



# Psychosocial Problems of Children with Visual and Hearing Impairment in Port-Harcourt Metropolis, Rivers State

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## Abstract

This study investigated the psychosocial problems of children with visual and hearing impairment in Special School, Borokiri, Port Harcourt. The study adopted descriptive survey research design. Three research questions and three null hypotheses were formulated to guide the conduct of the study. The population of the study comprised all visual and hearing impaired secondary school students of the Special School, Borokiri, Port Harcourt. cluster and stratified sampling techniques were used in selecting a sample of 20 visual and 71 hearing impaired students in the school, making it a total of 91 (ninety one) students. The instrument for data collection was designed by the researcher and entitled “Psychosocial Problems of the Visual and Hearing Impaired Scales (PPVHIS)”. The instrument passed through the validation process and its reliability was ascertained. It has a reliability coefficient of 0.78. Mean score and standard deviation (descriptive statistics) was used in answering the research questions while independent t-test was used to analyze the three null hypotheses at 0.05 level of significant. The results of the analysis showed the following (i) children with visual and hearing impairment in Special School, Borokiri, Port Harcourt experiences psychological problems such as lack of physical integrity and shame, lack of light and sound security, lack of spoken and written communication, lack of confidence in ability of senses, feeling of being easily noticed, feeling of dependency and insecurity, frustration and sadness and stigmatization and discrimination amongst others. (ii) there is differences in the psychosocial problems experienced by visual and hearing impaired children. (iii) psychosocial problems of the visual and hearing impaired does not differ based on gender. (iv) there is significant difference between the psychosocial problems of the visual and hearing impaired in Port Harcourt Metropolis. (v) there is no significant difference between the psychosocial problems of the male and female visually impaired. (vi) there is no significant difference between the psychosocial problems of male and female hearing impaired. Based on the findings of the study, recommendations were made while suggestions for further studies were stated.

**Keywords:** Psychosocial Problems, Children, Visual, Hearing, Impairment, Port-Harcourt Metropolis, Rivers State, Nigeria.

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## INTRODUCTION

Children are gifts from God and it is the desire of every parent to have healthy children with good working organs who would grow up to become intelligent children, complete their academic studies, be gainfully employed and eventually take care of them in their old age. For some, this desire is realized but for others, the reverse is the case (Abang in Ozoji, 2006). No two individuals are the same or presents the same problem, raising children to become well moulded, cultured off-springs and acceptable members of the society is ordinarily a long, bitter sweet endeavour. The task of bringing up these children that are an embodiment of assets and that remains a gift that deserves to be nurtured with patience and love becomes daunting when the raw material arrives with some physical, mental or other unanticipated abnormality (Aribiah in Edodi, 2005).

Disability is a situation that comes without one asking for it. The child could be blind or deaf or even have intelligence quotient (I.Q) of 45, or be small for his age and slightly overweight or with little effective language (Adima, 1991). These disabilities could be mild or profound and the parents now face the tragedy and difficult task of having to bring up the child with a disability or multiple disabilities. The child could be born with this condition or develop it shortly after birth. When this happens, the family is thrown into a dilemma and in confusion (Abang, 2006). There are more than one billion persons with disabilities in the world, 10% of whom are children mostly living in developing countries (Eke, Isamon and Irem in Elemukan, 2017). Afolabi and Ajayi in Elemukan, (2017) posited that the World Health Organization (WHO), estimates that 7-10% of human beings have some degree of impairment or disability and that about 80% of these live in developing countries (Nigeria inclusive). The current statistics of disabilities around the world is that between 93 million and 150 million children are estimated to live with disabilities (Ashir, Eke & Benedict in Elemukan & Ugo, 2017).

These children with such disabilities are grouped as exceptional. A person is exceptional when he or she has a special talent or problem in thinking, seeing, hearing, speaking, socializing, or movement that makes him or her very different from the norms to the extent of attracting attention to himself or herself (Ugbo, 2017). Exceptional children are usually those children or adolescents who have educational or behaviours characteristics manifested either as a significant learning assets or disabilities. They may be either gifted or handicapped (Okeke & Nnaka in Unachukwu, 2008).

Having to deal with children with disabilities is not a task that parents alone can cope with. They also require the assistance and co-operation of teachers in special schools. Children with special needs are candidates for special education but can be educated in a regular school with support services such as resource rooms that has special instructional materials like Mobility canes, Braille Machines or slates and stylus, typewriter as well as video tapes or sign language. Special Education is an area within the framework of general education that provides appropriate facilities, specialized materials and methods and teaches with specialized training for children considered handicapped (Reger, Schroeder & Uschold in Uzoji, 2010).

Educators or teachers in Special schools not only see what their students can become, they equally help them to get there. This may be due to the fact that they are aware that the only way that a child can take his rightful place and contribute adequately to the advancement of his society is through education, which is the total development of the individual child through acceptable methods and techniques according to his abilities and interest (Amaele, 2011). These exceptional children also need education which is their fundamental human right as a

means to develop their human capital, improve their economic performance and to enhance their capability and choices (Epstein in Elemukan, 2017).

Nigerian government recognizes education as the right of every Nigerian and not just a privilege. The National Policy on Education, NPE (2004), clearly spelt out the need for the education of the special needs, gifted and normal children. NPE (2004) in section one, sub section 4 (4) categorically states that every Nigerian child shall have a right to equal educational opportunities irrespective of any real or imagined disabilities each according to his or her abilities. NPE (1977, 1981, 2009, 2014) also confirmed the statement of Nigerian government to provide adequate education for all children with special needs in order that they will be fully integrated into the mainstream of self-reliance to contribute their quota to national development. The National Policy on Education Nigeria, NPE (2004) also defined special education as the education of children and adults who have learning difficulty because of different sorts of handicaps; blindness, partial sightedness, deafness, hard of hearing, mental retardation, social maladjustment, physical handicap, etc. due to circumstances of birth, inheritance, social position, mental and physical health pattern or accident in later life. As a result children and adults are unable to cope with the normal school class organization and methods. There are also the specially gifted children who are intellectually precocious and find themselves insufficiently challenged by the programme of the normal school and who may take to stubbornness and apathy in resistance to it.

Special education is designed to meet the unusual needs of those people who may have some peculiarities in mental, physical, intellectual or psychological areas. It is special because in addition to the general education plan, special education evolves special techniques to meet the unique problems and needs of its clientele (Okeke & Nnaka in Unachukwu, 2008). The system of this type of education is a meticulous approach that brings about permanent changes in an individual that posse extra ordinary qualities which warrant additional care. It provides instruction for handicapped children on individual basis and takes into consideration the needs and aptitudes of each child without necessarily labeling such a child as deaf, blind or even handicapped as such would result in some negative psychological effect on him (Okeke & Nnaka in Unachukwu, 2008).

Abang (2005) also explained that special needs education aims at training the child to be an oak, strong and independent, self-reliant rather than grow like a pumpkin or vine, weak and dependent. What this statement means is that, the training will enable them to develop their abilities to the fullest possible extent, to live relatively independently and to become relevant contributors to their families rather than being parasites (Adeniyi, 2008). The techniques and strategies of delivering the educational programme of special education are different from the conventional techniques and strategies used in normal schools. Provision of special education is not restricted to school setting only. It is also provided in non-school setting. Although this work would dwell more on children with visual and hearing impairment, other categories of people covered in special education programme in Nigeria include the physically and sensory challenged, the disadvantaged, such as the nomads, migrant fisher folks/farmers, hunters, the gifted and talented individuals (Republic of Nigeria, 2004). The juvenile and adult delinquents, the aged individuals, mentally ill, socially, culturally stigmatized and rejected, the abused and marginalized, children with multiple impairment, kid soldiers, prostitutes and young school mothers who have dropped out of school, children of school age who lead adult disabled beggars around, the miscreants and misguided youths on the street touting and hawking wares, criminals and ex-convicts (Obani, 2010), all fall under people with special needs.

Exceptional children are individuals who deviate above or below normal individuals in mental characteristics, sensory abilities, neuromotor or physical characteristics, social behaviour, communication abilities or multiple handicaps that they require special educational services to maximize their potential (Kirk in Unachukwu, 2008).

The 1994 Salamanca world conference on special needs Education held in Spain adopted the principle of inclusive education. The need to reach out to the marginalized group was also reinforced in the Dakar World Education Forum, 2000. In the view of the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2004), inclusive Education is seen as “a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning cultures and communities and reducing exclusion from education and from within education”. The Salamanca Declaration of 1994 provided the needed international and theoretical frames for inclusive education. The statement which was adopted by the representative of 92 government’s and 25 international organizations in June 1994, set the policy agenda for inclusive education on a global basis (UNESCO, 1994). In the report, the point made are that “the task of the future is to identify ways in which the school, as part of the social environment can create better learning opportunities for all children (UNESCO, 1994). The report further described inclusion as the most effective means of combating discriminatory attitude, of creating welcoming communities, building an inclusive society and achieving education for all. Moreover, they provide an effective education for the majority of children”.

The universal Declaration of Human Rights (United Nations, 1948) and the convention on the rights of the child (UN, 1989) clearly granted the right for all children to receive education without discrimination on any grounds. The United Nations standard Rules on the Equalization of opportunities for persons with disabilities, 1993, Rule 6 not only confirms the equal rights of all children, youth and adults with disabilities to education but also states that education should be provided in an integrated school setting, and in general school settings. It further mentions that the state should recognize the principles of equal educational opportunities. Inclusive education focuses on the strengths that children bring to school rather than their perceived deficits looking at whether children have the opportunity to take part in the normal life of the community or school, or whether there are physical and social barriers in the environment. Visual and hearing impaired children need teachers who can communicate in sign language and materials in Braille, it is the lack of schooling and not their disability that limits their opportunities (Ajobiwe, 2014). Unlike other educational programmes, special education programme is fully funded by the government and beneficiaries of the programme receive it free of charge. These beneficiaries and others should be exposed to the fullest educational provisions, resources and treatment available and a favourable atmosphere or environment created to facilitate their independent living and their economic and social integration their specific social problems notwithstanding (Adeniyi, 2008). Children with such an array of problems need a flexible curriculum that would provide an enabling environment for total development of their cognitive, affective and psychomotor domains. The psycho-social problems of individuals with disabilities arise from two sources, the limitations imposed upon the person by the disability and the attitudes and perceptions of the society toward the disadvantaged and persons with disabilities (Agomoh & Kanu, 2011).

Disability seems to make a person to either withdraw from the normal or the normal persons to withdraw or isolate a person with disability. Disability contributes to social detachment in the social life of an individual. This is why in social situations; people react in different ways to persons with disabilities. Most people with disabilities are deprived leadership

and marriage in the community because of the belief that they cannot perform (Agomoh & Kanu, 2011). The story is no different in terms of job placement as non-disabled counterparts are preferred by employers even when the disabled person is more qualified.

Hearing is an invaluable asset of man as it is the most important sense for the acquisition of language. Loss of hearing, even when it comes later in life creates difficulties in adjustment and the acquisition of knowledge. A hearing loss is a hidden handicap (Abang, 2005). Those of us who can hear without the aid of technology and auditory speech training take for granted the ability to hear. Hearing loss is the most prevalent sensory disability and a problem that is increasing globally (Eleri, Elemukan & Yusufu in Elemukan & Ugo, 2017). As unveiled by the World Health Assembly (2010), more than 275 million people are reported to have moderate to profound hearing loss; many more have mild hearing loss and or ear diseases such as otitis media, infection of the middle ear. Hearing impairment takes its toll on the psychological, social, physical and educational functioning of the affected person (Ademokoya, 2016).

Imagine also having to live without seeing the wonderful works of creation. It is difficult not to have eyes which are the most precious organ in the human body to view the world. Children who are visually impaired feel isolated as every day in their life is a big struggle. Disability is a big hindrance in the normal day to day life of visually impaired children. It is estimated that someone goes blind every five seconds. Visual impairment is not peculiar to Nigeria alone; it is a global issue (World Health Organization, 2002). Blindness is the most severe of all forms of physical disability. Without vision, blind people are cut off from a major segment of the social and physical environment to which they must adapt. This creates problem for mobility and everyday skilled activities for which vision is important.

To suffer one disability, especially when it involves loss of either hearing or sight is always very devastating, but to suffer the two is hopelessly devastating. This was the experience of Helen Keller (1880-1968), the veteran blind, deaf and mute genius who was nineteen months old when she was diagnosed with scarlet fever, which left her deaf and blind for the rest of her life. She could only feel things around her by smell or touch. At the age of 7 (1887), a special teacher named Anne Mansfield Sullivan (1866-1936), began to teach Keller to read by writing letters on the bare skin of her hands. She later learnt how to write by the Braille (Ademokoya, 2016). She learnt the names of the things that she could touch, learnt to talk and listened with her hands, learnt to read and write and type letters. Her teacher, Miss Sullivan worked on her and transformed her whole life from near savage to a renowned scholar and prolific writer (Abang, 2005). A rare combination of Keller's extraordinary intelligence and her teacher's genius blossomed into a future of uncommon achievements. Keller became the first deaf-blind to earn a Bachelor of Arts. She learnt French, German, Latin, Arithmetic, Geometry, Music, etc. and become a lecturer, a public speaker and politician. This is the wonders of special education, a discipline that turns seemingly human waste into priceless assets. It is a field where those who cannot hear or see turn to for assistance. It is an exceptional field where the disabled are enabled, the gifted are made geniuses, where fingers are turned to tongues and finger tips become eyes so that the deaf can speak and the blind can read. The discipline has also moved from the past that is characterized by mourning disabilities and their devastating effects into the present that is characterized by celebrating the conquest of disabilities courtesy of special education innovations and advancement in technology and medical sciences (Ademokoya, 2016).

Helen Keller (1880-1968) like every other child with disabilities had psychosocial problems of temper, strong feelings of frustration, anger, sadness, shame which can lead to psychological difficulties such as anxiety, depression, loneliness, aggression, inferiority

complex, low self-esteem, bullying of others and other social skills deficits. During the peak of her life she made a statement on attitude of people where she said that the greatest burden to bear is not blindness itself but the attitude of the society towards blindness (Ozoji, 2010). Persons with disabilities as member of the society must necessarily interact with the significant aspects of the society. The social relay involving them and the society is mediated by attitudes. Proper management of attitude issues may mean happiness for the person with disability. The converse also applies (Ozoji, 2010). Today she is a celebrated case of ability in disability because her teacher Anne Mansfield Sullivan (1866-1936) was able to identify and to manager her psycho social problems.

Anne Mansfield Sullivan (1866-1936) exemplified the important role that a teacher can play in managing problems that a child whether regular child or not may be experiencing. This is also captured in the words of Haim Ginott (1922-1973), a school teacher, a child psychologist, psychotherapist, a parent educator and author of the book ‘Between Parent and Child’ who pioneered techniques for conversing with children that are still taught today thus:

I’ve come to a frightening conclusion that I am the decisive element in the classroom. It’s my personal approach that creates the climate. It’s my daily mood that makes the weather. As a teacher, I possess a tremendous power to make a child’s life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a child humanized or dehumanized (Haim Ginott in Ozoji, Koko & Ajobiwe, 2012, p. 1).

His book ‘Between parents and Child’ which sets out to give specific advice derived from basic communication principles in mutual respect and dignity, gave credence to the role a teacher can play in the life of a student including children with disabilities that have psychosocial problems. The psychosocial problems of children with visual and hearing disabilities which manifest in negative classroom behaviours are sometimes as a result of the frustrations they experienced coupled with the negative attitude exhibited towards them by people. If we treat people as they are, we make them worse, but if we treat them as they ought to be, we help them become what they are capable of becoming (Johann Wolfgang Von Goethe 1749-1832). Most times attention and effort are focused on remediating academic under achievement of visual and hearing impaired children with little or no attention paid to the management of the psycho-social problems that lead to negative classroom behaviour in these children. There is therefore the need for teachers to identify the psychosocial problems that lead to behavioural disorders and threaten academic achievement of visual and hearing impaired children because intervention strategies would reduce psycho-social problems and less psycho social problems would mean less maladjustment behaviours and more time for teachers to focus on the curriculum and other children in the classroom (Oladele in Ajobiwe & Adebisi, 2013).

If the academic needs of the children are put in place and their social emotional learning programmes taken into consideration, it would help them manage psychosocial problems that may rear its head. The psychosocial problems will make them become perpetual behavioural maladjusted individuals at school, at home and in the society. When visual and hearing impaired

children have psycho-social problems, the children involved, classroom teachers, peer group and parents have to contend with persistent frustrations (Oladele in Ajobiewe & Adebisi, 2013).

This work, which is another input to previous and future studies to the many psycho-social problems of visual and hearing impaired children will attempt to discuss the need for teachers, government, parents and the general public to provide academic support desirable enough to solve the challenges faced by these children and for teachers to develop an attitude of psycho social nurturance because these children need psychosocial assistance.

### **Statement of the Problem**

In recent times, it has been observed that the general public in Rivers State perceive the visual and hearing impaired as social misfits with slight apathy, indirect rejection to total neglect and some with sympathy and the impression that they constitute a burden to themselves and to the society and family members.

Persons with disabilities in Rivers State especially the Port Harcourt environment have been looked down upon as objects of pity and charity with derogatory terms like blind, deaf, crippled, lunatic, insane, idiots, imbeciles, feeble minded, etc. used on them when in fact, the person has a name. They are oppressed, stigmatized and made to feel inferior and because of the negative attitude of people towards them, persons with special needs suffer untold emotional hardship. Several encounters with these exceptional persons by the researcher indicate that they do harbor some emotional and social traumata (shamefaced, withdrawn, aggressive, low self-esteem, etc). The quest to explore some of these psychosocial problems often experienced by these marginalized members of our society calls for serious attention.

Disability is a global issue as it cuts across nation, race, and religion, ethnic or cultural boundaries. Human beings are said to be the most important resource and capital base of any nation. This is especially so because they are the ones to drive the wealth of the nation in terms of its natural and economic resources. Now the full human resource and capital base of the nation cannot be said to be fully deployed without the inclusion of exceptional or persons with special needs who form an important segment of any nation.

Nigeria is estimated to have a population of 180 million and 10% of the population of the country constitutes persons with special needs. 18 million which is 10% of the country's population is not a small figure and if these people are neglected, abandoned and not given the opportunity for advancement, the likely retardation and social problems that the country would attain in the nearest future cannot be quantify in monetary terms.

Again, in spite of their disabilities, interaction with children with visual and hearing impairment shows that some of them are highly cerebral (intelligent), achievement motivated and ambitious towards a positive direction. However, a good number of them seem to be dampened in their quest for the actualization of their dreams thereby affecting their achievement motivation. This is usually the outcome of their depressive state triggered by low self-esteem, self-rejection, sense of worthlessness, loss of hope, disappointment on their part and on the part of their families. With this degree of inferiority complete, some of them seem to indulge in a solitary type of life (self-abnegation, self-denial) to the point that sometimes suicide is being contemplated and in some cases de-motivation and maladjustment.

It is in the light of the above that the researcher decided to investigate the psychosocial problems of children with visual and hearing impairment in special school in Port-Harcourt Metropolis, Rivers State.

## **Purpose of the Study**

The psychosocial problems of the visual and hearing impaired children must be identified and resolved if the country must have an independent, productive, self-reliant and economically vibrant citizens. In specific terms, the study intends to:

- To identify the psychosocial problems of visual and hearing impaired children in Special School at creek road Borokiri Rivers State.
- To determine the difference between the psychosocial problems of the visual and hearing impaired children in the Port-Harcourt Special School at creek road Borokiri.
- To ascertain the difference between the psychosocial problems of the male and female visual and hearing impaired.

## **Research Questions**

The following research questions are to guide the conduct of the study:

- What are the psychosocial problems of the visual and hearing impaired in the Port-Harcourt Special School at creek road Borokiri?
- How do the psychosocial problems of the visually impaired differ from those of the hearing impaired?
- To what extent do the psychosocial problems of the visual and hearing impaired differ based on gender?

## **Hypotheses**

The following hypotheses are to guide the conduct of the study:

- There is no significant difference between the psychosocial problems of the visual and hearing impaired in Port Harcourt Special School at creek road Borokiri.
- There is no significant difference between the psychosocial problems of the male and female visually impaired.
- There is no significant difference between the psychosocial problems of the male and female hearing impaired.

## **LITERATURE REVIEW**

### **Theoretical Framework**

The theoretical framework considered to form the basis for this study is the psycho-social theory as proposed by Erik Erikson, a psychologist who believed that social forces are the most powerful factors that influence personality development.

The Psycho-social theory or approach is a social psychological framework which looks at individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their ability to function. It helps in other words to

explain the nature and development of problem behaviours. This study will present a brief overview of the theory, to review some of the researches that has been generated and to appraise the usefulness of the theory when applied to visual and hearing impaired children.

## **The Concept of Hearing Impairment**

Hearing impairment connotes reduced ability of an individual to perceive the presence of sound. When this happens, the person experiences diminished language base. When hearing loss occurs at any stage in life, whether at birth or later in life, it creates diverse challenges on the child, the family, the society and the nation at large. This is because learners with hearing impairment are challenged in environments such as the classroom, school, and community, all of which makes a variety of communicative demands. Apart from the reduced ability to perceive sound stimuli, the afflicted person suffers communication gap from the family and the society, except deliberate efforts are made to bridge the barriers in communication (Lere, Ozegya & Iroegbu, 2014).

The ear is one of the important sense organ in human beings. It keeps an individual in constant touch with the environment. The ability of an individual to perceive the presence of sound is dependent on intact hearing. When hearing becomes impaired, there are serious implications on the afflicted person which include that the ability to hear sound for conversation is diminished, this also results in impoverished language base and consequently affects the academic performance of the individual (Lere, Ozegya & Iroegbu, 2014).

Hearing Impairment refers to a generic term, which describes any condition that reduces the hearing acuity of an individual and makes it impossible for the person to perceive and interpret auditory signal sounds. This condition arises when there is any disorder or abnormality affecting the auditory system which includes the ear, the auditory nerves and the auditory cortex. There are two categories of individual with hearing impairment, the deaf and the hard of hearing persons.

Okeke in Lere, Ozegya and Iroegbu, (2014) described the deaf persons as those in whom the sense of hearing is non-functional for the ordinary purpose of life with or without the use of hearing aid. On the other land, the hard of hearing are those in whom the sense of hearing, though defective is functional with or without a hearing aid.

## **Degree of Hearing Impairment**

Degree of hearing impairment is the extent to which deafness has affected an individual and is measured by the use of an audiometer (a machine for testing the ear) using some standards called the International Standard Organization (ISO) or American Standard Association (ASA) scale. Audiologically, hearing impairment can be classified according to the level of hearing in decibel (db) (unit of measurement in hertz). Campbell in Lere, Ozegya and Iroegbu, (2014), opined that the degree of hearing loss classification using International Standard Organization (ISO) measurement are as follows:

**Normal hearing** is from 10db to 26 db

**Mild hearing loss** is from 27db to 40 db

**Moderate hearing loss** is from 41db to 55db,

**Moderate severe hearing loss** is from 56db to 70db

**Severe hearing loss** is from 71db to 90db

**Profound hearing loss** is from 91db and above (Okuoyibo, 2006).

Similarly, these other degree based typology of hearing loss is also presented thus using Andrew, Shaw and Lomas in Ugbo (2017) table.

Categories	PTA	Speech Usage
Normal hearing	0 - 15db	Hears conversation and use speech normally
Minimal hearing loss	16 – 25db	Hears vowel sound but misses consonants. It does not attract attention to itself
Mild Hearing loss	26 – 40 db (decibel)	Only speech that is soft or is produced from a distance is difficult to hear or understand. Tend to watch the speaker’s mouth during conversation. Hearing aid is useful as they are considered hard of hearing.
Moderate hearing loss	41–55 db	Hears almost no sound at normal speaking level. Typical conversation speech is hard to follow. Communication is characterized by shouting and lip-reading. Hearing aid is useful as they are considered hard of hearing.
Moderately severe hearing loss	56–70db	Only loud speech can be heard with the help of hearing aid, and lip-reading and are considered hard of hearing. Hears no sound and almost no sound even loud speech is hard to understand.
Severe hearing loss	71-90db	Uses other means of communication apart from oral and are considered deaf.
Profound hearing loss	91 db and above	Hears no speech and no other sound. Considered deaf.

Data adopted from Smith, Andrew, Shaw and Lomas in Ugbo (2017).

In the same vein, Abang (2005) states that hearing impairment could be classified into slight, mild, moderate, severe and profound hearing loss respectively. Thus following audiometric interpretation, a child with hearing loss which ranged between 21–80 db can be said to be a hard of hearing person while those with profound loss between 81db and above are group referred to as deaf. Abang (2005) further said that these classifications as deaf, hearing or mild/moderate severe and profound losses are very essential for the sake of planning, rehabilitation and educational programmes for the children with hearing impairment. Kirk in Lere, Ozegya and Iroegbu (2014) however, reported that children placed in classes and schools for the deaf have either a severe loss of hearing in speech range (71 to 90db levels) or an extreme hearing loss at a level of over 91db. The severely deaf child has considerable residual hearing that can be amplified for education and communication purposes. This helps the child to develop language and achieve academic excellence. The extremely deaf however cannot profit as much from a hearing aid and frequently finds it very difficult to acquire speech and language. They make slower progress in language speech and school subjects than do children who are severely deaf.

Again, it has been noted that the mean age deviation scores of children with hearing impairment in an academic environment steadily declines as the degree of hearing loss become more severe (Lere, Ozegya & Iroegbu, 2014). Thus it is logical that a child’s academic achievement will be affected depending on the degree of loss sustained. Children with slight/mild hearing loss have better hearing and can consequently perform academically better than children with severe/ profound or extreme loss. Davis in Lere, Ozegya and Iroegbu, (2014), equally postulates that the personal characteristics of learners with hearing losses resulting in speech and language challenges of varying degree affect either academic achievement, social adjustment or both.

Hearing impairment has significant effects on the social adjustment status of not only the child but his family (Davis in Lere, Ozegya & Iroegbu, 2014). As soon as the incidence of hearing impairment is identified in the family, communication modalities and social interaction activities with the child changes. Though children with hearing impairment may recognize that hearing loss is the cause of their problems in communicating in the classroom, they tend not to want other children to know that they are hearing impaired. In order to avoid recognition, they may not ask for clarification, request changes in the classroom setting, such as a better seat, or discuss adjustments in requirements with the teacher. In such situations, social isolation occurs because other children may find the learner with a hearing impairment communication attempts either difficult to understand or slightly embarrassing (Davis in Lere, Ozegya & Iroegbu, 2014).

Livneh and Antonak in Onyenwe and Elemukan (2014) posited that the psycho-social reactions to disability include: shocks, anxiety, denial, depression, internalized anger, external hostility, acknowledgement and adjustment.

Some social consequences for deafness is what the Federal Register (2005) defined as a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing with or without amplification that adversely affects a child's educational performance. Children who are deaf have hearing disabilities so severe that they have little useful hearing even if they use hearing aid. Even though all persons who are hearing impaired perceive some sound they cannot use hearing as their primary way to gain information.

#### **Their social consequences include:**

- Reduced social activity or problems participating in social activities;
- Problems communicating with friends/relatives;
- Problems communicating at school or work;
- Lack of concentration;
- Isolation and withdrawal

#### **Psychological consequences include:**

- Embarrassment, shame, guilt and anger;
- Sadness or depression;
- Anxiety and suspicion;
- Self-criticism and low self-esteem or confidence

#### **The Concept of Visual Impairment**

The human eye is the organ which gives an individual the sense of sight, thus allowing him to observe and learn more about the surrounding world than the other four senses. It is a slightly asymmetrical globe, about an inch in diameter. The eyes are used in almost every activity human beings perform, be it reading, writing a letter, watching television, working, driving a car, and in countless other ways. Some people would agree that sight is the sense they value more than the rest of the sense organs. The eye allows people to see and interpret shapes, colours and dimensions of objects in the environments by processing the light they reflect or emit. The eye is able to detect bright or dim light, but cannot sense an object when light is absent (Lere, Ozegya & Iroegbu 2014).

Education is essential for children with visual impairment because a person who cannot read or write is prone to developing a sense of inadequacy and or inferiority, which is psychologically damaging. The philosophy of equal educational opportunities for all children calls for the restructuring of the educational system in a way that avails every child of school going age an opportunity to succeed irrespective of any disabling conditions. This is more relevant now that the National Policy on Education (2009) has prescribed Inclusive Education as the most realistic form of education for children with special needs and moreso now that Nigeria embarks on the Universal Basic Education (UBE) scheme. Sequel to the foregoing, a teacher is expected to motivate pupils (regardless of their disabilities) to learn at their own pace by administering learning materials that are suitable for each pupils. Again, the teacher is expected to monitor pupil's progress, diagnose difficulties and provide proper remediation, give praise and encouragement for good performance and give review and practice that will sustain pupil's learning over long periods of time (Okeke in Lere, Ozegya & Iroegbu, 2014).

Impairment refers to any psychological, physiological or anatomical loss or abnormality of structure or function. Visual impairment therefore, depicts any psychological, physiological or anatomical loss or abnormality of the structure of and function of the human eye. In other words, it is damage to a person's eye(s) or visual system which in turn affects the person's ability to see clearly and physically. It is a disruption in the proper functioning of the visual system or part of it (Ayoku in Lere, Ozegya & Iroegbu, 2014). It is any visual condition that impacts an individual's ability to successfully complete the activities of everyday life. Sykes and Ozoji in Lere, Ozegya and Iroegbu, (2014) described visual impairment as the reduced function of the eye, as measured by specific visual tests such as those for visual field, colour vision and near vision. In the views of these authors, the four levels of visual impairment are:

**Moderate** (20/70 or less, 60 degrees or less);

**Severe** (20/200 or less or 20 degrees or less);

**Profound** (count fingers at 8 feet or less or 10 degrees or less);

**Near-total** (count fingers at 3 feet or less, or 5 degrees or less); Total (no light perception).

What these fractions mean can be illustrated by looking at a visual acuity of 20/100. The upper part of the fraction is 20 feet, the distance from the chart at which the person stands when reading it, the lower part of the fraction represents the smallest sized line of letters or numbers on the chart that the person is able to read from 20 feet distance. In the example given, it is the 100 feet line of letters that ordinarily could be read from a distance of 100 feet by a person with normal vision. The person being tested is standing only 20 feet from the chart, not 100 feet. Unlike someone with normal vision he would be unable to see the letters from 100 feet but when they are the smallest, he can see on the chart when standing at 20 feet distance.

Visual impairment is a low incidence disability. During the 1990-1991 school years, only 5% of the learners with disabilities served had visual impairment (US Department of Education, 2000). Only the category of individuals who are deaf-blind had fewer learners receiving service. The largest number of these individuals were educated in the general education classrooms (37.7%), yet 10% were served in residential facilities (as compared with 8.6% of those who are hearing impaired). The only category of individuals served in residential facilities larger than the category of individuals with visual impairments are individuals who are deaf-blind (US Department of Education, 1992).

Visual impairment can be classified under the following:

- Partial sight;
- Low vision;
- Total blindness;
- Optical or refractive errors or errors of refraction.

**Partial sight:** This class of persons with visual impairment have poor sight but not so poor as to regard them as blind. The partially sighted according to Okeke in Lere, Ozegya and Iroegbu, (2014), are people “who by reasons of defective vision cannot follow the ordinary curriculum without detriment to their sight or to their educational development but can be educated by specific method not involving the use of sight.

**Low vision:** This describes persons with moderate, severe or profound levels of vision impairment but who have sufficient residual vision to function primarily in a sighted way. Sykes and Ozoji in Lere, Ozegya and Iroegbu, (2014) observed that these persons were previously labeled “partially sighted or legally blind” and tended to be regarded as sighted or blind which either overstated or minimized their vision capabilities. Low vision gives recognition to these children’s visual potential and is more easily understood than the older terms mentioned above. It should however be noted here that in as much as this category of persons have insufficient vision, they cannot benefit maximally in teaching and learning in the regular classroom without adequate alleviation and specialized materials and equipment.

**Total blindness:** This class of persons with visual impairment is not difficult to identify due to certain external characteristics they appear to have. The British Education Act of 1944 cited in Okeke in Lere, Ozegya and Iroegbu (2014) defined the blind as pupils who have no sight or whose sight is or likely to become so defective that they require education by methods not involving the use of sight.

Lowenfield in Lere, Ozegya and Iroegbu (2014) said that a child is blind if he has a central visual acuity of 20/200 or less in the better eye with correcting glasses. Abosi and Ozoji in Ozoji and Okuoyibo (2007) maintained that a person is blind if he cannot read, write or print after all optical corrective measures have been taken. Tobin in Lere, Ozegya and Iroegbu (2014) stated that a person is registered as blind in the United Kingdom if he cannot perform any work for which sight is essential.

**Optical or refractive errors or errors of refraction:** Slight variations in the shape and size of the eye causes eye defects known as errors of refraction. These errors cause poor or blurred vision and a particular type of eye strain. The common among errors of refraction are myopia (short sight) hypermetropia (long sight), astigmatism (blurred vision) and presbyopia.

**Myopia (short sight):** This is the inability to see clearly at a distance. It is a condition in which the eye continues to lengthen from childhood to adulthood. This makes light rays from distant objects entering the eye to form an image in front of the retina instead of upon it and so distant objects appear blurred. In order to offset this blurring, people with myopia frequently half close their eyes when concentrating on an object. However concave lens in spectacles can be used for the correction of myopia in an individual.

**Hypermetropia (Long sight):** This is a simple error or development of the eyeball). In this regard, instead of the eyeball to be spherical, it is oval in shape (ie like an egg ‘standing on end’) this makes the light rays entering the eye to fall to a focus behind the retina results in blurred vision. Unlike myopia, hypermetropia is not progressive and can be helped by the provision of suitable convex spectacles:

**Astigmatism:** This is caused merely because the cornea is not perfectly smooth and rounded. Its curve is not even, as a result of this, the light rays that pass through it into the eye is distorted and the picture the eye “sees” is not clear and concise. The condition can be quite mild and cause only minor inconveniences to the person involved.

**Presbyopia:** This is a condition in which the lens of the eye losses its ability to accommodate near objects. Persons suffering from presbyopia usually have blurred vision difficulty with reading, experience tired eyes or aches while doing close work. Abang (2005) posited that most people at the age of 40 and above develop some degrees of presbyopia. Children with visual impairment are those in whom the sense of vision is defective, and this condition could range from ability to see a little to total blindness. These children have visual disabilities because they cannot perform visual tasks (eg. reading print) and they are usually handicapped when they encounter difficulties that prevent them from total integration in the society. Abang (2005) described children with visual impairment as those whose visual defect interferes with their optimal learning and achievement unless adaptation are made in the method of presenting learning experiences, the nature of the materials used and or in the learning environment. Iroegbu (2006) corroborated that these children are individuals whose sense of vision is defective with corresponding functional limitations in orientation and mobility skills , daily living activities and visual tasks resulting from their defective visual condition.

Educationally, a child has visual impairment if he cannot read ordinary bold print using his sight. This means that such a child must read through Braille (i.e. a special system of reading for the blind). The major characteristic trait of these children is problem with seeing. The problem manifests in two way including appearance of the eye which usually looks different from the normal and visual behaviours (e.g. bumping into objects, reversing letters). Disordered or impaired vision can interfere with the development of learning, mobility, growth and social adjustment of the affected individual. Children with visual impairment share one characteristic experience and that is that they all have a limited ability to learn incidentally from their environment. It is believed that 80% of what sighted children learn is through visual cues (Uzaji, 2010). This implies that the other senses do not fully compensate for the loss of sight. The presence of visual impairment can potentially impact the normal sequence of learning in social, motor, language and cognitive development areas of a child. Reduced vision often results in a low motivation to explore the environment, initiate social interaction and manipulate objects (NTI, 2012). Again, the limited ability to explore the environment may in turn affect early motor development in the child with visual impairment. In this regard, the child finds it difficult to share common visual experiences with his sighted peers; hence vision loss may negatively impact the development of appropriate social skills. Consequently, the child may experience low self-esteem that limits his sense of mastering, life. Besides, decreased visual acuity and visual field, a number of other vision problems may also affect the visual functioning of the child with visual impairment. Thus there may be issues with sensitivity to light or glare, blind spots in the

visual field, or problems with contrast or certain colours. Factors such as lighting, the environment, fatigue and emotional status can impact visual function in many persons with visual impairment throughout the day.

For persons with visual impairment, acquisition of knowledge is mostly through the sense of touch. Unfortunately, there are things in the environment that cannot be experienced by sense of touch either because they are too large, small, fragile, distant or dangerous to behold by touch (Abang, 2005). For example it is impossible to experience the gestalt of a building or mountain by touch. The mantle of a lamp (which has been lighted) cannot be experienced by touch because it is too fragile. Again, the moon, stars and sun and the ship on the sea are too distant to be appreciated by touch. Lack of vision also restricts children with visual impairment access to print materials. This makes it difficult for these children to get information from such print materials.

Visual impairment which is severe enough to interfere with progress in normal educational programme is considered a visual handicap. It is important that students are able to see clearly, focus on objects far and near; coordinate hand and eye appropriately, discriminate small differences and remember what they see. Difficulty in any of these areas may no doubt pose problems especially in the classrooms. Visual impairment (blindness) being a medical phenomenon relating to an impaired (or disordered) vision affects the cognitive domain of the affected person. Since the senses are the ultimate gateways of knowledge, the sensory deficit in vision reduces the chances of cognition in the individual. In this regard, disordered vision can interfere with the development of learning, mobility, social growth and adjustment. For this reason, children with visual impairment present unique educational needs which cut across other need areas including concept development, improving listening skills and developing study and research skills. Apart from needing to be taught alternative ways to read and write, persons with visual impairment require training to use any residual vision to the fullest extent possible. Therefore, it is imperative to note that familiarity with a child with visual impairment can be an asset to the teacher. Thus, it will be useful to know for example, that child A has difficulty reading under strong light, and that child B has only a small amount of central vision in the right eye or that child C sometimes experiences eye pains. Basic knowledge of these conditions, can help the teacher understand some aspects of the child's learning and behaviour and decide when to refer him/her for professional vision care.

**Self-concept:** The term self-concept is seen as a general term used to refer to how someone thinks about, evaluates or perceives himself/herself. To be aware of oneself is to have a concept of oneself. It is a construct that consists of a group of specific perceptions of self.

## **Disabilities**

Disabilities come in different forms (Livineh & Antonak in Onyenwe & Elemukan, 2014). Some are congenital, that is, those born with it, either due to hereditary factor, Rh- factor, maternal health during pregnancy, infections, maternal accident during pregnancy, nutritional conditions which could influence foetal development, while others are adventitious, that is, those who acquire it later in life either due to illness, accidents, use of drugs etc. Disabilities can be found throughout the world and whatever time they occur, these disabilities pose disadvantage for the individual and limits the fulfillment of a role that is normal for that individual.

In order to understand the nature of these children, the nature of their disabilities and the problems occasioned by their status must be understood as no two persons are alike and therefore

cannot be treated alike. There is need to encourage them to do what they are capable of doing and at their own pace and in their own way but with supervision by parents, teachers and other professionals. The history of the treatment of persons with disability in Nigerian has been one of ignorance, neglect, isolation, exploitation, prejudice and exclusion from community due to cultural beliefs and superstitions. For instance, rivers blindness, a parasitic eye disease and a leading infectious cause of blindness are sometimes attributed to spirits that live in the rivers. Deafness on the other hand are also sometimes attributed to a curse from the gods etc.

These beliefs are deep seated in the Nigerian culture and religion and are held to some certain degree even by more highly educated individuals. Ozoji and Okuoyibo (2007), affirm that these categories of persons are subjected to isolation, discrimination, and considered inferior with various abuses that make them bitter against society.

Every child has a right to expect his school (Distance learning course for teachers of visually handicapped children, 1990) to help him develop skills in using his tool of communication. In whatever education system he is placed, the visually impaired child is entitled to a school staff adequately prepared to check his daily work, to give him assistance and encouragement necessary to build his skills in communication through the medium of Braille reading and writing.

### **Teaching the Exceptional Children**

Teaching hearing impaired children usually poses serious challenges due to limitation of verbal language as they depend on what they see to understand what others say to them. They also get information from signals like movement of lips changes in facial expression, different body postures and natural gestures to understand communication. The difficulties encountered by teachers of the deaf cuts across all subjects as they have to work in a most laborious way in order to make an impact.

Bringing about a fundamental change in the life of a learner is the primary purpose of education at all level and to facilitate the process of knowledge transmission, appropriate techniques best suited for the learner must be applied in such a way that any child that submits himself to education must benefit from it.

The National Education aims and objectives of special education for special needs children according to the National Policy on Education (FRN, 2014, p. 48) include:

- To give concrete meaning to the idea of equalizing educational opportunities for all children, their physical sensory, mental, psychological or emotional disabilities notwithstanding.
- To provide adequate education for all people with special needs in order that they may fully contribute their own quota to the development of the nation.
- To provide opportunities for exceptionally gifted and talented children to develop their talents, natural endowments, traits of their pace in the interest of the nation's economic and technological development.
- To design a diversified and appropriate curriculum for all the beneficiaries.
- Any education that is devoid of the above objectives is efforts in futility.

The Federal Ministry of Education through its policy provided legislation to deal with the psychosocial problems of disable people, which provide education, employment, creation of

barrier free environment and social society to the visually impaired for them to have a happy and fruitful life in society.

A country's economically related resource may remain inadequately explored or the potentials unrealized if the human resources and human capital required are not fully developed through informal, non-formal, formal and specialized education for all irrespective of their social and physical status. Nigeria is a developing nation and its human resources constitute a major fulcrum for accelerated growth. Persons with disabilities form an important segment of Nigerian's human resource base and if their potentials are not harnessed and appropriately channeled, they may not contribute to the tax base of the economy or become veritable social and economic assets.

The National Policy on Education (FRN, 2014) endorsed as part of its prerequisite that, for there to be a sound education for national development, that Nigeria must first and foremost be seen as a land of bright and full opportunities for all citizens. Since Nigeria's philosophy of Education is based on the integration of all individuals into a sound and effective citizens with equal educational opportunities, the issue of education for all cannot therefore be realized until exceptional individuals are assisted to accept themselves and adjust to the realities of their conditions. This would help them to overcome their anxiety, frustration, social isolation, aggression and other negative factors that hamper their educational advancement and optimum development.

## **Psychosocial Problems**

The term psychosocial refers to the close connection between psychosocial aspects of our experiences (like our thoughts, emotions and behaviour) and our wider social experiences (like our relationships, traditions and culture). Psychosocial problems are challenges which can limit one's ability to effectively function psychologically and socially in a regular society.

Avrimidis and Burdon (2000) looked at the psychosocial approach in the context of the combined influence that psychological factors and the surrounding social environment have on an individual's physical and mental wellness as well as their ability to function. Children and adolescents with psychosocial disorders frequently have difficulty functioning in social situations and problems in effectively communicating with others.

The psychosocial approach is used in a broad range of helping professions in health and social care settings as well as by medical and social science researchers. Depression, stress, social isolation, anxiety, eating disorders are common during adolescence and adolescents who have anxiety or mood disorders may have physical symptoms such as fatigue or chronic fatigue, dizziness, headache, and abdominal or chest pain. Sharon Levy, a Professor of Pediatrics and Director of Adolescent Substance Abuse Programme Harvard Medical School, Boston Children Hospital reports that depression is common among adolescents, anxiety often manifests as the mood disorders and disruptive behavioural disorders such as oppositional defiant disorders and conduct disorder.

Thought disorders in which an individual has difficulty distinguishing between fantasy and reality (also called psychotic disorders) most commonly begin during adolescents or early childhood. Schizophrenia and schizoaffective disorder are examples of thought disorders. Periods of psychosis may be related to drug use. In these cases, psychosis may resolve after a period of time. Psychotic episodes may occur with marijuana.

Eating disorders are common especially in girls and can be life-threatening. Some adolescents go the extra-ordinary lengths to hide symptoms of an eating disorder, which may include substantial reductions in food intake, purging after eating, use of laxatives or extensive, vigorous exercise.

Suicide is rare, but thoughts about suicide (called suicidal ideation) are more common. Suicidal ideation requires an immediate mental health evaluation as parents are not expected to determine how serious the problem is on their own. Doctors can identify these problems and offer practical advice and when appropriate encourage adolescents to accept treatment provided by specialists especially as studies have shown that as many as 10% of adolescents report thoughts about suicide in their life time.

### **Reactions to Psychosocial Problems**

Reactions are self-expressed responses to a loss indicating a person's feelings or emotional attitudes. They include shocks, hostility, stigmatization, labelling, denial, anger etc. Psychosocial problems range from social isolation, withdrawal, inferiority complex, low self-esteem, self-rejection, stress, depression, sadness, etc. which disability create.

The birth of a child is a joyous time for many parents; however, nearly 4% of parents receive distressing news about their child's health. For those parents, the time of their child's birth may become mixed with stress and despair in addition to the normal stressors associated with having a new baby the moment they are told that the baby has a serious chronic medical illness, health defect, disability, sensory impairment or mental retardation (Azanor, Isola and Ajobiewe, 2015). The birth of a child with a disability or the discovery that a child has a disability can have profound effect on the family. These parents have to cope with many uncertainties about their child's health and prognosis, frequent medical appointments and procedures and the additional workload of caring for a child with special needs. When coping strategies fall short, these challenges can distract from marital and other family relationships as well as works and careers, thereby, creating further tensions in the families. Perhaps, as many as one third of families are pushed beyond their psychosocial resources, and the stresses of having a child with birth defect affect parents' mental health, family relationship and child adjustment at a clinically significant level. Reaction to psychosocial problems like denial merges with anger which may be directed towards the medical personnel who were involved in providing the information about the child's problem. Anger can also colour communication between husband and wife or with other significant members of the family. It can be so intense that it touches almost everyone because it is triggered by the feelings of grief and inexplicable loss that one does not know how to explain or deal with. Hostility towards everyone and the world also sets in. Fear is another immediate response as people often fear the unknown more than they fear the known. Fears of the future are a common emotion and also fear of society's rejection which can lead to suicidal tendencies.

Another reaction is that of guilt and concern by parents whether they cause the problem. Much self-reproach and remorse can stem from questioning the causes of the disability. This often leads to a withdrawn lifestyle as well as social isolation. Confusion also marks the traumatic period as a result of not fully understanding what is happening and what will happen. Confusion reveals itself in sleeplessness, inability to make decisions and mental overload as well as boredom.

Powerlessness to change what is happening is very difficult to accept. Disappointment and irritations are also another reaction that a child is not perfect. This poses a threat to many parents' ego and a challenge to their value system. Jolt to previous expectations can create reluctance to accept one's child as a valuable developing person. Rejection is another reaction that is experienced. Rejection can be directed towards the child or the medical personnel, or towards other family members. One of the most serious forms of rejection is a death wish for the child, a feeling that many parents report at their deepest point of depression. Those who manage to accept the fate of the child compensate themselves with the idea that there is ability in disability and try to help the child overcome his/her challenges.

## **Psychosocial Stages**

Of the eight psychosocial stages of ego development postulated by Erik Erikson, he was more concerned with the stage of adolescence emphasizing the identity and identity diffusion of this period. He stressed that the probability of the adolescents' successful ego integration is dependent on the past history of his ego achievements and failures (Onyejiaku, 1991). The adolescent behavior is a product of the struggle between internal urges and the environmental demands (Onyejiaku, 1991). Thus, his behavior is influenced by all the imaginable environmental forces including those factors which are quite outside the immediate range of direct influence upon him. There is a complex interrelationship of these variables with regard to their influence on the total development of the youth. Onyejiaku, (1991) further added that each environmental factor has definite influence upon the growing person and that Erikson strongly believed that adolescence is the period of life when a sense of identity has its first clear impression in the individual. In the eight stages of development, each with positive-negative basic components, Erikson emphasized that ego development unfolds according to a sound plan. Health and proper development largely depends on the success or failure of the stage before it. Both physiological and psychological factors register their influence in this direction, for Onyejiaku (1991) at one end, there is striving forward toward an integration of inner directions and outer pulls, at the other end, there is diffusion leading to a sense of instability amid confusing inner and outer demands. Erikson is of the opinion that the youth begins the search for a sense of self identity during adolescence. He is confronted with continued identity diffusion concerning his own potentialities and his prospective self within the society and he continually endeavours to provide answers to the ever recurring questions of who he is and what he should be.

Reviewing Erikson's theory of psychosocial development, Igboabuchi in Unachukwu, (2008), opined that Erik Erikson deals with the interaction between the biological and social forces in development and made a number of assumptions on which he based his theory like socialization is not a sudden but a gradual process; the need for social approval have a lasting impact on the individual; development is a lifelong process. Individuals, Igboabuchi in Unachukwu (2008), face many crises as they grow from infancy to old age and maturity with people expecting more from the individuals. Each of these crises represents an issue that everyone faces. The child, adolescent or adult may develop more strongly in one way or another, depending on how other people respond to his or her efforts. Based on these, Erikson (1995), described eight stages of psychosocial development covering from the period of infancy to later adulthood. Such stages are illustrated in table 2.

Table 2: Eight stages of Erickson Psycho-social stages

Stage	Psychosocial Crises	Basic Virtue	Age
1.	Trust vs Mistrust	Hope	Infancy (0 to 1½)
2.	Autonomy vs shame and doubt	Will	Early childhood (1½ to 3)
3.	Initiative vs guilt	Purpose	Play age (3 to 5)
4.	Industry vs inferiority	Competency	School age (5 to 12)
5.	Ego – identity vs Role confusion	Fidelity	Adolescence (12 to 18)
6.	Intimacy vs isolation	Love	Young adult (18 to 40)
7.	Generativity vs stagnation	Care	Adulthood (40 – 65)
8.	Ego – integrity vs despair	Wisdom	Maturity 65+

**Trust vs Mistrust:** The child at this time is wholly dependent on the parents for satisfying his basic needs. The child needs care, love, affection, food and where these needs are well provided by the parents, the child will learn to trust the world and develop faith in the future. Where the basic needs are denied or remain unsatisfied, the child will develop mistrust and look at the world with fear and suspicion. Success here will lead to the virtue of hope.

**Autonomy vs shame and doubt:** At this stage, the child learns self-control and self-assertion. He tries out skills on his own initiative and is delighted with his new found ability to walk, to get into things, to use words and to ask questions. That he has acquired these abilities adds to his self-esteem. If the adults around him applauds his efforts and acknowledges his achievements, he begins to develop a sense of autonomy or independence. If they ignore or punish him for going too far or being a nuisance, criticize him too much, he will be ashamed of himself and begin to doubt the value of his achievements. Success here will lead to the virtue of will.

**Initiative vs Guilt:** This time, the child engages in experimentation and activities of all sorts and takes his own decisions. If the adults around him applaud his activities and answer his questions with warmth and affection, the child will develop initiative. Where the child is constantly punished or discouraged, it will lead him to develop guilt and loss of initiative. Success here will lead to the virtue of purpose.

**Industry, competence vs Inferiority:** In this stage, the child masters skills and takes pride in his competence. Where the adults around praise the child for accomplishments and competence, he develops a feeling of industry. But too much criticism of his work at this stage can lead to long term feeling of inferiority. Success in this stage will lead to the virtue of competence.

**Identity vs Role Confusion:** The major developmental task in adolescence is building an identity in the views of Igboabuchi in Unachukwu, (2008). Children are aware of what other people like the adults and peers think of them. They know the labels others apply to them (eg., Good, naughty, silly, brave, talented, pretty, and the like). They are also aware of their biological drives and their growing physical and cognitive abilities. Where children live in the present, adolescents think about the future which they begin to see as a reality. In the process of reviewing their past and anticipating the future, they begin to think about themselves. Building an identity involves looking both inward and outward. In looking inward, the adolescent seeks the feeling of self-sameness that he knows how he feels about different issues, situations and people and that his thoughts and behaviours make sense. Looking outward, he seeks confirmation of this self- do other people see him as he sees himself. The identity crisis stems

from the adolescents desire to feel unique and distinctive on the one hand and to fit in, on the other hand. The failure of the adolescent to develop his own separate identity while fitting in with his friends and peer group leads to confusion over who he is. Success in this stage will lead to the virtue of fidelity.

**Intimacy vs Isolation:** When the adolescent is secured in his identity, he can proceed to fuse his identity with others resulting in intimate partnership or relationship in which he makes compromises for another. The failure to achieve intimacy leads to isolation. The isolated person may have many affairs or even a long time relationship but will always avoid true closeness because he fears the other person will see through him. Success in this stage will lead to the virtue of love.

**Generativity vs Stagnation:** Middle age may trigger either a new sense of generativity or a slide into stagnation. By generativity, Erikson means the desire to use one's accumulated wisdom to guide future generations directly as a parent or indirectly. It involves a productive life which will serve as an example to the next generation. Stagnation occurs when a parent wants to hang onto the past. The most graphic examples of this are women who try to recapture their youth with face-lifts and men who attempt to recapture it by having affairs with younger women. Stagnation may take the form of childish self-absorption; pre-occupation with one's health and bitterness about direction one's life has taken. Success in this stage will lead to the virtue of care.

**Ego integrity vs Despair:** At this stage Igboabuchi in Unachukwu (2008), some people look back over life with a sense of satisfaction and accept both the bad and the good sides of it. The feelings by others that it is too late to make up for missed opportunities leads to despair. Some people face death with nothing but regrets. Success in this stage will lead to the virtue of wisdom.

For Okafor and Ugwuegbulem (2011), Erikson proposed an interactional need of development in the epigenetic model of identity formation which encompasses biological, social and individual components and contains parallels to both recapitulation and psychoanalytic theories. He holds that the understanding of personality development derives from an epigenetic principle which states that anything that grows has a ground plan, and that out of this ground plan, the parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole. He further stated that any part that fails to ascend on time is doomed as an entity and the hierarchy to which it belongs is likely to be defective. Citing an example, Okafor and Ugwuegbulam observed that at any stage of development tasks and characteristics for that stage are genetically determined and that these genetically determined tasks and characteristics represent the "ground plan" or which all other developments take root. It follows that if the characteristics to be developed at a particular period is disturbed and fails to manifest on time, it will be doomed and will not develop as it should be.

Erickson's theory still says that every stage of life signifies a new shift in instinctual energy, which gives impetus to new growth and awareness as encounters with the environment ensue. In other words, the present stage of development is a preparatory ground for a new stage as one uses the experiences on the present stage to leap into the subsequent stages putting into consideration environmental factors. In his epigenetic theory, Erikson presented a picture of developmental process in 8 stages, five of which come before adolescence while three come

during adolescence. Each of these stages unfolds in accordance with its own pre-ordained plan, and hence, every individual faces the possibility of eight distinctive psychic/mental challenges in his or her life span.

A healthy strong personality will be acquired before the adolescent stage, for example, a basic sense of trust of persons and environment as well as sense of autonomous will. He will also acquire a spirit of initiative, curiosity, exploration and a sense of pride. He further develops self-assurance in his ability to develop the skills and competence necessary for making its way in society. After adolescence, the strong personality will attain capacity relative in intimacy in social relationships, generativity is a desire to share one's experiences in guiding the coming generation, and integrity in an ability to look and believe that life has been unique and worthwhile.

Problems faced at any given stage tend to thwart subsequent development, but every minor difficulty during adolescence may prove to have particularly serious consequences. Adolescence is an especially critical stage because attainment of a sense of identity strengthens the prospects for an enriched adulthood. On the other hand, drift into identity confusion endangers chances in the future of personality integration.

Erikson firmly believed that identity formation is essential for further and truly individual maturation. At adolescence, he sees a crucial complement between life history and identity development. Identity formation carries with it a mastery of the four childhood stages and a readiness to face the challenges of intimacy, generativity, and integrity in adulthood. In other words, the childhood stages lay a strong foundation for adolescence by establishing the rudiment for positive social interaction, self-respect, and self-confidence.

The truth of the theory (Okafor & Ugwuegbulam, 2011) is that at adolescence, identity is the crucial characteristic to ascend or to establish which invariably would influence the life of an adolescent now and in the future either negatively or positively depending on:

- His processes or style in his identity formation;
- The social and environmental factors or forces that prevailed on him during the crucial period of identity formation, and
- His adjustment and posture towards these social and environmental forces .

If at the adolescence stage, the individual faces a problem, future stages will be thwarted. Even minor problem during adolescence is likely to have serious effects on the future developmental stage. An attainment of a sense of identity gives impetus to prospective development of adulthood.

The Eight Stages (Okafor & Ugwuegbulam, 2011) include:

### **Childhood**

- Trust vs mistrust (0-12 months)
- Autonomy vs shame, doubt (2-3 years)
- Initiative vs guilt (4-5 years)
- Industry vs inferiority (6-11 years)

## Adulthood

- Identity vs identity confusion (12-18 years)
- Intimacy vs isolation (18-36 years)
- Generativity vs stagnation (36-40 years)
- Integrity vs despaire (40 and above)

### Educational Implications of the Theory of Adolescence for Teachers/Counsellors:

- Teachers should appreciate adolescence in a better perspective.
- They should be given a better and proper guidance services and education for them to become very useful and fulfilled citizens as if neglected, they could constitute greater problems to themselves, their parents, teachers, school authorities and the society at large.
- Teacher, parents and counsellors should seek ways of tapping the enormous energy reserves and the potentialities of the adolescents for the good of all.
- Specifically, teachers should understand the nature of this transition period and understand the special needs and developmental tasks attached to this transitional period.
- They should also understand the role of peer groups in influencing adolescents learning behaviour, understand the effects of somatic (body) variations on adolescents behaviour.
- Also understand the need for providing a setting for better understanding of adolescent behaviour.
- Teachers should understand the storms and stresses associated with this stage and should be warm, accepting, accommodating, accessible and establish good order to be able to promote the personal and social wellbeing of the adolescents.

While x-raying the Erik Erikson eight psychosocial challenges that people face from infancy through adulthood, Mkpae (2010) maintained that these challenges unfold themselves in any social setting including the family. Such challenges, he added, has its favourable or unfavourable outcomes which affect the individual's social and personality development later in life. The favourable outcomes bring positive result and satisfactory feeling which in turn enables the individual to cope with any subsequent challenges that might come in the future easily. With an unfavourable result, the individual is faced with trouble all through with poor future developmental stages.

Erikson's (1963) eight stages of psychosocial development in Uzoeshi (2013), represents an individual's encounter with his environment and an illustration of the relationship between developmental guidance and personality. Parents, in the views of Uzoeshi (2013), under basic trust vs mistrust, can help the infant develop basic trust by caring, loving and meeting his/her needs, to the point that the child can develop sufficient trust to allow the mother go out of his/her sight.

To avoid the child developing shame and doubt from not meeting the parent's expectation under autonomy vs shame and doubt which is the stage of bladder and bowel control, Uzoeshi (2013) advocated that the parent should teach adequate toilet training as attaining adequate self-control makes the child develop feelings of autonomy later in life.

Uzoeshi, under initiative vs guilt stage which is stage of developing conscience, advised parents to encourage their children to engage in role appropriate initiatives in social and cultural

approved exercises like caring for the younger siblings. Parents should not be too rigid in guiding and correcting their children to enable them develop initiative conscience.

In the industry vs inferiority stage, which marks the beginning of school life or formal socialization, Uzoeshi (2013) said that parents and teachers should encourage the child's efforts at producing things and where the child has not performed very well, he/she should be encouraged and corrected to avoid the development of inadequacy and inferiority complex.

Uzoeshi (2013) defined identity at the identity vs role confusion stage as the confidence that others see in us as we see in ourselves. Identity at this beginning stage of puberty for him also comprises the selection of an occupation or career. If the child fails to form an identity, it may result to role confusion which is often marked by inability to choose a career or further educational goals. He advised teachers, parents and counsellors to help the adolescents to concretize career aspiration and employ psychological tests such as Vocational interest inventories and Motivation for Occupational Preference Scale (MOPS) to solidify adolescent's career aspiration who at this stage is still fantasizing. In the intimacy versus Isolation stage, which is the onset of young adulthood when the individual is expected to be ready for genuine commitment, affiliation and intimacy, Uzoeshi (2013), argued that the individual has to develop cooperative and social occupational ties with others and choose a partner. He explained that Erikson opined that if the individual fails to develop such a relationship, that he/she would feel isolated. He advised parents and counsellors to encourage the young adults to establish affiliation and intimate relationship with those around them, join clubs, associations, tolerate others and be committed as failure to develop such a cooperative relationship, social occupational ties with others would lead to them feeling isolated. At the generativity versus stagnation stage, which is the stage where the focus is for the mature person to guide the younger members of the society as inability to accomplish this task makes the person stagnated and personally redundant. Erikson (1963), stressed that the adult at this stage needs to be needed and to assist the younger members of the society. Uzoeshi (2013), again encouraged the adults to join community meetings and associations and participate actively and give valuable advice to the younger members of the associations or meetings. Also the counselors should counsel the adult not to be idle but to engage in activities that involve human interactions. At the Ego Integrity versus despair stage, if the older adult fails to handle all the conflicts he encounters in life effectively, it will result to despair (Uzoeshi, 2013).

It is the period when the adult evaluates failures and successes in life and accepts experiences. If he fails to accept failures, it would lead to a state of displeasure with the realization that it is too late to start another life, making the rest of his life a life of remorse, despair and resentment. Uzoeshi, (2013) advocated gerontic counseling at this period to support the older adult to accept his life experiences as having been worthwhile to avoid despair. He also advised counselors to inspire the adult to get closer to God and accept his life as a fulfilled one. Uzoeshi, (2013), concluded that effective guidance is needed to enable an individual to be properly adjusted at each stage of personality development before proceeding to the next stage.

In a related development, Erikson (1950) in the views of Uzoeshi and Iwundu (2014) propounded a theory of stress known as the developmental stage of stress where individuals undergo psychological crisis in each stage of development. The psychological crisis refers to an individual's physical efforts to adjust to the demands of the social environment at each developmental stage. The crisis refers to a normal set of stresses and strains rather than to an extra ordinary set of events.

The theory also holds that at each stage of development, an individual's society makes certain psychic demands upon him or her. Each stage makes its own peculiar demand. The demands produce a tension state within the individual to proceed to the next stage (or cope with the stress). The way a person resolves previous crisis will influence the resolution of current and future crisis (Uzoeshi & Iwundu, 2014).

### **Critical Evaluation**

Erikson's theory occurs in a sequential order. Each stage with its accompanying crisis builds on the last. Many people can relate to these theories, about the various stages of life cycle through their own experiences. A child who has learned to trust the world is better equipped to seek autonomy than one who is mistrustful. A child who has achieved autonomy takes initiative more readily than one who doubts himself. The ability to create intimate relationships depends largely on whether a person has established a sense of identity or not. It is the duty of parents, adults and teachers therefore to encourage at all times the development of the positive ends in the individuals. Infants require basic needs to be carefully satisfied by their parents. They need love, affection, care, and security. Food which makes them develop trust on people and the world. At homes and in schools, children will be offered opportunities to discover, create and develop skills. Questions they raise must be well answered and achievements made at any time should be acknowledged, applauded and reinforced. Use of sarcasm and too much criticism of pupils by teachers should be minimal if at all to avoid development of inferiority complex and poor self-concept. Informal groups found in classes or school like peer groups should not be discouraged but should be given some guidance and direction where necessary. Knowledge of Erikson's theory of psychosocial development enables the teacher to determine each child's stage of socialization and what he would require for accomplishment of the positive end at each stage. The theory helps the teacher to identify the normal, exceptional and children with special needs in his class. The teacher with the knowledge has to adjust his programme appropriately and helps him to know when and how to encourage such positive values as trust, autonomy, initiative, industry, identity, and intimacy in his pupils.

However, Erikson did not talk about the kinds of experiences that people must have to successfully resolve various psychosocial conflicts and move from one stage to another. The theory does not have a universal mechanism for crisis resolutions. Indeed, Erikson (1964) acknowledges his theory is more of a descriptive overview of human social and emotional development that does not adequately explain how or why this development occurs. For example, Erikson does not explicitly explain how the outcome of one psychosocial stage influences personality at a later stage. However, Erikson stressed his work was a tool to think with rather than a factual analysis. Its purpose then is to provide a framework within which development can be considered rather than testable theory. One of the strengths of Erikson's theory is its ability to tie together important psychosocial development across the entire lifespan. Although support for Erikson stages of personality development exists, (Mc Adams, 1999), critics of his theory provide evidence suggesting a lack of discrete stages of personality development (Mc-Crae & Costa, 1997).

## **METHODS**

### **Research Design**

Descriptive survey design was used for this study. Wali (2002) defined descriptive surveys as procedures concerned with a description of the current status of events or facts about a given population, that is, they are concerned with either describing and interpreting the current status of a problem such as attitudes, teaching methods, beliefs, students achievements or comparing existing relationships in educational practices. Maduabum (2007) defined descriptive research design as one directed towards determining the nature of situation as it exists at the time of the study.

All visual and hearing impaired secondary school students of the Special School Creek road Borokiri Port-Harcourt constituted the study population. Cluster and Stratified sampling techniques was used to ensure that every member of the population had equal chances of being selected for the study with regard to gender. The sample consisted of all the 20 visual, 71 hearing impaired students in the Special School Creek road Borokiri making it a total of 91 (ninety one) students. A self-structured questionnaire titled ‘‘Psychosocial Problems of the Visual and Hearing Impaired Scale’’ (PPVHIS) was used for data collection. The instrument was divided into sections A and B. Section A took care of the respondents’ personal data such as gender and class level while section B contained 20 items raised to measure respondents’ psychosocial problems. The instrument was tailored towards the Likert format of Strongly Agree, Agree, Disagree, and Strongly Disagree.

The instrument was presented to the researcher’s supervisor and other experts in psychology, measurement and evaluation to ensure face and content validity of the instrument. All corrections made were effected before making the final draft of the questionnaire.

The reliability of the instrument was determined through test and retested method. A sample of 10 visual and 10 hearing impaired students in Special School in Port-Harcourt was used for pilot testing. Copies of the instrument were administered on the sample. After an interval of three weeks, the same instrument was re-administered on the same sample. Test-retest was used to determine the reliability of the questionnaire. This gave a reliability coefficient of 0.78.

The instrument was administered on the respondents through direct delivery. The researcher visited the school and with the help of the teachers administered the questionnaires to the visual and hearing impaired students. The filled instrument was retrieved by the researcher on the same spot. However, the retrieved copies of the instrument were scored and then collated for data analysis. The data collected was analyzed using mean score to answer the research questions while the independent t-test was used to analyze the hypotheses at .05 level of significance.

## RESULTS

**Research Question One:** What are the psychosocial problems of the visual and hearing impaired in Port Harcourt special school, Borokiri?

Table 3: Mean and SD of the psychosocial problems of the visual and hearing impaired

S/N	Items	Reponses			
		N	$\bar{X}$	SD	Cm
<b>Physical Integrity and Shame</b>					
1	I do experience sense of loss of fame as well as ashamed of myself	91	2.54	0.51	2.5
2	I do experience sense of loss of competence and appearance as a person	91	2.58	0.55	2.5
<b>Light and Sound Security</b>					
3	I do experience sense of loss of recreation with no sound security	91	2.51	0.49	2.5
4	I do experience sense of loss of light security with no visual clues (like current hair styles)	91	2.55	0.56	2.5
<b>Spoken and Written Communication</b>					
5	I do experience sense of loss of ease of written communication	91	2.51	0.47	2.5
6	I do experience sense of loss of ease of spoken communication	91	2.53	0.49	2.5
<b>Lack of Confidence in Ability of Senses</b>					
7	I experience loss of ease mobility	91	2.58	0.54	2.5
8	I experience difficulties in techniques of daily living skills	91	2.74	0.68	2.5
<b>Feeling of Easily being Noticed</b>					
9	I experience sense of loss of obscurity	91	2.58	0.53	2.5
10	I experience sense of loss of total personality organization	91	2.69	0.65	2.5
<b>Dependency and Insecurity</b>					
11	I experience loss of personal independence and self esteem	91	2.72	0.67	2.5
12	I experience feelings of social inadequacy and insecurity	91	2.76	0.73	2.5
<b>Frustration and Sadness</b>					
13	I feel depressed and frustrated	91	2.83	0.78	2.5
14	I feel lonely and sad	91	2.79	0.74	2.5
<b>Stigma and Discrimination</b>					
15	I experience rejection and labeling	91	2.81	0.75	2.5
16	I experience segregation and discrimination	91	2.85	0.82	2.5
<b>Grand Mean</b>		<b>91</b>	<b>2.66</b>	<b>0.62</b>	<b>2.5</b>

Data in Table 3 shows that the mean response of each of the items is greater than the criterion mean (2.5). The grand mean score ( $\bar{X} = 2.66$ ) is also greater than the criterion mean (2.5). The standard deviation indicates the extent of agreement of the visual and hearing impaired children on the psychosocial problems faced by them. The result of this research question is that children with visual and hearing impairment in special school Borokiri in Port Harcourt Metropolis experiences psychosocial problems such as lack of physical integrity and shame, lack of light and sound security, lack of spoken and written communication, lack of confidence in ability of senses, feeling of easily noticed, feeling of dependency and insecurity, frustration and sadness, stigmatization and discrimination.

**Research Question Two:** How do the psychosocial problems of the visually impaired differ from those of the hearing impaired?

Table 4: Mean and SD of the differences in the psychosocial problems of the visually impaired and hearing impaired

S/N	Items	Reponses							
		Visually Impaired				Hearing Impaired			
		N	$\bar{X}$	SD	Cm	N	$\bar{X}$	SD	Cm
<b>Physical Integrity and Shame</b>									
1	I do experience sense of loss of fame as well as ashamed of myself	20	2.61	0.59	2.5	71	2.59	0.62	2.5
2	I do experience sense of loss of competence and appearance as a person	20	2.56	0.54	2.5	71	2.54	0.56	2.5
<b>Light and Sound Security</b>									
3	I do experience sense of loss of recreation with no sound security	20	2.23	0.21	2.5	71	2.65	0.68	2.5
4	I do experience sense of loss of light security with no visual clues (like current hair styles)	20	2.68	0.72	2.5	71	2.28	0.25	2.5
<b>Spoken and Written Communication</b>									
5	I do experience sense of loss of ease of written communication	20	2.71	0.83	2.5	71	2.46	0.44	2.5
6	I do experience sense of loss of ease of spoken communication	20	2.43	0.45	2.5	71	2.67	0.69	2.5
<b>Lack of Confidence in Ability of Senses</b>									
7	I experience loss of ease mobility	20	2.76	0.75	2.5	71	2.39	0.42	2.5
8	I experience difficulties in techniques of daily living skills	20	2.64	0.63	2.5	71	2.62	0.65	2.5
<b>Feeling of Being Easily Noticed</b>									
9	I experience sense of loss of obscurity	20	2.68	0.71	2.5	71	2.60	0.58	2.5
10	I experience sense of loss of total personality organization	20	2.62	0.65	2.5	71	2.58	0.61	2.5
<b>Dependency and Insecurity</b>									
11	I experience loss of personal independence and self esteem	20	2.69	0.72	2.5	71	2.53	0.56	2.5
12	I experience feelings of social inadequacy and insecurity	20	2.66	0.69	2.5	71	2.61	0.53	2.5
<b>Frustration and Sadness</b>									
13	I feel depressed and frustrated	20	2.65	0.66	2.5	71	2.62	0.58	2.5
14	I feel lonely and sad	20	2.71	0.77	2.5	71	2.68	0.64	2.5
<b>Stigma and Discrimination</b>									
15	I experience rejection and labeling	20	2.66	0.68	2.5	71	2.64	0.62	2.5
16	I experience segregation and discrimination	20	2.64	0.62	2.5	71	2.62	0.65	2.5
<b>Grand Mean</b>		<b>20</b>	<b>2.63</b>	<b>0.65</b>	<b>2.5</b>	<b>71</b>	<b>2.56</b>	<b>0.58</b>	<b>2.5</b>

Data in Table 4 reveals that the hearing impaired experiences more sense of loss of recreation with no sound security ( $\bar{x} = 2.65$ ) while the visually impaired experience sense of loss of light security with no visual clues ( $\bar{x} = 2.68$ ). Also, the visually impaired experiences sense of loss of ease of written communication ( $\bar{x} = 2.71$ ) while the hearing impaired experiences sense of loss of spoken communication ( $\bar{x} = 2.67$ ). Moreover, the visually impaired experiences loss of ease of mobility ( $\bar{x} = 2.76$ ). In addition, data in Table 4 shows that both the visually and hearing impaired experiences lack of physical integrity and shame, feeling of easily noticed, feeling of dependency and insecurity, frustration and sadness as well as stigmatization and discrimination. The mean response scores of the visually and hearing impaired on these psychosocial problems

are greater than the criterion mean (2.5). However, the grand mean score for the visually impaired ( $\bar{x} = 2.63$ ) is greater than the grand mean score for the hearing impaired ( $\bar{x} = 2.56$ ) indicating that the visually impaired experiences these psychosocial problems than the hearing impaired.

**Research Question Three:** To what extent do the psychosocial problems of the visual and hearing impaired differ based on gender?

Table 5: Mean and SD of the differences in the psychosocial problems of the visually and hearing impaired based on gender

S/N	Items	Reponses							
		N	Male Impaired $\bar{X}$	SD	Cm	N	Female Impaired $\bar{X}$	SD	Cm
	<b>Physical Integrity and Shame</b>								
1	I do experience sense of loss of fame as well as ashamed of myself	39	2.53	0.49	2.5	52	2.56	0.53	2.5
2	I do experience sense of loss of competence and appearance as a person	39	2.55	0.51	2.5	52	2.58	0.56	2.5
	<b>Light and Sound Security</b>								
3	I do experience sense of loss of recreation with no sound security	39	2.51	0.49	2.5	52	2.54	0.51	2.5
4	I do experience sense of loss of light security with no visual clues (like current hair styles)	39	2.54	0.52	2.5	52	2.56	0.54	2.5
	<b>Spoken and Written Communication</b>								
5	I do experience sense of loss of ease of written communication	39	2.51	0.48	2.5	52	2.53	0.49	2.5
6	I do experience sense of loss of ease of spoken communication	39	2.50	0.46	2.5	52	2.58	0.54	2.5
	<b>Lack of Confidence in Ability of Senses</b>								
7	I experience loss of ease mobility	39	2.55	0.52	2.5	52	2.54	0.51	2.5
8	I experience difficulties in techniques of daily living skills	39	2.63	0.61	2.5	52	2.58	0.55	2.5
	<b>Feeling of Being Easily Noticed</b>								
9	I experience sense of loss of obscurity	39	2.69	0.65	2.5	52	2.66	0.62	2.5
10	I experience sense of loss of total personality organization	39	2.72	0.68	2.5	52	2.68	0.65	2.5
	<b>Dependency and Insecurity</b>								
11	I experience loss of personal independence and self esteem	39	2.88	0.85	2.5	52	2.86	0.83	2.5
12	I experience feelings of social inadequacy and insecurity	39	2.85	0.82	2.5	52	2.81	0.78	2.5
	<b>Frustration and Sadness</b>								
13	I feel depressed and frustrated	39	2.79	0.76	2.5	52	2.75	0.72	2.5
14	I feel lonely and sad	39	2.76	0.73	2.5	52	2.73	0.69	2.5
	<b>Stigma and Discrimination</b>								
15	I experience rejection and labeling	39	2.82	0.78	2.5	52	2.79	0.76	2.5
16	I experience segregation and discrimination	39	2.89	0.86	2.5	52	2.91	0.87	2.5
	<b>Grand Mean</b>	<b>39</b>	<b>2.67</b>	<b>0.64</b>	<b>2.5</b>	<b>52</b>	<b>2.69</b>	<b>0.63</b>	<b>2.5</b>

Data in Table 5 shows that both visually and hearing impaired male and female experiences the psychosocial problems identified in this study. The mean response of the visual and hearing male and female impaired shows that the mean response of male impaired ( $\bar{x} = 2.67$ ) is greater than the criterion mean (2.5) while the mean response of the female impaired ( $\bar{x} = 2.69$ ) is also greater than the criterion mean (2.5). The standard deviation shows the extent of the agreement of the male and female visual and hearing impaired on the psychosocial problems experienced by them. The result of this research question indicates that to a low extent the psychosocial problems of the visual and hearing impaired differ based on gender.

**Hypothesis One:** There is no significant difference between the psychosocial problems of the visual and hearing impaired in Port Harcourt special school at Creek road, Borokiri.

Table 6: t-test results on the difference between the psychosocial problems of the visual and hearing impaired

S/N	Variable	N	$\bar{x}$	SD	Df	t-cal	t-crit	Decision	Remark
1	Visual Impaired	20	2.61	0.59	89	0.43	1.96	Accept $H_0$	Not Significant
	Hearing Impaired	71	2.59	0.62					
2	Visual Impaired	20	2.56	0.54	89	0.36	1.96	Accept $H_0$	Not Significant
	Hearing Impaired	71	2.54	0.56					
3	Visual Impaired	20	2.23	0.21	89	6.88	1.96	Reject $H_0$	Significant
	Hearing Impaired	71	2.65	0.68					
4	Visual Impaired	20	2.68	0.72	89	5.69	1.96	Reject $H_0$	Significant
	Hearing Impaired	71	2.28	0.25					
5	Visual Impaired	20	2.71	0.83	89	5.56	1.96	Reject $H_0$	Significant
	Hearing Impaired	71	2.46	0.44					
6	Visual Impaired	20	2.43	0.45	89	6.42	1.96	Reject $H_0$	Significant
	Hearing Impaired	71	2.67	0.69					
7	Visual Impaired	20	2.76	0.75	89	6.45	1.96	Reject $H_0$	Significant
	Hearing Impaired	71	2.39	0.42					
8	Visual Impaired	20	2.64	0.63	89	0.61	1.96	Accept $H_0$	Not Significant
	Hearing Impaired	71	2.62	0.65					
9	Visual Impaired	20	2.68	0.71	89	0.98	1.96	Accept $H_0$	Not Significant
	Hearing Impaired	71	2.60	0.58					
10	Visual Impaired	20	2.62	0.65	89	0.39	1.96	Accept $H_0$	Not Significant
	Hearing Impaired	71	2.58	0.61					
11	Visual Impaired	20	2.69	0.72	89	1.08	1.96	Accept $H_0$	Not Significant
	Hearing Impaired	71	2.53	0.56					
12	Visual Impaired	20	2.66	0.69	89	0.83	1.96	Accept $H_0$	Not Significant
	Hearing Impaired	71	2.61	0.58					
13	Visual Impaired	20	2.65	0.66	89	0.74	1.96	Accept $H_0$	Not Significant
	Hearing Impaired	71	2.62	0.58					
14	Visual Impaired	20	2.71	0.77	89	0.66	1.96	Accept $H_0$	Not Significant
	Hearing Impaired	71	2.68	0.64					
15	Visual Impaired	20	2.66	0.68	89	0.49	1.96	Accept $H_0$	Not Significant
	Hearing Impaired	71	2.64	0.62					
16	Visual Impaired	20	2.64	0.62	89	0.48	1.96	Accept $H_0$	Not Significant
	Hearing Impaired	71	2.62	0.65					
<b>t-test</b>	Visual Impaired	<b>20</b>	<b>2.63</b>	<b>0.65</b>	<b>89</b>	<b>5.00</b>	<b>1.96</b>	<b>Reject <math>H_0</math></b>	<b>Significant</b>
<b>Summary</b>	Hearing Impaired	<b>71</b>	<b>2.56</b>	<b>0.58</b>					

Data in Table 6 shows that the t-test results on the mean ratings of visual and hearing impaired children on the psychosocial problems they are experiencing in Special School in Borokiri in Port Harcourt. Data on Table 6 reveals that the psychosocial problems experienced by the visual and hearing impaired are on the following: (i) in the sense of loss of recreation with no sound security (ii) sense of loss of light security with no visual clues (iii) sense of loss of ease of written communication (iv) sense of loss of ease of spoken communication (v) sense of loss of ease of mobility. The mean differences of these items were significant when t-test analysis shows that the calculated t-value of the items were greater than the critical t-value at 0.05 level of significance. In addition, the summary of the t-test analysis in Table 6 above reveals that the calculated t-value (5.00) is greater than the critical t-value (1.96) at 0.05 level of significance. Since the calculated t-value (5.00) is greater than the critical t-value (1.96) at 0.05 level of significance, the null hypothesis is rejected. The alternate hypothesis is accepted. The result is that the mean rating of visual and hearing impaired children on the psychosocial problems they are experiencing significantly differ.

**Hypothesis Two:** There is no significant difference between the psychosocial problems of the male and female visually impaired.

Table 7: t-test results on the difference between the psychosocial problems of the male and female visually impaired

S/N	Gender	N	$\bar{x}$	SD	Df	t-cal	t-crit	Decision	Remark
1	Male	8	2.58	0.54	18	0.69	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.60	0.57					
2	Male	8	2.53	0.52	18	0.58	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.55	0.51					
3	Male	8	2.2.54	0.54	18	0.64	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	7	0.53					
4	Male	8	2.52	0.48	18	0.61	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.53	0.51					
5	Male	8	2.51	0.47	18	0.63	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.52	0.49					
6	Male	8	2.54	0.51	18	0.60	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.53	0.50					
7	Male	8	2.56	0.52	18	0.64	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.55	0.51					
8	Male	8	2.53	0.49	18	0.66	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.52	0.50					
9	Male	8	2.55	0.52	18	0.62	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.54	0.51					
10	Male	8	2.53	0.49	18	0.63	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.52	0.46					
11	Male	8	2.52	0.47	18	0.60	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.51	0.48					
12	Male	8	2.50	0.47	18	0.63	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.51	0.48					
13	Male	8	2.53	0.49	18	0.32	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.51	0.48					
14	Male	8	2.54	0.50	18	0.64	1.73	Accept H <sub>0</sub>	Not Significant
	Female	12	2.53	0.49					
15	Male	8	2.58	0.53					Not Significant

16	Female	12	2.56	0.51	18	1.43	1.73	Accept H <sub>0</sub>	Not Significant
	Male	8	2.61	0.56					
	Female	12	2.59	0.53	18	1.35	1.73	Accept H <sub>0</sub>	
<b>t-test summary</b>	<b>Male</b>	<b>8</b>	<b>2.54</b>	<b>0.51</b>	<b>18</b>	<b>1.67</b>	<b>1.73</b>	<b>Accept H<sub>0</sub></b>	<b>Not Significant</b>
	<b>Female</b>	<b>12</b>	<b>2.56</b>	<b>0.53</b>	<b>18</b>	<b>1.67</b>	<b>1.73</b>	<b>Accept H<sub>0</sub></b>	

Data in Table 7 reveals that the t-test results on the mean ratings of male and female visual impaired children in Special School, Borokiri, Port Harcourt on the psychosocial problems experienced by them. The t-test analysis on the mean responses of each item reveal that the calculated t-value of the items are lower than its critical t-value at 0.05 level of significance. In addition, the summary of the t-test analysis in Table 7 above reveals that the calculated t-test analysis in Table 7 above reveals that calculated t-value (0.67) is less than the critical t-value (1.73) at 0.05 level of significance. Since the calculated t-value (0.67) is less than the critical t-value (1.73) at .05 level of significance, the null hypothesis is accepted while the alternate hypothesis is rejected. The result of this null hypothesis is that the difference between psychosocial problems of the male and female visually impaired in Special School Borokiri, Port Harcourt, does not significantly differ.

**Hypothesis Three:** There is no significant difference between the psychosocial problems of the male and female hearing impaired.

Table 8: t-test results on the difference between the psychosocial problems of the male and female hearing impaired

S/N	Gender	N	$\bar{x}$	SD	Df	t-cal	t-crit	Decision	Remark
1	Male	30	2.55	0.52	69	0.16	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.57	0.54					
2	Male	30	2.54	0.51	69	0.19	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.51	0.48					
3	Male	30	2.55	0.52	69	0.21	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.53	0.51					
4	Male	30	2.58	0.54	69	0.02	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.58	0.52					
5	Male	30	2.53	0.49	69	0.18	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.56	0.52					
6	Male	30	2.53	0.51	69	0.19	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.51	0.49					
7	Male	30	2.55	0.52	69	0.22	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.51	0.48					
8	Male	30	2.56	0.52	69	0.14	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.54	0.51					
9	Male	30	2.56	0.53	69	0.16	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.58	0.54					
10	Male	30	2.58	0.56	69	0.21	1.73	Accept H <sub>0</sub>	Not Significant
	Female	41	2.56	0.54					
11	Male	30	2.61	0.58	69	0.23	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.59	0.55					
12	Male	30	2.55	0.52	69	0.19	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.53	0.48					
13	Male	30	2.59	0.56	69	0.18	1.67	Accept H <sub>0</sub>	Not Significant
	Female	41	2.58	0.57					

14	Male	30	2.61	0.58	69	0.19	1.67	Accept $H_0$	Not Significant
	Female	41	2.58	0.55					
15	Male	30	2.53	0.49	69	0.22	1.67	Accept $H_0$	Not Significant
	Female	41	2.51	0.47					
16	Male	30	2.56	0.54	69	0.24	1.67	Accept $H_0$	Not Significant
	Female	41	2.54	0.52					
<b>t-test Summary</b>	<b>Male</b>	<b>30</b>	<b>2.55</b>	<b>0.52</b>	<b>69</b>	<b>0.21</b>	<b>1.67</b>	<b>Accept <math>H_0</math></b>	<b>Not Significant</b>
	<b>Female</b>	<b>41</b>	<b>2.57</b>	<b>0.54</b>					

Data in Table 8 indicates that the t-test results on the mean ratings of male and female hearing impaired children in Special School, Borokiri, Port Harcourt, on the psychosocial problems experienced by them. The t-test analysis on the mean responses of each item shows that the calculated t-value of the items are lower than the critical t-value at 0.05 level of significance. In addition, the summary of the t-test analysis in Table 8 above shows that the calculated t-value (0.21) is less than the critical t-value (1.67) at 0.05 level of significance. Since the calculated t-value (0.21) is less than the critical t-value (1.67), the null hypothesis is accepted while the alternate hypothesis is rejected. The result of this hypothesis is that the difference between the psychosocial problems of the male and female hearing impaired children in Special School Borokiri, Port Harcourt does not significantly differ.

## DISCUSSION

The result of research question one (Table 3) revealed that children with visual and hearing impairment in Special School, Borokiri, Port Harcourt, experience psychosocial problems such as lack of physical integrity and shame, loss of sense of light and sound security, loss of sense of spoken and written communication, lack of confidence in ability of senses, feeling of easily noticed, feeling of dependency and insecurity, frustration and sadness, stigmatization and discrimination. These experiences are due to their life situations which they cannot change. This finding is in agreement with Onyenwe and Elemukan (2014) that the visual and hearing impaired children experience similar psychosocial problems as the ones identified in this study.

The result of research question two (Table 4) showed that there are differences in the psychosocial problems experienced by the visually impaired and hearing impaired children in the Special School, Borokiri, Port Harcourt. The hearing impaired experiences sense of loss of recreation with no sound security to a higher degree while the visually impaired children may suffer this to a less degree. The visually impaired experiences sense of loss of ease of written communication, while the hearing impaired experiences sense of loss of spoken communication. In addition, the visually impaired experiences loss of ease of mobility, this is not a serious psychosocial problem experienced by the hearing impaired. This finding is collaborated by hypothesis one (Table 6) that the psychosocial problems experienced by the visual and hearing impaired children significantly differ. This finding agrees with Uzoji (2010) that there are slight differences in the psychosocial problems experienced by the visual and hearing impaired children and that such difference may be related to inability to move freely as well as in terms of communication.

The result of research question three (Table 5) revealed that the psychosocial problems of the visual and hearing impaired children differ to a low extent. In other words, both the visual and hearing impaired children are exposed to similar psychosocial problems identified in the study. This includes lack of physical integrity and shame, feeling of being easily noticed, feeling of dependency and integrity, frustration and sadness as well as stigmatization and discrimination.

This finding agrees with Gobalakrishnam (2013) who stated that both the visual and hearing impaired children experience similar psychosocial problems.

The finding of hypothesis two (Table 7) revealed that the differences between the psychosocial problems of male and female visually impaired children in Special School, Borokiri, Port Harcourt does not significantly differ. This is because both male and female visually impaired children experiences lack of physical integrity and shame, lack of light security with no visual clues, loss of ease of written communication, lack of confidence in ability of senses, feeling of easily noticed, feeling of dependency and insecurity, frustration and sadness and stigmatization and discrimination. This finding agrees with Uzoji (2010) that the male and female visually impaired children experience the same psychosocial problems.

The finding of hypothesis three (Table 8) showed that the differences between the psychosocial problems of male and female hearing impaired children in Special School, Borokiri, Port Harcourt does not significantly differ. Their responses to the items of the instrument revealed that they experience related psychosocial problems such as lack of physical integrity and shame, sense of loss of recreation with no sound security, loss of sense of spoken communication, lack of confidence in ability of senses, feeling of easily noticed, feeling of dependency and insecurity, frustration and sadness as well as stigmatization and discrimination. This finding agrees with Onyenwe and Elemukan (2014) that male and female hearing impaired children experience similar psychosocial problems identified in this study.

## **CONCLUSION**

Based on the findings of the study, the researcher made the following conclusions: (i) visual and hearing impaired children in Special School, Borokiri, Port Harcourt experience several psychosocial problems. (ii) the psychosocial problems of the visually impaired differ from those of the hearing impaired to some extent. (iii) the psychological problems of the visual and hearing impaired does not differ based on gender. (iv) there is no significant difference between the psychosocial problems of the male and female visually impaired. (v) there is no significant difference between the psychosocial problems of the male and female hearing impaired.

## **Recommendation**

Based on the findings of the study, the following recommendations are made:

- Parents of children with visual and hearing impairment should take good care of them to enable the visual and hearing impaired overcome the psychosocial problems.
- Children with visual and hearing impairment should be encouraged to go through counselling. This will help to improve their self-concept and enable them to overcome some of the psychosocial problems identified in this study.
- Facilities for learning should be provided for the visual and hearing impaired to forestall the feeling of frustration among the visual and hearing impaired.
- Law on discrimination against people living with disability should be strengthened.
- Training on how to be useful to themselves and society should be organized for the visual and hearing impaired.

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