and vocational rehabilitation.

5.3 CHAPTER 3: RESEARCH METHODOLOGY

CONCEPT OF RESEARCH:

Research comprises "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications." It is used to

establish or confirm facts, reaffirm the results of previous work, solve new or existing problems, support theorems, or develop new theories. A research project may also be an expansion on past work in the field. To test the validity of instruments, procedures, or experiments, research may replicate elements of prior projects, or the project as a whole. The primary purposes of basic research (as opposed to applied research) are documentation, discovery, interpretation, or the research and development (R&D) of methods and systems for the advancement of human knowledge. Approaches to research depend on epistemologies, which vary considerably both within and between humanities and sciences. There are several forms of research: scientific, humanities, artistic, economic, social, business, marketing, practitioner research, etc.

"Research is the systematic analysis and recording of controlled observation that may lead to the development of generalized principles and theories resulting in the prediction and possible ultimate control of events."

- John W. Best

"Research is the typical process by which scientific knowledge is advanced in an orderly manner by unitary quanta of sufficient size on the basis of previous knowledge and necessary assumptions regarding the nature of the field."

- Varma M. (1965)

According to Monroe W. S. Research may be defined as a method of studying problems whose solution are to be derived partly or wholly from facts."

According to Cook P. M. Research is an honest exhaustive intelligent searching for faults and their meaning or implications with reference to a given problem."

According to Redman, l. V. (1923) "Research means systematic efforts for gain new knowledge."

EDUCATIONAL RESEARCH:

According to Mouly (1964) "The term educational research should be reserved for activities designed to discover fact and relationship that will make the educational process more effective."

According to Whiteny F. L. (1946) "Educational research aims to make contributions towards the solution of problems in the field of education by the scientific philosophical method."

"Research is the challenge that removes the threat of stagnation and decay from all society."

According to Good, C. V. & Scates, D. E. (1954) “If we wish wisdom, we must expect science; if we wish an increase in wisdom, we must expect research. Knowing what to do is mans greatest need. In this area of great need, research is still man’s ally.”

“Educational research refers to a variety of methods, in which individuals evaluate different aspects of education including: student learning, teaching methods, teacher training, and classroom dynamics”.

Educational researchers have come to the consensus that, educational research must be conducted in a rigorous and systematic way, although what this implies is often debated. There are a variety of disciplines which are each present to some degree in educational research. These include psychology, sociology, anthropology, and philosophy. The overlap in disciplines creates a broad range from which methodology can be drawn. The findings of educational research also need to be interpreted within the context in which they were discovered as they may not be applicable in every time or place.

SURVEY METHOD OF RESEARCH:

“Survey research is often used to assess thoughts, opinions, and feelings. Survey research can be specific and limited, or it can have more global, widespread goals.” Today, survey research is used by a variety of different groups. Psychologists and sociologists often use survey research to analyze behaviour, while it is also used to meet the more pragmatic needs of the media, such as, in evaluating political candidates, public health officials, professional organizations, and advertising and marketing directors. A survey consists of a predetermined set of questions that is given to a sample. With a representative sample, that is, one that is representative of the larger population of interest, one can describe the attitudes of the population from which the sample was drawn. Further, one can compare the attitudes of different populations as well as look for changes in attitudes over time.

According to Terry, Page G., & Thomas J. B. (1977) “The survey studies means, research or investigation of an educational problem using scientific methods of sampling and carefully planned methods of questions.”

The researcher has selected survey method for the present study. The survey method helps to gather data from a relatively large number of cases at a particular time. It is not concerned with characteristics of individuals. It is concerned with the

generalized statistics that result when data are abstracted from a number of individual cases. It is essentially cross sectional.

POPULATAION:

Successful statistical practice is based on focused problem definition. In sampling, this includes defining the population from which our sample is drawn. A population can be defined as including all people or items with the characteristic one wish to understand. Because there is very rarely enough time or money to gather information from everyone or everything in a population, the goal becomes finding a representative sample (or subset) of that population.

According to Kothari, C. R. (2004) “Population refers to the total items about which information is desired.” “By population we mean the aggregate or totally of objects or individuals, regarding which inferences is to be made in a sampling study.”

Census 2001 has revealed that over 21 million people in India as suffering from one or the other kind of disability. This is equivalent to 2.1% of the population. Among the total disabled in the country, 12.6 million are males and 9.3 million are females. Although the number of disabled is more in rural and urban areas, such proportion of the disabled by sex in rural and urban areas. Such proportion has been reported between 57-58 percent for males and 42-43 percent females. The disability rate (number of disabled per 100,000 populations) for the country as whole works out to 2130. This is 2,369 in the case of males and 1,874 in the case of females.

Among the five types of disabilities on which data has been collected, disability in seeing at 48.5% emerges as the top category. Others in sequence are: In movement (27.9%), Mental (10.3%), in speech (7.5%), and in hearing (5.8%). The disabled by sex follow a similar pattern except for that the proportion of disabled females is higher in the category in seeing and in hearing.

Across the country, the highest number of disabled has been reported from the state of Uttar Pradesh (3.6 million). Significant numbers of disabled have also been reported from the state like Bihar (1.9 million), West Bengal (1.8million), Tamil Nadu and Maharashtra (1.6 million each). Tamil Nadu is the only state, which has a higher number of disabled females than males. Among the states, Arunachal Pradesh has the highest proportion of disabled males (66.6%) and lowest proportion of female disabled.

Population of the Present study:

As per the data of Maharashtra Prathamik Shikshan Parishad, Mumbai (SSA), Inclusive Education Programme for CWSN the Population of CWSN in Vidarbha Region is as follows (Chart shows in Chapter 3):

As per the data of Maharashtra Prathamik Shikshan Parishad, Mumbai (SSA), Inclusive Education Programme for CWSN the Population of CWSN in 2010 at Amravati and Nagpur Division.

In Vidarbha region of State of Maharashtra there are 11 District in two Division i.e. Amravati Division and Nagpur Division. Population of the present study (i.e. adolescent students with visual impairment and hearing impairment) in Vidarbha Region with District wise as follows.

Selection of Sample:

In the present study, as was stated clearly in the objectives of this study, the focus is laid on adolescent students with visual impairments and hearing impairment. The participants in this study were therefore students of special as well as mainstream schools.

The populations for the present study i.e. adolescent students with visual impairment and hearing impairment learning in different special schools as well as inclusive schools in the Vidarbha Region of Maharashtra, the researcher was randomly selected 500 subjects i.e. 250 adolescents with visual impairments and 250 adolescent students with hearing impairments for the present study.

Adolescent students mean who are within the age group of 13 to 19 years of age. Students with visual impairments means, those students who have any impairment in visual functioning. Students with visual impairments are those who have significant loss or defect in vision due to impairment in one or both eyes.

Students with hearing impairments are those who have hearing loss in one or both ears due to impairment in the auditory mechanism. Hearing impairments means loss of 60 dB or more in the better ear in the conventional range of frequencies.

As the present research is concerned with the adolescent population with visual and hearing impairments, those who are placed in different special schools, inclusive education set-ups, the researcher selected the subjects from such special schools, and inclusive set-ups in consultation with his esteemed supervisor.

TOOLS USED FOR RESEARCH:

The researcher conducted the tests in different settings and obtained raw score by tabulating the tools (three questionnaires) using tests i.e. Dr. Nalini Rao's Parent-child Relationship Scale (PCRS) and Dr. Raj Kumar Saraswat's Self Concept Questionnaire (SCQ) and Prof. S.B. Kakkar's Self-Acceptance Inventory (KSAI).

Parent-Child Relationship Scale:

Nalini Rao's Parent-child Relationship Scale (PCRS), was administered for collection of data. This tool contains 100 items categorized into 10 dimensions. Each respondent ask to score for both father and mother separately. It is meant for adolescent in the age group 13 to 19 years.

Self-concept Questionnaire:

R. K. Saraswat's Self-concept Questionnaire (SCQ)- is used. The tool contains 48 items. Questionnaire measures self-concept in six areas viz. physical, social, temperamental, educational, moral and intellectual of students within the age group of 13 to 19.

Self-Acceptance Inventory:

S. B. Kakkar's Self-Acceptance Inventory (KSAI) this inventory is used to measure the sense of personal worth and satisfaction with self. It consist 34 items. This tool will be used for the purpose to study the level of self-acceptance among the visually impaired and the hearing impaired adolescent students' age group of 13 to 19.

5.4 CHAPTER 4: STATISTICAL ANALYSIS AND INTERPRETATION

INTRODUCTION:

The attitude of the parents has changed immensely during the past years and will continue. As the parents may be the most influential in determining the extent to which a child's potential is achieved, it is important that they should be prepared to meet and accept the new challenges.

The main aim of the current study was to determine any correlation between parent child relationship (father form & mother form) and self concept as well as self acceptance of adolescent students with visual impairments and hearing impairments. Within the context of a descriptive research design, questionnaires were utilized to obtained quantitative and qualitative data regarding the attitude of the parents towards their children.

The goals of this chapter are twofold: to use statistical tools such as data organization and analysis techniques to provide information about the data collected for each of the research aim. Secondly, and more importantly, to interpret and discover the meaning of the data so that conclusion can be drawn with regards the attitude of the parents in relation to self concept and self acceptance of their children.

The results will be presented according to the aim and will include the origin of the results, graphics presentation of the results in the form of figures and tables, as well as interpretation of the results.

USE OF STATASTICAL TECHNIQUES:

What is Statistics?

"Statistics is the study of the collection, organization, analysis, interpretation and presentation of data. It deals with all aspects of data including the planning of data collection in terms of the design of surveys and experiments. When analyzing data, it is possible to use one or both of statistics methodologies: descriptive and inferential statistics in the analysis data." Blommers, P. & Lindquist, E. F. (1960)

Statisticians improve data quality by developing specific experiment designs and survey samples. Statistics itself also provides tools for prediction and forecasting the use of data through statistical models. Statistics is applicable to a wide variety of academic disciplines, including natural and social sciences, government, and business. Statistical consultants can help organizations and companies that don't have in-house expertise relevant to their particular questions.

Selection of Statistical Techniques:

i) Mean:

"In mathematics, mean has several different definitions depending on the context. In probability and statistics, mean and expected value are used synonymously to refer to one measure of the central tendency either of a probability distribution or of the random variable characterized by that distribution".

Formula for Mean:

$$\mathrm{M} = \frac{\Sigma x}{n}$$

The arithmetic mean (or simply "mean") of a sample $x_1, x_2, \ldots, x_n$ is the sum the sampled values divided by the number of items in the sample:

$$\bar{x} = \frac{x_1 + x_2 + \cdots + x_n}{n}$$

ii) Standard Deviation

"In statistics and probability theory, the **standard deviation** (**SD**) (represented by the Greek letter sigma, **σ**) shows how much variation or dispersion from the average exists." **(URL:http://en.wikipedia.org/wiki/Standard_deviation)**

A low standard deviation indicates that the data points tend to be very close to the mean (also called expected value); a high standard deviation indicates that the data points are spread out over a large range of values.

The standard deviation of a random variable, statistical population, data set, or probability distribution is the square root of its variance. It is algebraically simpler though in practice less robust than the average absolute deviation. A useful property of the standard deviation is that, unlike the variance, it is expressed in the same units as the data. Note, however, that for measurements with percentage as the unit, the standard deviation will have percentage points as the unit.

Standard Deviation equation for an entire population:

$$\text{SD or } \sigma = \frac{\sqrt{\sum d^2}}{N}$$

or

$$\sigma = \sqrt{\frac{\sum (x - \overline{x})^2}{N}}$$

Where

σ = the standard deviation

x = each value in the population

Bar *x* = the mean of the values

N = the number of values (the population)

iii) Pearson's Correlation Coefficient

Pearson's correlation coefficient (r) is a measure of the strength of the association between the two variables. Correlation between sets of data is a measure of how well they are related. The most common measure of correlation in stats is the Pearson Correlation. The full name is the Pearson Product Moment Correlation or PPMC. It shows the linear relationship between two sets of data. In simple terms, it answers the question; can I draw a line graph to represent the data? Two letters are used to represent the Pearson correlation: Greek letter rho (ρ) for a population and the letter 'r' for a sample.

Correlation coefficients are expressed as values between +1 and -1.

"A coefficient of +1 indicates a perfect **positive correlation:** A change in the value of one variable will predict a change in the same direction in the second variable.

A coefficient of -1 indicates a perfect **negative correlation:** A change in the value of one variable predicts a change in the opposite direction in the second variable. Lesser degrees of correlation are expressed as non-zero decimals. A coefficient of zero indicates there is no discernable relationship between fluctuations of the variables."

$$r = \frac{\sum xy}{\sqrt{\sum x^2 \sum y^2}}$$

iv) The Significance of the Difference between two r's

A useful and mathematically exact method of determining the SE of the difference between two r's requires that we first convert the r's into Fisher's *z* functions. The significance of the difference between two *z*'s is then determined. The formula for the SE of the difference between two *z*'s is

$$\delta Dz = \sigma \boldsymbol{Z}1 - \sigma \boldsymbol{Z}2 = \sqrt{\frac{1}{\boldsymbol{N}1-3} + \frac{1}{\boldsymbol{N}2-3}}$$

(SE of the difference between two *z* coefficients)

Where,

$$\boldsymbol{\sigma z} = \sqrt{\frac{1}{N-3}}$$

and N_1 and N_2 are the sizes of the two samples.

iv) Fisher (*Z*):

"Fisher transformation is mainly associated with the Pearson product-moment correlation coefficient for bivariate normal observations; it can also be applied to Spearman's rank correlation coefficient in more general cases. A similar result for the asymptotic distribution applies, but with a minor adjustment factor"

v) Degrees of Freedom:

The two correlated variables take away 2 degrees of freedom; and the transformation into *z* adds another restriction. Hence, we subtract 3 from each *N*.

vi) 't' test:

A ***t*-test** is any statistical hypothesis test in which the test statistic follows a Student's t distribution if the null hypothesis is supported. It can be used to determine if two sets of data are significantly different from each other, and is most commonly applied when the test statistic would follow a normal distribution if the value of a scaling term in the test statistic were known. When the scaling term is unknown and is replaced by an estimate based on the data, the test statistic (under certain conditions) follows a Student's *t* distribution.

't' Test is calculated by applying following formula on the collected data to examined the significance differences.

Calculation of 't' test by using the following formula with convert the r's into Fisher's *z* functions:

$$t = \frac{Z1 - Z2}{\sqrt{\frac{1}{N1-3} + \frac{1}{N2-3}}}$$

ANALYSIS AND INTERPRETATION:

The statistical process has been done from the raw score based on the data collected from the field data.

On the basis of raw score researcher calculated the correlation coefficient. The data is analyzed by applying following formula of Carl Pearson's Correlation Coefficient (r) to find the correlation between parent-child relationship and self concept as well as self acceptance of adolescent students with visual impairment and hearing impairment.

The data is analyzed by applying following formula of Carl Pearson's Coefficient of Correlation (r) to examine the correlation between targeted variables.

The correlation coefficient was used to determine whether there was any correlation (+ve or -ve) between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment. Similarly, determine whether there was any correlation (+ve or -ve) between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

The correlation coefficient was used to determine whether there was any correlation (+ve or -ve) between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment. Similarly, determine whether there was any correlation (+ve or -ve) between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with hearing impairment. Correlations are as follows:

Correlation coefficients between the following variables were drawn:

1. Parent child relationship (father form) and self concept of adolescent students with visual impairment.
2. Parent child relationship (father form) and self acceptance of adolescent students with visual impairment.
3. Parent child relationship (father form) and self concept of adolescent students with hearing impairment.
4. Parent child relationship (father form) and self acceptance of adolescent students with hearing impairment.
5. Parent child relationship (mother form) and self concept of adolescent students with visual impairment.
6. Parent child relationship (mother form) and self acceptance of adolescent students with visual impairment.
7. Parent child relationship (mother form) and self concept of adolescent students with hearing impairment.
8. Parent child relationship (mother form) and self acceptance of adolescent students with hearing impairment.

The significance of difference between two correlations was drawn:

Further, the data is analyzed by applying following formula for ‘t’ Test to find whether there were significant difference in two correlations:

The t-test was used to determine whether there were significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment and hearing impairment. Similarly, determine whether there were significant difference in correlation between parent-child relationship (father form) and self acceptance of adolescent students with visual impairment and hearing impairment.

As well as, the t-test was used to determine whether there were significant difference in correlation between parent-child relationship (mother form) and self-

concept of adolescent students with visual impairment and hearing impairment. Similarly, determine whether there were significant difference in correlation between parent-child relationship (mother form) and self acceptance of adolescent students with visual impairment and hearing impairment. The significance of difference between two correlations is as follows:

1. To study the significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.
2. To study the significant difference in correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.
3. To study the significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.
4. To study the significant difference in correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

Finally, the researcher has drawn the result and put them in statistical forms with their proper interpretations. A detailed discussion of result has been put under each table.

RESULT OF CORRELATION COEFFICIENT (r)

A) Correlation Coefficient between Parent-Child Relationship (Father Form) and Self-Concept Parent-Child Relationship (Father Form) and Self Acceptance Subject (Samples) - Adolescents with Visual Impairments.

In order to test the hypothesis No. 1 to find out correlation coefficient between Parent-Child Relationship (Father Form) and Self-Concept Parent-Child Relationship (Father Form) and Self Acceptance Subject (Samples) - Adolescents with Visual Impairments, the researcher has analyzed the field data which have been clearly presented in chapter 4 table No. 4.5.1.

B) Correlation Coefficient between Parent-Child Relationship (Father Form) and Self-Concept Parent-Child Relationship (Father Form) and Self Acceptance Subject (Samples) - Adolescents with Hearing Impairment.

In order to test the hypothesis No. 2 to find out correlation coefficient between Parent-Child Relationship (Father Form) and Self-Concept Parent-Child Relationship (Father Form) and Self Acceptance Subject (Samples) - Adolescents with Hearing Impairment, the researcher has analyzed the field data which have been clearly presented in chapter 4 table No. 4.5.2:

C) Correlation Coefficient between Parent-Child Relationship (Mother Form) and Self-Concept Parent-Child Relationship (Mother Form) and Self Acceptance Subject (Samples) - Adolescents with Visual Impairment:

In order to test the hypothesis No. 3 to find out correlation coefficient between Parent-Child Relationship (Mother Form) and Self-Concept Parent-Child Relationship (Mother Form) and Self Acceptance Subject (Samples) - Adolescents with Visual Impairment, the researcher has analyzed the field data which have been clearly presented in chapter No. 4 table No. 4.53:

D) Correlation Coefficient between Parent-Child Relationship (Mother Form) and Self-Concept Parent-Child Relationship (Mother Form) and Self Acceptance Subject (Samples) - Adolescents with Hearing Impairments.

In order to test the hypothesis No. 4 to find out correlation coefficient between Parent-Child Relationship (Mother Form) and Self-Concept Parent-Child Relationship (Mother Form) and Self Acceptance Subject (Samples) - Adolescents with Hearing Impairment, the researcher has analyzed the field data which have been clearly presented in chapter 4 table No. 4.5.4. Similarly, that has been stated as follows:

RESULTS OF 't' TEST:

To study the significant difference between two correlations:

After calculated the correlation coefficient, the data is analyzed by applying following formula for 't' Test to study the significant difference between two correlations:

1. To study the significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.
2. To study the significant difference in correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

3. To study the significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.
4. To study the significant difference in correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

't' Test is calculated by applying following formula on the calculated correlation coefficient to examined the significance differences between two correlations.

Calculation of 't' value use the following formula:

$$t = \frac{Z1 - Z2}{\sqrt{\frac{1}{N1-3} + \frac{1}{N2-3}}}$$

For calculating of Standard Error of the difference between two z coefficients by use the following formula:

$$\delta Dz = \sigma Z1 - \sigma Z2 = \sqrt{\frac{1}{N1-3} + \frac{1}{N2-3}}$$

(SE of the difference between two z coefficients)

1. Significance of the Difference between two Correlations i.e. PCR (father form) and Self-concept of adolescent with VI & HI:

In order to test the hypothesis No. 5, the researcher has calculated the t values to find out Significance of difference between two correlations i.e. all dimension of Parent-Child Relationship (father form) and all aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment. The tables showing t values are reasonably presented in the in the Statistical Analysis and Interpretation of the chapter 4 from table No. 4.6.1 to 4.6.60.

2. Significance of the Difference between two Correlations i.e. PCR (father form) and Self-acceptance of adolescent with VI & HI:

In order to test the hypothesis No. 6, the researcher has calculated the t values to find out Significance of difference between two correlations i.e. all dimension of Parent-Child Relationship (father form) and Self Acceptance of adolescent students

with visual impairment as well as hearing impairment. The tables showing t values are reasonably presented in the in the Statistical Analysis and Interpretation of the chapter 4 from table No. 4.6.61 to 4.6.70. Similarly, that has been stated as follows:

3. Significance of the Difference between two Correlations i.e. PCR (mother form) and Self-concept of adolescent with VI & HI:

In order to test the hypothesis No. 7, the researcher has calculated the t values to find out Significance of difference between two correlations i.e. all dimension of Parent-Child Relationship (Mother form) and all aspect of Self Concept of adolescent students with visual impairment as well as hearing impairment. The tables showing t values are reasonably presented in the in the Statistical Analysis and Interpretation of the chapter 4 from table No. 4.6.71 to 4.6.130.

4. Significance of the Difference between two Correlations i.e. PCR (mother form) and Self-acceptance of adolescent with VI and HI:

In order to test the hypothesis No. 8, the researcher has calculated the t values to find out Significance of difference between two correlations i.e. all dimension of Parent-Child Relationship (Mother form) and Self Acceptance of adolescent students with visual impairment as well as hearing impairment. The tables showing t values are reasonably presented in the in the Statistical Analysis and Interpretation of the chapter 4 from table No. 4.6.131 to 4.6.140.

OVERALL CONCLUSION:

It is observed from table 1 to 60 showing significant difference between two correlations (t values) that, in major findings there is no significant difference between two correlations i.e. i) correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment and ii) correlation between parent-child relationship (father form) and self-concept of adolescent students with hearing impairment. On the other hand, it is revealed that a very negligible number of t' values (14 tables out of 60) showing significant difference between the correlations.

As well as, there found no significant difference between two correlations i.e. i) correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment and ii) correlation between parent-child

relationship (father form) and self-acceptance of adolescent students with hearing impairment.

Similarly, there found no significant difference between two correlations i.e. i) correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment and ii) correlation between parent-child relationship (mother form) and self-concept of adolescent students with hearing impairment. On the other hand, it is revealed that a very negligible number of t' values (2 tables out of 60) showing significant difference between the correlations.

As well as, there found no significant difference between two correlations i.e. i) correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment and ii) correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with hearing impairment.

HYPOTHESES TESTED:

The t-test is probably the most commonly used statistical data analysis procedure for hypothesis testing. Actually, there are several kinds of t-tests, but the most common is the "two-sample t-test" also known as the "Student's t-test" or the "independent samples t-test".

H1. There exists no correlation between the parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment.

From table No. 4.5.1 it is found that, there is correlation between parent-child relationship (father form) and all aspects of self-concept as well as self acceptance of adolescent students with visual impairment. Hence, hypothesis number H1 is rejected.

H2. There exists no correlation between the parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

From table No. 4.5.2 it is found that, there is correlation between parent-child relationship (father form) and all aspects of self-concept as well as self acceptance of adolescent students with hearing impairment. Hence, hypothesis number H2 is rejected.

H3. There exists no correlation between the parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment.

From table No. 4.5.3 it is found that, there is correlation between parent-child relationship (mother form) and all aspects of self-concept as well as self acceptance of adolescent students with visual impairment. Hence, hypothesis number H3 is rejected.

H4. There exists no correlation between the parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

From table No. 4.5.4 it is found that, there is correlation between parent-child relationship (mother form) and all aspects of self-concept as well as self acceptance of adolescent students with hearing impairment. Hence, hypothesis number H4 is rejected.

H5. There exists no significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.

From table No. 4.6.1 to 4.6.60 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing impairment. Hence, hypothesis number H5 is accepted.

H6. There exists no significant difference in correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

From table No. 4.6.61 to 4.6.70 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing impairment. Hence, hypothesis number H6 is accepted.

H7. There exists no significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing-impairment.

From table No. 4.6.71 to 4.6.130 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (mother

form) and self-concept of adolescent students with visual impairment as well as hearing impairment. Hence, hypothesis number H7 is accepted.

H8. There exists no significant difference in correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing-impairment.

From table No. 4.6.131 to 4.6.140 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing impairment. Hence, hypothesis number H8 is accepted.

5.5 CONCLUSION:

The researcher collected data with help of standardized tools, coded in the appropriate column for necessary statistical process. Processing was done by the researcher, using the statistical software for correlation and calculated the "t" value manually. The statistical process has been done from the raw score based on the data collected from the field data. On the basis of raw score researcher calculated the correlation coefficient. The data is analyzed by applying following formula of Carl Pearson's Correlation Coefficient (r) to find the correlation between parent-child relationship and self concept as well as self acceptance:

The correlation coefficient was used to determine whether there was any correlation (+ve or -ve) between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment. Similarly, determine whether there was any correlation (+ve or -ve) between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

The correlation coefficient was used to determine whether there was any correlation (+ve or -ve) between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment. Similarly, determine whether there was any correlation (+ve or -ve) between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with hearing impairment.

Secondly, the data is analyzed by applying following formula for 't' Test to find whether there were significant difference in two correlations:

The t-test was used to determine whether there were significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairment and hearing impairment. Similarly, determine whether there were significant difference in correlation between parent-child relationship (father form) and self acceptance of adolescent students with visual impairment and hearing impairment.

As well as, the t-test was used to determine whether there were significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairment and hearing impairment. Similarly, determine whether there were significant difference in correlation between parent-child relationship (mother form) and self acceptance of adolescent students with visual impairment and hearing impairment.

On the basis of the above statistical analysis the researcher draw the objective-based, specific and general conclusion as follows:

5.5.1 Objective-based Conclusion of Research:

Objective No. 1: To find the correlation between parent-child relationship (father form) and self-concept as well as self acceptance of adolescent students with visual impairment.

From table No. 4.5.1 it is found that, there is correlation between parent-child relationship (father form) and all aspects of self-concept as well as self acceptance of adolescent students with visual impairment.

Objective No. 2: To find the correlation between parent-child relationship (father form) and self-concept as well as self acceptance of adolescent students with hearing impairment.

From table No. 4.5.2 it is found that, there is correlation between parent-child relationship (father form) and all aspects of self-concept as well as self acceptance of adolescent students with hearing impairment.

Objective No. 3: To find the correlation between parent-child relationship (mother form) and self-concept as well as self acceptance of adolescent students with visual impairment.

From table No. 4.5.3 it is found that, there is correlation between parent-child relationship (mother form) and all aspects of self-concept as well as self acceptance of adolescent students with visual impairment.

Objective No. 4: To find the correlation between parent-child relationship (mother form) and self-concept as well as self acceptance of adolescent students with hearing impairment.

From table No. 4.5.4 it is found that, there is correlation between parent-child relationship (mother form) and all aspects of self-concept as well as self acceptance of adolescent students with hearing impairment.

Objective No. 5: To study the significant difference in correlation between parent-child relationship (father form) and self-concept of adolescent students with visual impairments as well as hearing impairment.

From table No. 4.6.1 to 4.6.60 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (father form) and self-concept of adolescent students with visual impairment as well as hearing impairment.

Objective No. 6: To study the significant difference in correlation between parent-child relationship (father form) and self-acceptance of adolescent students with visual impairments as well as hearing impairment.

From table No. 4.6.61 to 4.6.70 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (father form) and self-acceptance of adolescent students with visual impairment as well as hearing impairment.

Objective No. 7: To study the significant difference in correlation between parent-child relationship (mother form) and self-concept of adolescent students with visual impairments as well as hearing impairment.

From table No. 4.6.71 to 4.6.130 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (mother form) and self-concept of adolescent students with visual impairment as well as hearing impairment.

Objective No. 8: To study the significant difference in correlation between parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairments as well as hearing impairment.

From table No. 4.6.131 to 4.6.140 it is found that, there is no significant difference between two correlations i.e. parent-child relationship (mother form) and self-acceptance of adolescent students with visual impairment as well as hearing impairment.

5.5.2 Specific Conclusion of Research:

1. When parents protect their children, then physical, social, temperamental, educational, moral and intellectual development of self concept as well as self acceptance looks very good.
2. When parents give symbolic punishment to their children then physical, social, temperamental, educational, moral and intellectual development of self concept as well as self acceptance found worse.
3. When parents show rejecting attitude towards their children then physical, social, temperamental, educational, moral and intellectual development of self concept as well as self acceptance found worse.
4. When parents give object punishment to their children then physical, social, temperamental, educational, moral and intellectual development of self concept as well as self acceptance found worse.
5. When parents exhibit demanding attitude towards their children then physical, social, temperamental, educational, moral and intellectual development of self concept as well as self acceptance found worse.
6. When parents exhibit indifferent attitude towards their children then physical, social, temperamental, educational, moral and intellectual development of self concept as well as self acceptance found worse.
7. When parents give symbolic rewards to their children then they exhibit the physical, social, temperamental, educational, moral and intellectual development of self concept as well as self acceptance very good.
8. When parents love their children then physical, social, temperamental, educational, moral and intellectual development of self concept as well as self acceptance looks very good.

9. When parents give object rewards to their children then they exhibit the physical, social, temperamental, educational, moral and intellectual development of self concept as well as self acceptance very good.

10. When parents neglect their children then physical, social, temperamental, educational, moral and intellectual development of self concept as well as self acceptance found worse.

5.5.3 General Conclusion of Research:

The researcher found that;

When there is a healthy parent-child relationship, the level of self-concept in the adolescent students with visual and hearing impairment will be high. On the other hand, if there is unhealthy parent-child relationship, the self-concept level will be worse.

When there is a healthy parent-child relationship, there will be high level of self-acceptance in the adolescent students with visual and hearing impairment. On the other hand, if there is unhealthy parent-child relationship the self-acceptance level will be worse.

5.6 COMPARISION OF CONCLUSIONS OF THE PRESENT WITH PREVIOUS STUDIES:

Author & Year	Conclusion	Conclusion of Present Study
Latha Rani G.K., (1983)[3]	There was a significant difference on the self-concept & self-acceptance of the blind & sighted adolescent boys.	On the basis of findings of the present study it is concluded that, There is correlation (both positive and negative) between parent-child relationship (father form) and self-concept as well as self-acceptance of adolescent students with visual impairment. It is found that, there is correlation (both positive and negative) between parent-child relationship (father form) and self concept as
Mathur, Abha (1985)[8]	Crippled children differ significantly from normal children in self-esteem as well as in social-esteem.	
Beaty, L. A. (1991)[14]	Visually impaired students generally perceived themselves "good discipline", "self-control", "honest" and "sympathetic".	

Choko, Aphiah Kekeletso (2009)[16]	The parent-child relationship does have an influence on the self-concept of the Southern Sotho child	well as self-acceptance of adolescent students with hearing impairment. It is found that, there is correlation (both positive and negative) between parent-child relationship (mother form) and self-concept as well as self-acceptance of adolescent students with visual impairment. It is found that, there is correlation (both positive and negative) between parent-child relationship (mother form) and self concept as well as self-acceptance of adolescent students with hearing impairment. There is no significant difference between two correlations i.e. i) correlation between parent-child relationship (both father and mother forms) and self-concept of adolescent students with visual impairment and ii) correlation between parent-child relationship (both father and mother forms) and self-concept of adolescent students with hearing impairment. Similarly, there found no significant difference between two correlations i.e. i) correlation
Wang, Zheng (2013)[18]	Parent-child relationship and self-esteem may affect significantly the extent of adolescents' compulsive buying behaviours.	
Trevor R. Parmenter, (1970)[21]	There are no significant differences in self concept development between partially seeing and normally adolescent students	
McLaughlin, Joseph Robert (1975)[23]	This study shows evidence that there appears to be no statistically significant difference between the development of the self-concept of the deaf and the types of educational setting in which a student spends twelve years or more of his early life.	
Rosenthal, David M., Chao-Ying J. Peng, McMillan, James M. (1980)[24]	There is significant relationship between self concept and the adolescents' perceptions of their parents.	
Obiakor F. E., Stile S. W. (1990)[28]	Visually impaired children have poorer self-concepts than normally sighted children.	

Forney, William Scott; Crutsinger, Christy; Forney, Judith Cardona (2006)[39]	A strong positive effect for conduct around parents on self-respect and a strong positive path linking interactions with parents to self-acceptance and moral behavior.	between parent-child relationship (both father and mother forms) and self-acceptance of adolescent students with visual impairment and ii) correlation between parent-child relationship (both father and mother forms) and self-acceptance of adolescent students with hearing impairment.

5.7 RECOMMENDATIONS:

5.7.1 Recommendations for Parents:

1. Every parent should protect their child in such a manner by which they will develop a better self concept and will be well self accepted.
2. Parents should never bestow any sort of symbolic punishment on their children either with visual or hearing impairments, by which the self concepts as well as self acceptance will be effect adversely.
3. Parents should not reject their children either with visual or hearing impairments openly, by which their self concepts as well as self acceptance will be worse.
4. Parents should never bestow any sort of object punishment on their children either with visual or hearing impairments, by which the self concepts as well as self acceptance will be effect adversely.
5. Every child has its own inherent potentials. So parent should have not certain demands from their children either with visual or hearing impairments, by which the self concepts as well as self acceptance will be effect adversely.
6. Parents should accept their children either with visual or hearing impairments, and should never posses any sort of negative attitude. Similarly, they should not be indifferent towards them. On the other hand, their self concept as well as self acceptance will be affecting badly.

7. Adolescent students with visual and hearing impairment should be provided with symbolic reward for their each and every deed, which will help them in developing better self concept and self acceptance.
8. Every parent should love their child in such a manner by which they will develop a better self concept and will be well self accepted.
9. Adolescent students with visual and hearing impairment should be provided with object reward for their each and every deed, which will help them in developing better self concept and self acceptance.
10. They should never neglect their children either with visual or hearing impairments; otherwise the self concepts as well as self acceptance will be effect adversely.

Parents need to recognize the continued importance of their relationship with their adolescents. Although the parent-child relationship undergoes transformation during adolescence, the adjustment of adolescents depends in good measure on the quality of their relationship with their parents.

Children are more vulnerable to adjustment problems in adolescence than in childhood. Parents need to anticipate that their adolescent requires increased support during periods of transition, such as entry into high school.

Adolescents need to feel that their parents are engaged and supportive of them. Adolescents are more independent than children in many aspects of their lives. Nonetheless, they require ongoing parental support in terms of parents remaining open to communication and responsive if help is needed, while, at the same time, fostering adolescent autonomy. Specific parenting skills include warmth, acceptance of individuality, active listening, behaviour monitoring, limit setting and negotiation.

Parents need to recognize the special role of fathers in supporting the well-being of their children. Fathers' increased psychological support of daughters may be particularly beneficial to them.

Obviously, adolescent adjustment is also determined by factors outside the family and the parent-child relationship. Even though parents may only indirectly affect how peers, romantic partners and other social influences determine the adjustment of their children, parents' support through the stressful challenges of adolescence remains important.

Self-concept can be defined as the view one has of herself and her abilities. A child’s self-concept begins to develop at birth. It begins with how adults respond to

her. Parents and caregivers create a positive emotional bond with an infant through warm and caring interactions with a lot of eye contact and touch. This positive emotional bond with parents and caregivers promotes a child's healthy self-concept. It is the basis of a relationship in which the child feels the parents' and caregivers' love, acceptance, and respect.

As the child grows, her ability to interact successfully with her environment promotes a healthy self-concept. This is critically important in early childhood. The development of a positive self-concept at an early age empowers the child to feel competent, try new things, and strive for success. As parents, we have the opportunity (and responsibility) to help build a positive self-concept in our children. So, how can you tell if your child has a positive or negative self-concept? Children with a positive self-concept have a "can do" attitude. They believe in their ability to complete tasks without help, or with minimal help. They do not exhibit problematic behaviors as doing so would be against their positive self-concept.

Children with a negative self-concept have a "can't do" attitude. They become frustrated easily and give up on difficult tasks. These children may exhibit behavior problems if "naughty" or "bad" is a part of their self concept.

What can parents do to help their children develop a positive self-concept?
1. To be mindful of the language you use to describe your children. Do not label them with words such as 'lazy', 'naughty', 'aggressive', or 'stupid.' Instead, look for and point out your child's strengths.
2. Provide them with opportunities for success. Give your child age-appropriate tasks she can complete on her own. Having done so will give her a sense of pride and help build a "can do" mentality and positive self-concept.
3. Show your children that you have faith in their goodness and in their abilities. This is a matter of language choice. For example, if your toddler, out of frustration, hits another child, you might say, "You naughty girl! How can you be so mean! I can't believe you hit him! You're in big trouble!" Or, you could say, "You got frustrated and hit him. It's not ok to hit. I know you didn't mean to hurt him. How can you express your frustration in different ways? Would you like a stress ball to squeeze?" Which do you think leads to a positive self-concept?
Alternatively, let's use the example that your child is working on a puzzle and is having trouble getting it to fit together properly. If you see frustration building, you might say, "Looks like you can't do that puzzle. Why don't you forget about that one

and try something easier?" Or you can offer encouragement and help. "You've gotten several pieces in the right place. If you keep working on it, I'm sure you'll get it. Would you like me to help you with a couple pieces?" The second leads to success while the first leads to failure.

4. Give her the opportunity to explore her environment, ask questions without feeling like a nuisance, and engage in make-believe play activities.

Failure is also a learning tool for children, and we don't want to shield them from all failures. In fact, children with positive self-concepts who experience failure can accept mistakes or weaknesses because they know they are overall competent.

5.7.2 Recommendations for Teachers:

1. Teachers should teach the value education to their students with visual or hearing impairments for development of better self concepts as well as self acceptance.
2. Teachers should teach the physical education to their students with visual or hearing impairments for development of better physical self concepts.
3. Teachers should teach the yoga to their students with visual or hearing impairments for development of better self acceptance.

5.7.3 Recommendations for Headmasters:

1. Headmasters should establish the parent-teacher association for development of better relationship between teachers and parents.
2. Headmasters should organize the parent meeting in every month to let the parents know about progress of their wards.

5.7 DIRECTIONS FOR FURTHER RESEARCH:

1. The present study was carried out only for the adolescent students with visual impairments and hearing impairments. So the researcher wish that the further study may be carried out for adolescent students with intellectual disabled as well as for adolescent students with other disabilities.
2. The present study was carried out only for the adolescent students with visual impairments and hearing impairments. So the researcher wish that the further study may be carried out for adolescent students with gender wise.
3. The study was carried out to investigate the impact of parent-child relationship on the self-concept and self-acceptance of adolescent students with visual and

hearing impairments. So the researcher wish that the further study may be carried out to investigate impact of parent-child relationship on the self-esteem of adolescent students with visual and hearing impairments.

More research is needed to clarify the changing nature of girls' compared to boys' relationship to their fathers during adolescence, the relation of these differences to differential parental socialization and implications for adjustment.

The above associations between variables do not identify cause and effect. Research is necessary to clarify the causal role of parenting and the parent-child relationship in child adjustment. It is also possible that both parents' and children's behavior may be a result of another factor, such as their genetic makeup.

Longitudinal analyses should continue to examine the role of social context risk factors such as inadequate income and low maternal education in the development of parenting problems and child maladjustment.

The above findings indicate the need for additional research, using more precise and extensive measures of parents' behavior and of the parent-child relationship. Specifically, more extensive and reliable direct measures of parenting, as well as more extensive age-appropriate measures of parent-child relationship or child-parent attachment are warranted.

Further research is required to determine whether parenting and the quality of parent-child relationships play a role in determining how other factors - such as peer influences - contribute to determining child adjustment.

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Appendix-01

Parent-Child Relationship Scale

Consumable Booklet
of
PCRS
(English Version)

Dr. Nalini Rao *(Bangalore)*

Please fill up the following informations :—

Name.....

Age..... Sex.....

Class in which you are studying. .....

Name of School / College.....

Estd. 1971 ✆ : (0562) 2364926
NATIONAL PSYCHOLOGICAL CORPORATION
4/230, KACHERI GHAT, AGRA – 282 004 (INDIA)

Appendix-02

Self Concept Questionnaire

T.M. Regd. No. 564848
Copyright Regd. No. © A-73256/2005 Dt. 13. 5. 05

Dr. R. K. Saraswat *(New Delhi)*

Consumable Booklet of

S C Q

(English Version)

Please fill up the following informations :–

Name.....Age.....Sex.....

Religion..... Caste..... Rural/ Urban.....

Father's Name..... Father's Occupation.....

Monthly Income..... School.....

Class..... Section..... Roll No..... Date.....

SCORING TABLE (Area-Wise)

Item No.	A	Item No.	B	Item No.	C	Item No.	D	Item No.	E	Item No.	F
2		1		4		5		6		7	
3		8		10		13		34		11	
9		21		14		15		35		12	
20		37		16		17		41		18	
22		40		19		25		42		33	
27		43		23		26		44		36	
29		46		24		30		45		38	
31		48		28		32		47		39	
TOTAL											

Interpretation –

Sum of All Areas

Estd. 1971

☎ : (0562) 2364926

NATIONAL PSYCHOLOGICAL CORPORATION

4/230, KACHERI GHAT, AGRA–282 004 (INDIA)

Appendix-03

Self Acceptance Inventory

Consumable Booklet
of
K S A I
(English Version)

T. M. No. 458715
Dr. S. B. Kakkar *(Patiala)*

Please fill in the following informations :—

Name.....

Age..... **Sex**.....

Urban/Rural..... **Caste**.....

Place..... **Date**.....

INSTRUCTIONS

On the next pages, there are some statements. Against each statement you will find two cells, one is indicating the True response while other is related to False response. If you agree with a statement or feel that is true, encircle the cell below True response and if you disagree with a statement or feel that is not true in your case, encircle the cell below False response. Answer every statement, by encircling either cell even if you have to guess at some.

SCORING TABLE

Raw Score	
Interpretation	

Now turn the page and start the work.

Estd. 1971 ✆ (0562) 364926

NATIONAL PSYCHOLOGICAL CORPORATION

4/352, KACHERI GHAT, AGRA – 282 004 (INDIA)

Appendix-04

Interpretation of Correlation Coefficient

Degree of correlation:

Sl. No.	Range	Interpretation
01	± 1.00	Perfect correlation
02	± 0.90 to 0.99	Ideal and Very high degree of correlation
03	±.70 to 0.89	High degree of correlation
04	± 0 .40 to 0.69	legal & reliable moderate Moderate degree correlation
05	± 0.20 to 0.39	Low but definite degree of correlation
06	± 0 to 0.20	Negligible or absence of correlation

1. Perfect correlation: When both the variables change in the same ratio, then it is called perfect correlation. i.e. ± 1.00

2. Very high degree of correlation: When the correlation coefficient range is between ± 0.90 to 0.99, it is called Ideal & very high degree of correlation.

3. High degree of correlation: When the correlation coefficient range is between ±.70 to 0.89, it is called high degree of correlation.

4. Moderate degree correlation: When the correlation coefficient range is between ± 0 .40 to 0.69, it is called legal & reliable moderate degree of correlation.

5. Low degree of correlation: When the correlation coefficient range is between ± 0.20 to 0.39, it is called low degree but definite correlation.

6. Negligible or absence of correlation: When the correlation coefficient is below than ± 0 to 0.20, it shows that there is negligible or absence of correlation.

Appendix-05

Conversion of a Pearson's 'r' into a corresponding Fisher's *z* coefficient

r	z'	R	z'	r	z'	r	z'	R	z'
0.00	0.0000	0.20	0.2027	0.40	0.4236	0.60	0.6931	0.80	1.0986
0.01	0.0100	0.21	0.2132	0.41	0.4356	0.61	0.7089	0.81	1.1270
0.02	0.0200	0.22	0.2237	0.42	0.4477	0.62	0.7250	0.82	1.1568
0.03	0.0300	0.23	0.2342	0.43	0.4599	0.63	0.7414	0.83	1.1881
0.04	0.0400	0.24	0.2448	0.44	0.4722	0.64	0.7582	0.84	1.2212
0.05	0.0500	0.25	0.2554	0.45	0.4847	0.65	0.7753	0.85	1.2562
0.06	0.0601	0.26	0.2661	0.46	0.4973	0.66	0.7928	0.86	1.2933
0.07	0.0701	0.27	0.2769	0.47	0.5101	0.67	0.8107	0.87	1.3331
0.08	0.0802	0.28	0.2877	0.48	0.5230	0.68	0.8291	0.88	1.3758
0.09	0.0902	0.29	0.2986	0.49	0.5361	0.69	0.8480	0.89	1.4219
0.10	0.1003	0.30	0.3095	0.50	0.5493	0.70	0.8673	0.90	1.4722
0.11	0.1104	0.31	0.3205	0.51	0.5627	0.71	0.8872	0.91	1.5275
0.12	0.1206	0.32	0.3316	0.52	0.5763	0.72	0.9076	0.92	1.5890
0.13	0.1307	0.33	0.3428	0.53	0.5901	0.73	0.9287	0.93	1.6584
0.14	0.1409	0.34	0.3541	0.54	0.6042	0.74	0.9505	0.94	1.7380
0.15	0.1511	0.35	0.3654	0.55	0.6184	0.75	0.9730	0.95	1.8318
0.16	0.1614	0.36	0.3769	0.56	0.6328	0.76	0.9962	0.96	1.9459
0.17	0.1717	0.37	0.3884	0.57	0.6475	0.77	1.0203	0.97	2.0923
0.18	0.1820	0.38	0.4001	0.58	0.6625	0.78	1.0454	0.98	2.2976
0.19	0.1923	0.39	0.4118	0.59	0.6777	0.79	1.0714	0.99	2.6467

(Garrett, H. E. 1981 Statistics in Psychology and Education. Tenth Indian reprint. Published by Mrs. A. F. Shaikh for Vakils, Feffer and simon Ltd., Hague Building. Ballard Estate, Bombay. p. 460)

Appendix-06

Table of t, for use in determining the Significance of statistics

Degrees of Freedom	Level 0.05	Level 0.01	Degrees of Freedom	Level 0.05	Level 0.01
1	12.71	63.66	24	2.06	2.90
2	4.30	9.92	25	2.06	2.79
3	3.18	5.84	26	2.06	2.78
4	2.78	4.60	27	2.05	2.77
5	2.57	4.03	28	2.05	2.76
6	2.45	3.71	29	2.04	2.76
7	2.36	3.50	30	2.04	2.75
8	2.31	3.36	35	2.03	2.72
9	2.26	3.25	40	2.02	2.71
10	2.23	3.17	45	2.02	2.69
11	2.20	3.11	50	2.01	2.68
12	2.18	3.06	60	2.00	2.66
13	2.16	3.01	70	1.99	2.65
14	2.14	2.98	80	1.99	2.64
15	2.13	2.95	90	1.98	2.63
16	2.12	2.92	100	1.98	2.63
17	2.11	2.90	125	1.98	2.62
18	2.10	2.88	150	1.97	2.61
19	2.09	2.86	200	1.97	2.60
20	2.09	2.84	300	1.97	2.59
21	2.08	2.83	400	1.97	2.59
22	2.07	2.82	500	1.96	2.59
23	2.07	2.81	1000	1.96	2.58
				1.96	2.58

(Garrett, H. E. 1981 Statistics in Psychology and Education. Tenth Indian reprint. Published by Mrs. A. F. Shaikh for Vakils, Feffer and simon Ltd., Hague Building. Ballard Estate, Bombay. p. 460)

Appendix-7

LETTER FROM THE SUPERVISOR

ASST. PROFESSOR, GOVT. COLLEGE OF EDUCATION, AKOLA

To,

The Head of the Institution,

Subject: Request to extend your necessary cooperation for collection of data and filling the research tool.

Respected Sir/Madam,

With reference to the subject cited above, Mr. Anil P. Dhawale has undertaken his research work on **"A Comparative Study on the Impact of Parent-Child Relationship on Self-Concept and Self-Acceptance of Visually and Hearing Impaired Adolescents"** for the Degree of Doctor of Philosophy under my supervision. In this regard, he intends to collect research Data from your institution.

Hence, I would like to request you to extend your necessary cooperation for collection of data and filling the research tool.

Thanking you!

Yours Truly,

(Dr. Vasudha V. Deo)
Associate Professor
Govt. College of Education, Akola

Appendix- 8

LETTER FROM THE RESERCHER

REQUEST LETTER FOR HEAD OF INSTITUTIONS

To,

Respected Sir/Madam,

I have undertaken the Research on the topic **"A Comparative Study on the Impact of Parent-Child Relationship on Self-Concept and Self-Acceptance of Visually and Hearing Impaired Adolescents"** for the Degree of Doctor of Philosophy under the supervision of Prof. Dr. Vasudha V. Deo. I have taken standardized tools for collection of Data from the sample of my target population (i.e. from your institution).

Hence, I request your kind permission and earnest cooperation for collection of the said research data for my Ph. D. Work. I hope you will do the necessary in this context.

Thanking you in anticipation and with profound regards!

Yours Sincerely,

(Anil P. Dhawale)

Appendix-09

Master Chart of Raw Score of Parent-child Relationship Scale
(Father & mother form)
Subjects Students with Visual Impairment

Appendix-10

Master Chart of Raw Score of Self-concept Questioner and self-acceptance Inventory
Subjects Students with Visual Impairment

Appendix-11

Master Chart of Raw Score of Parent-child Relationship Scale
(Father & mother form)
Subjects Students with Hearing Impairment

Appendix-12

Master Chart of Raw Score of Self-concept Questioner and self-acceptance Inventory
Subjects Students with Hearing Impairment