



ASSOCIATION OF SYMPTOMS OF MANIA AMONG PHYSICALLY CHALLENGED CHILDREN

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ABSTRACT

Physically challenging conditions have a wide range of effects on all developmental domains of a child. In addition to well-known negative effects of these disabilities on the development of the child; such as motor development, inability to perform in educational settings, and inability to communicate respectively; they also have effects in another areas of development such as behavioural, emotional and social development. Using a sample of 142 physically challenged children an attempt was made to identify symptoms of mania associated with physically challenged children. Results showed that most of the symptoms of mania are significantly associated with physically challenged children.

Keywords: *Deprivation, Disability, Mania, Physically challenged children, Symptoms.*

I. INTRODUCTION

Disabilities in childhood can have negative effects on the child due to deep consequences in developmental progress of the child and these disabilities have a wide range of effects on all developmental domains of a child's life. Physically challenged used to refer to individual functioning, including physical impairment, sensory impairment, as well as cognitive impairment. [1] Explored the educational environment of students with a physical disability. The findings of the study revealed that stigmatization and discrimination attitude existed in general education system. Different type of discriminatory attitude was reported by the majority of respondents. Physically challenged children can sometimes be seen as 'different' by others. In some settings, this may lead to being excluded from relationships and experiences of social isolation. Such experiences of exclusion and isolation are common contributors to children's mental health difficulties.

Mania is one of the major mental health difficulty caused due to emotional, social and psychological deprivation. Mania is a distinct period of abnormally and persistently elevated, expansive or irritable [2]. Several researchers have worked on the diagnostic practices of bipolar disorder with mania as a cause. For instance, [3] reviewed the life events as a predictor of symptoms of bipolar disorder. Findings revealed that when severe negative life events occur, they appear to trigger increases in bipolar depression. Nonetheless, many depressions are not related to negative life events and appear to be triggered by other variables. The strongest evidence suggests that negative life events do not trigger mania, except in a certain context. However, life events involving goal attainment do appear to trigger symptoms of mania. [4] Assessed the stigma and self-

esteem in manic depression. Results suggested a relationship between mood and self-esteem, while feelings of stigmatization seem to be relatively independent of mood. This paper looks to add to the existing research in the field by investigating the symptoms of mania in physically challenged children.

II. METHODS AND MATERIALS

Hypotheses-

- Ho1: There exists no association between physically challenged children and Elevated mood.
- Ho2: There exists no association between physically challenged children and increased motor activity- energy.
- Ho3: There exists no association between physically challenged children and sexual interest.
- Ho4: There exists no association between physically challenged children and sleep.
- Ho5: There exists no association between physically challenged children and irritability.
- Ho6: There exists no association between physically challenged children and Speech- rate & amount.
- Ho7: There exists no association between physically challenged children and language-thought disorder.
- Ho8: There exists no association between physically challenged children and content.
- Ho9: There exists no association between physically challenged children and disruptive- aggressive behaviour.
- Ho10: There exists no association between physically challenged children and appearance.
- Ho11: There exists no association between physically challenged children and insight.

Study Design: Two research designs were crucial to this work. The first is deliberate sampling was used to select the sample area (Jawaharlal Nehru Medical College (JNMC), Aligarh) and the second is random sampling to select from different physically challenged departments on JNMC. The sample of the study was 142 children who are orthopedically challenged, visually challenged, hearing challenged and intellectually challenged. The cross-sectional method was used as this method is extensive and can be used to collect data from a large sample at a particular point in time. The research design used for the study was descriptive in nature. Young Mania Rating Scale (1978) was used to identify the manic symptoms associated with physically challenged children.

III. RESULT & DISCUSSION

Table 1: Symptoms of mania associated with physically challenged children.

S.No.	Symptoms of Mania	F- value	p-value
1	Elevated Mood	3.132	0.028*
2	Increased Motor Activity-Energy	6.386	0.000***
3	Sexual Interest	1.695	0.171
4	Sleep	0.717	0.544
5	Irritability	3.192	0.026*
6	Speech- Rate & Amount	12.815	0.000***
7	Language – Thought Disorder	7.505	0.000***
8	Content	5.672	0.001**
9	Disruptive-Aggressive Behaviour	2.671	0.050*



10	Appearance	2.415	0.069
11	Insight	21.991	0.000***

Significance level at 0.05.

Note: * indicates significant value, ** indicates highly significant values, and *** indicates very highly significant values.

The table value of ANOVA (3,138 degrees of freedom) and a significance level of 5 is 2.60. Comparing calculated and table values of ANOVA, it was found that the calculated value is more than table value in almost all the symptoms except Sexual interest (1.695), Sleep (0.717) and Appearance (2.415). Hence, the null hypothesis was accepted for these three symptoms, that means there exists no association between sexual interest and physically challenged children, sleep and physically challenged children, and appearance and physically challenged children.

The hypotheses for elevated mood, increased motor activity- energy, irritability, speech- rate & amount, language-thought disorder, content, disruptive- aggressive behaviour, and insight was rejected. Which means there exists an association between these symptoms and physically challenged children.

IV. CONCLUSION

The study concludes that most of the manic symptoms are related to physically challenged children. Symptoms like increased motor activity- energy, speech- rate & amount, language-thought disorder, and insight are very highly associated with physically challenged children. Content also has a high association with physically challenged children whereas other symptoms such as elevated mood, irritability, and disruptive-aggressive behaviour are also significantly associated. The reason for such an association can be the negative environment in which the physically challenged children live which leads to the psychological problems they face on daily basis.

A limitation of the study is not having a group of non-physically challenged children, having such a sample would have allowed for a comparative study between the two groups with regard to the association of manic symptoms. Such an analysis could be used to confirm the extent to which manic symptoms are found in physically challenged children as compared to non-physically challenged children. Further research can also include analysis of manic symptoms in light of other different types of disabilities.

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