#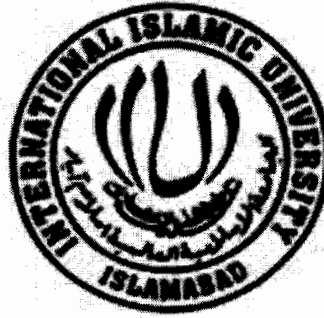 RELATIONSHIP BETWEEN PERCEIVED FAMILY SUPPORT AND EMOTIONAL DEVELOPMENT AMONG PHYSICALLY IMPAIRED INSTITUTIONALIZED CHILDREN

*T08034*



**Researcher:**                                    **Supervisor:**

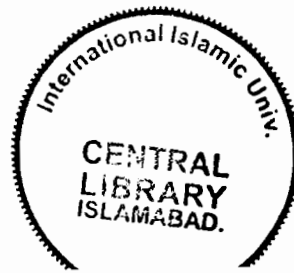**Masud Akhtar**                              **Dr. Asghar Ali Shah**

**REGD NO: 07-FSS/MSPSY/F08**

## Department of Psychology

## Faculty of Social Sciences

## INTERNATIONAL ISLAMIC UNIVERSITY,

## ISLAMABAD

**2010**

1. positive psychology

# RELATIONSHIP BETWEEN PERCEIVED FAMILY SUPPORT AND EMOTIONAL DEVELOPMENT AMONG PHYSICALLY IMPAIRED INSTITUTIONALIZED CHILDREN

By

**Masud Akhtar**

**REGD NO: 07-FSS/MSPSY/F08**

Submitted in partial fulfillment of the requirement for the Master of Science in

Psychology at the faculty of social sciences;

International Islamic university,

Islamabad

2010

# RELATIONSHIP BETWEEN PERCEIVED FAMILY SUPPORT AND EMOTIONAL DEVELOPMENT AMONG PHYSICALLY IMPAIRED INSTITUTIONALIZED CHILDREN

Approved by

_____

**Supervisor**

_____

**Dean FSS**

_____

**External Examiner**

# CERTIFICATE

Certified that the MS dissertation on **"Relationship between Perceived Family Support and Emotional Development among physically impaired institutionalized children"** prepared by **Masud Akhtar** has been approved for submission to International Islamic university Islamabad.

**Dr. Asghar Ali shah**

Supervisor
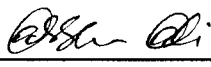
# RELATIONSHIP BETWEEN PERCEIVED FAMILY SUPPORT AND EMOTIONAL DEVELOPMENT AMONG PHYSICALLY IMPAIRED INSTITUTIONALIZED CHILDREN

### By

### Masud Akhtar

Accepted by the Faculty of Social Sciences; INTERNATIONAL ISLAMIC

UNIVERSITY, ISLAMABAD, in partial fulfillment of the requirements for the Master

of Science in Psychology.

**Viva Voce Committee**

**Dean**

**Head**

**External Examiner**

**Supervisor**

# Dedicated to

My Respected Mother and loving daughters
Manahil, Fatima-tuz-Zahara
&
Um-e-Farwa

# Contents

# LIST OF TABLES

i

# LIST OF ANNEXURES

# ACKNOWLEDGEMENT

From the core of my heart, I am highly thankful to Almighty Allah who made me capable to complete this vital project in time.

At the very outset, I would like to express deepest gratitude that I am very grateful to my supervisor Dr. Asghar Ali Shah, Incharge Department of Psychology, for his dedicated interest and consistent encouragement during this research. I gratefully admit him for his valuable guidance and bright discussions. I found him matchless and one of the best people ever came in my life. I learned a lot under his kind and cooperative supervision.

I feel pleasure to express my thanks to Dr. Anis-ul-Haq, Associate Professor, National Institute of Psychology, for his inspiring attitude and great support during my studies. I am indebted to all my teachers especially Dr. Javed Iqbal, and Mr. Mazhar Iqbal Bhatti, whose teaching has brought me to this point of academic zenith. My heartiest thanks go to Ms. Rabia Nayab and Muhammad Naveed Riaz for her consistent guidance and sincere support throughout my research.

I am very thankful to my class fellows Ghulam Abbas, Ghulam Mohy-ud-Din, Akbar Karim , Rana Ejaz Ahmed Khan and  G.M. Bodla for their matchless companionship. They deserve much more than more the words of thanks. I am extremely thankful to Rehana Noor for their sincere assistance during data collection. In the end, I am very thankful to all those who either directly or indirectly participated in this study.

**Masud Akhtar**

# ABSTRACT

*Family support is a fundamental aspect in emotional development of a child which is a corner stone in developmental psychology. The present research which is cross-sectional in nature focuses on the relationship between perceived family support and emotional development in physically impaired institutionalized children. Purposive convenient sampling technique was used for data collection. Study consisted of 100 participants (male n=61, female n=39) which had been taken from various institutions of Rawalpindi and Islamabad. Comparisons were made among children regarding their gender, age, parental education, family system and socio-economic system. Perceived Family Support Scale (Aftab, 2000) and Emotional Development Scale (Afzal, 2000) was used for data collection. A significant high correlation is found between Perceived Family Support Scale and Emotional Development Scale among physically impaired children. Joy, fear and curiosity (sub scale of EDS were preferred from highest to lowest respectively analysis. Age wise comparison revealed non- significant differences in younger and older children in perceived family support and emotional development. Analysis regarding gender shown that male children scored significantly high on perceived family support but less on emotional development as compared to female children. Children from nuclear family system displayed more perceived family support as compared to children from joint family system. A non- significant difference were found for emotional development of joint and nuclear system. Children with educated fathers exhibited more perceived family support as compared to children from uneducated fathers but non significant differences were found for emotional development. Analysis regarding children from educated and uneducated mothers found. A non -significant differences among children of educated and un educated mothers were found. Primary Class children showed more perceived family support and emotional development as compared to elementary class.*

# INTRODUCTION

# INTRODUCTION

The condition of special education in Pakistan is in worsening position. Government as well as our culture is not supporting properly and accurate to special education and especially physical handicapped children. High level of facilities to these children and their educational institutions are not quite up to the mark. The institutional conditions are much worst. There are many lapses that can be found in the institutions of special education. Lack of proper building, improper facilitation of latest equipment, shortage of funding and trained teaching staff are the core problems of this area. This department of education is neglecting from the previous many years. Proper curriculum is not made for the special children. Co curricular activities for creative approach are un planned. Government of Punjab has established some institution for special children at thesil and district level unfortunately these institutions are working in private building on rent basis without proper facilities. Whereas at federal level there are four institutions on separate disability like (Hearing, Visual, Physical and Mental Retardation) even that are not enough to cater the disable population in Islamabad and related areas. The teaching methodology is also a question mark in this environment. The shortage of skillful teaching staff is also a big issue. Some institutions fulfill the shortage of teaching staff with the help of parents and philanthropists. Although government has decided to appoint the psychologists but the situation is adverse. The private sector is neglecting this field because this issue or agenda is not profitable. In our society the parents are not interested to educate these special children due to some social stigma. Poverty, mobility and accessibility to available institutions are another big hurdle in this connection. Keeping in

1

view this situation the present researcher takes an initiative to find out the pros and cons of this neglected field. Social attitudes are another factor that effect special children lives as in our society most of people has very biased and humiliating attitudes toward disables. This is one of the major barriers that hinder psychological well being of these children. The focal point of this research is to find out the effects of attention and care from the parents to the disabled children regarding their emotional development and well being. The main purpose of this research is to bring the improvement in special education for making the special children as a useful part of the society.

Development of societies and nations depends on the intelligence and emotional stability. Both aspects are considered as the most important for the progress and development. Anyone who is highly intelligent but not emotionally sound cannot survive better as compared to others who have both qualities. Every psychological model of world has focused and contributed in emotions and emotional development. The agents of emotional development are consisted of parents, teachers, institutions, peer group, and society. All agents play their role according to the need of child. Among these agents perceived family support is one of the important agents which play key role in emotional development. Socialization of the child is mainly focused on emotional development and family support. Islam and its values stresses on perceive family support towards parents to child and child to parents. In order to know about emotional development in more detail, one has to know first that what emotions are:

In Pakistan, where there is a collectivistic culture, with a joint family, most likely having the grandparents, uncles and aunts in the house, the message to the child are most likely to be conflicting in nature. Where as in a small nuclear family there is greater compatibility. A child with a disability may find a positive and rich atmosphere as well as a negative and restricted atmosphere depending on the circumstances present in the family at any particular time (Shahzadi, 2000). The present study identifies the etiological reasons of disabilities in Pakistan and also notes that there is' scant indigenous scientific

2

information and update knowledge about disabilities even today (Hunzai, 1993). This makes the estimate that 10% of the country's population is disabled, debatable, and lacking in scientific, systematic basis. There are variations in disabilities according to communities, genetic background, geographical location, environmental factors, cultural sophistication, nutrition and the medical services available. A survey "census of all categories of disabled persons" in Islamabad/ Rawalpindi area was started in 1986 and its preliminary report was publishing 1987.

In Pakistan, disabled children can be characterized into six categories of disabled including physically disability (33.26%), multiple/complex disability(18.73%), visual impairment( 15.11%), hearing impairment(8.7%), mental disability (21.72%), and not classified(3.0%). The ages and percentages of the identified disabled were included: below 14 years (43%), between 10-14 years (15.11%), between 5-9 years (15.72%), and up to 4 years almost 12%.( National Policy For The Education And Rehabilitation Of Disabled Children, Review 1988)

The word emotion is originated from Latin word "exmovere", which means movement, disturb, stirrup, excite. Thus, the idea of emotion seems to imply that a person is moved, that is, changed from one state to another, as in from happy to sad or pleased to angry. Emotions are subjective reactions or states. According to Levi (1975) defining emotions is difficult because it is not easy to tell when a child or an adult is in an emotional state. Emotions are process of establishing, maintaining, or disrupting the relations between the person and the internal or external environment, when such relations are significant to the individual (Frijda, 1986).

Hothersall, in 1985 defined emotions as a complex feeling-state involving conscious experience and internal and overt physical responses that tend to facilitate or inhibit motivated behavior. Emotion is defined in terms of subjective experiences or feelings, goal-directed behavior such as attack, flight, expressive behavior like smiling, snarling and physiological arousal like heart rate increases, sweating, defecation, etc. According to Plutchik (1984), emotion is an inferred complex sequence of reactions to a stimulus and includes cognitive evaluations, subjective e changes, autonomic and neural

3

arousal, impulses to action, and behavior designed to have an effect upon the stimulus that initiated the complex sequence. In this regard, the present study aims to explain the role of perceived family support in emotional development of the physically handicapped institutionalized children.

Emotions play a major role in the children's life. Every child enters with the potentialities for both pleasant and unpleasant emotions. Pleasant emotions are those which give him pleasure and personal satisfaction and unpleasant emotions, make him restless and unhappy. Emotions are mainly determined by the environment in which child grows and the relationship he has with the people in his environment. All emotions, not just the pleasant ones—play an important role in life and that each contributes to the kind of personal and social adjustment the individual makes. Even emotions such as anger and fear add pleasure to the child's life by giving him some excitement, but mainly their enjoyment comes from their pleasant aftereffects. More obvious pleasure comes from such emotions as curiosity, affection, and joy. Physically, joy is one of nature's best medicines because it dispels tensions and relaxes the body. Psychologically, it is a wholesome emotion because it makes all experiences pleasant (Carlson & Hatfield, 1991).

Emotions energize behavior, serve as a form of expressive language, and mental capabilities. Physiological accompaniments of the emotions are increased heartbeat, removal of fatigue poisons from the muscles, stopping of digestion, and release of blood sugar from the liver, thyroxin from the thyroid glands, and adrenaline from the adrenal glands that prepare the body for action. Functions like concentration, learning, recall, reasoning, and other mental activities are adversely affected by the unpleasant emotions. As a result, the child performs below his intellectual capacities when he is emotionally disturbed. The perceptions of a person are markedly influenced by the way he perceives his outlook. One social interaction and psychological environment is influenced by his emotional stability and maturity. People evaluate a person in terms of his dominant emotions and they way he expresses those emotions, whether in a mature, socially acceptable way or the opposite. How the child views his role in life and his position in the social group is markedly influenced by whether he is frightened, curious, or happy. If he

4

is embarrassed or shy, for example, he will feel ill at ease and make poor social adjustments (Hetherington & Parke, 1985). We relate our self with the world through our emotions both pleasant and even unpleasant emotions, such as anger and jealousy that encourage social interaction. It's through emotions a child learns how to modify his behavior so as to conform to social standards and expectations. Affection, happiness, and joy encourage pleasant social interaction and serve as important socializing experiences. Similarly, in the home, the school, the neighborhood, and the play group, the child's emotions affect the psychological climate of the environment and it affects him. The child's temper tantrums' irritate his parent and annoy his siblings. This charges the emotional climate of the home with anger and resentment, which make the child feel unloved and unwanted (Holms, 1935).

## Pattern of Emotional Development

Emotional development is defined as the process by which infants and children begin developing the capacity to experience, express, and interpret emotions (Frijda, 1986). The ability to respond emotionally is present in the newborn infant. Consequently, it does not have to be learned. The first sign of emotional behavior is general excitement due to strong stimulations. This diffuse excitement is reflected in the newborn's mass activity. At birth, however, the infant shows no clear-cut responses that can be identified as specific emotional state (Ricciuti, 1968).

Often before the period of the neonate is over, the general excitement of the newborn becomes differentiated into simple reactions that suggest pleasure and displeasure. Unpleasure responses can be elicited by abruptly changing the baby's position, making sudden loud noises, hampering the baby's movements, allowing the baby to wear wet diapers, and applying cold objects to his skin. Such stimuli cause crying and mass activity. Pleasant responses, on the other hand, are apparent when the baby sucks. They can also be elicited by rocking, patting, providing warmth. The baby shows his pleasure by a general relaxation of the entire body, not, as he will later, by smiling, cooing, or laughing (Backwin & Backwin, 1966).

5

Even before the baby is a year old, his emotional expressions are recognizably similar to those of adults. He displays an increasing repertoire of emotional responses—joy, anger, fear, jealousy, happiness, curiosity, and envy. These responses can be aroused by a wide range of stimuli, including people, objects, and situations which in the younger infant were ineffective. The regularity of the pattern of emotional development suggests that emotions are largely a product of heredity. Differences in health and environment, however, produce individual variations in the frequency, intensity, and duration of the different emotions. Early patterns of emotional behavior tend to persist unless the child experiences radical changes in health, environment, or personal-social relationships (Hurlock, 1972).

Intellectual development results in an ability to perceive meanings not previously perceived to attend to one stimulus for a longer time, and to concentrate emotional tension on one object. The growth of imagination and understanding and the increase in ability to remember and anticipate likewise affect emotional reactions. Development of the endocrine glands is essential to mature emotional behavior (Morgan, 1965). The adrenal glands, which play a dominant role in the emotions, show a sharp decrease in size soon after birth. Shortly later they begin to grow; they gain rapidly up to 5 years, slowly from 5 to 11, and more rapidly up to 6 years, by which time they have regained their birth size. Until their size has increased, little adrenaline is produced and secreted. The influence on the emotional states in childhood is marked (Jersild & Holms, 1935).

**Learning and Emotional Development**

Three kinds of learning contribute to the development of emotional patterns during childhood: 1. trial-and-error learning, 2. learning by imitation, and 3. conditioning. In all three, child must be maturational ready before learning can take place.

Trial-and-error learning is based on past experiences. It affects mainly the response aspect of the emotional pattern. The child learns in a trial-and-error fashion to express his emotions in the way that give him the greatest angry, he will continue to use temper tantrums to get what he wants.

6

Emotional reactions to specific situations and methods of expressing emotions are often learned by observing others. Learning by imitation affects both the stimulus and response aspects of the emotional pattern. When the stimulus aspect is affected, the child imitates and emotional behavior of others; he responds in an emotional manner to situations that at one time were incapable of eliciting emotional responses from him. Emotions are "contagious" in that they spread from person to person through imitation. One child may become angry at a teacher because of some imagined mistreatment. The stimulus for the anger—the imagined mistreatment—affects the whole class and soon at the child's friends, imitating his behavior, also become angry whenever the stimulus is presented (Levi, 1975). Objects and situations which at first fail to call forth emotional responses come to do so later as a result of conditioning or learning by association. Conditioning is thus related to the stimulus aspect of the emotional pattern. Watson and Raynor's famous experiment on "Albert" demonstrated how a baby learns to be afraid at 9 months of age.

Conditioning is not limited to fear. Whether the child loves or fears, likes or dislikes, a person is determined largely by how that person treats him. A child may prefer his mother to his father because the mother is more understanding and punishes him less. Conditioned emotions do not remain static. They spread, through stimulus generalization, to people, objects, and situations similar to those with which they have become associated (Bee, 1985).

Maturation and learning influence the development of the emotions, but learning is more important, primarily because it is controllable. Maturation is also somewhat controllable, but only by means that affect physical health arid the maintenance of homeostasis, that is, through control of the glands whose secretions are triggered by the emotions. Learning can be controlled by direct teaching and guidance, by regulating of the environment to guarantee that desirable emotional patterns will be established, and by physical therapy or psychotherapy to eliminate undesirable responses before they develop into well-established habits. Control over the learning of emotional patterns is both a positive and a preventive measure. Once an undesirable response is learned and

7

incorporated into the child's emotional pattern, it is not only likely to persist but to become increasingly difficult to change as the child grows older (Hurlock, 1972).

**Emotions among Children**

After the early months of babyhood, differentiated emotional patterns emerge/Chinese doctors believed people experienced four basic emotions—anger, happiness, sorrow, and fear. These were thought to arise from activities of liver, heart, lungs, and kidneys (Critchley, 1969). Watson thought there are three emotional patterns, fear, rage, and love, Ekman, 1980) contends there are six—happiness, disgust, surprise, sadness, anger, and fear. Plutchik (1980) however, believed that there were eight emotions. Fisher, Shaver, and Carnochar (1990) proposed a hierarchy of emotions. They contend that there are five basic emotions—two positive emotions (love and joy) and three negative ones (anger, sadness, and fear) (as cited in Carlson & Hatfield, 1991). Izard (1977) assumed that there are ten such basic emotions (Joy, anger, interest-excitement, disgust, surprise, contempt, sadness, fear, shame, and guilt), most of which are present in infancy. Other emotions he says are combination of these.

Researchers still disagree as to the number of basic emotions. The most common emotional patterns measured by the Emotional Development Scale developed by Afzal (2000) include joy, anger, sadness, jealousy, curiosity and fear. Following is brief description of these:

**Joy**

Joy is a pleasant and positive emotion. In its milder forms, it is known as pleasure, delight, or happiness. It gives satisfaction to the person who experiences it. Joy comes to children from many sources, satisfaction of curiosity, surprise and finishing a project. Among babies, the pleasant emotions of joy, happiness, and delight come from physical well-being. They are also associated with the baby's activities, such as cooing, babbling, creeping, standing up, walking, and running. The preschool child responds to more stimuli than the baby. His pleasure comes mainly from activities in which others are involved, primarily children, and is particularly strong when his achievements surpass

those of other children (Veenhove, 1984). In older children, the stimuli that aroused pleasant emotions at the younger ages continue to bring pleasure. Physical well-being, incongruous situations, play on words, slight calamities, and sudden or unexpected noises never fail to call forth a smile or a laugh. As the puberty changes begin, joy becomes less and less frequent. This is not because the environment contains fewer joy-provoking stimuli, but because the child's outlook on life has changed. The pubescent is often overwhelmed with anxiety about himself and the way his body is developing. Boys, on the whole, tend to be more overtly expressive of their happiness than girls, but within each sex group, there are marked individual differences and are social class difference (Myers, 1993). In middle and upper socioeconomic groups, the child is expected to maintain control over the expressions of all emotions, whereas lower socioeconomic groups overt expressions of the emotion is not only tolerated but approved (Hurlock, 1975).

As children grow older, they learn to express their joy in the socially approved pattern for the group with which they are identified. Social pressures force the older child to control his expressions of joy so that he will not be considered infantile. He is less noisy and rambunctious than the younger child, although he laughs in a loud raucous manner. A boy will slap a friend or anyone nearby on the back or head when he is particularly happy. Girls learn that such behavior is considered sex inappropriate for them, and they are more likely to throw their arms around a friend and hug and kiss her. The joyful emotions are always accompanied by smiling or laughing and a general relaxation of the entire body (Hurlock, 1972).

**Anger**

Anger occurs when the person tries to overcome an obstacle to the attainment of a goal. The feeling, the expression, and the action are understandable as attempts to interact with the environment by mobilization of energy to overcome the obstacle (Frijda, 1986). Anger is a more frequent emotional response in childhood than fear. Anger-provoking stimuli are more numerous, and the child discovers at an early age that anger is an effective way to get attention or to satisfy his desired. Each year, the number of anger

9

arousing situations increases and each year, the child displays more angry reactions. Children may show anger when their needs are directly frustrated (Barker, Dembo, & Lewin, 1941), when the environmental situation is so poorly defined that they are insecure (Goodenough, 1931), when they are temporarily in poor heart (Goodenough, 1931), and under countless other circumstances (Thompson, 1962).

The situations that give rise to angry responses involve restraint interference with movements the child wishes to make, either by others or by his own inabilities; blocking of activities. The baby responds with angry outbursts to minor physical discomforts, interference with physical activities, and imposition of restraints connected with physical, care, as in bathing and dressing (Jersild, 1968). Preschool children are angered by many of the same conditions that anger babies. The especially present interference with their possessions, and they fight continually with other children who grab their toys or interfere with their play. They become angry when toys or other objects do not work as they want them to and when they make mistakes in what they are attempting to do.

In an older child, thwarting of desires, interruption of activities in progress, constant faultfinding, teasing, "Lecturing", or making unfavorable comparisons with other children will lead to anger. The older child frequently sets goals beyond his reach. When he fails, he comes angry at himself or at people he believes have stood in his way. Aggression consists of responses directed against persons, animals, or objects. They may be physical or verbal, and they may be mild or intense. Most impulsive expressions of anger are extra punitive, in that they are directed against others. Some are intropunitive, in the sense that the child directs the anger against himself blaming rather than other for his anger (Hurlock, 1972).

**Sadness**

A pattern of disturbed behavior that frequently results in a child's being seen by a psychologist or mental health clinic in some combination of depression, sadness and anxiety. Such children may complain of being lonely, unloved, and worthless. They may feel that they are picked on by others and that too much is expected of them. These children are nervous, high strong, and fearful (Achenbach & Edelbroch, 1978). Among

elementary school children, this pattern of feeling and behavior is associated with suicidal thoughts or comments (Bee, 1985). Sadness occurs when a relation with the environment is relinquished. The characteristic resignation of sadness occurs when action is deemed unlikely to be successful in attaining a goal (i.e., learned helplessness) (Seligman, 1975). The social signals that accompanying sadness function to elicit succorance, that is, to obtain help in what the person appreciates is a situation that he or she can probably no longer do anything about. Thus, the social signals of sadness are also rational. They are calls to others in the surround.

Crying is the expression of sadness. It is an obvious method of importance of to survival, but also varied to communicate more than danger or hunger. Sadness tends to (1) Semi-literate: working and school-going children are more satisfied with their life than the literate working and school-going children, (2) Birth order significantly effects the emotional development and life satisfaction of working and school-going children, and (3) There will be significant within group difference as an effect of age, educational attainment, number of siblings and birth order.

**Jealousy**

Jealousy is a normal response to actual supposed or threatened loss of affection. It is an outgrowth of anger, giving rise to an attitude of resentment directed toward people. It is very common emotional experience. It is originated from the birth and from parental favoritism. This emotion arises from insecurity in relationships and often accompanies feelings of anger and inferiority. It is expressed in many forms, from temper tantrums to allergies, bed-wetting, or cruelty to animals. Quite often it occurs at the arrival of a new sibling. The older child perceives the new family member as a threat to his kingdom of parental attention (William & Stith, 1974).

There are a few rather simple rules that parents can follow which may prevent the appearance of the jealous pattern: (1) take some time each day to spend exclusively with the older child (Sewall, 1930); (2) be consistent in disciplinary actions (Sewall, 1930); (3) avoid "nagging" the child with continuous "don'ts" (Ross, 1931); (4) avoid making comparisons between child and infant that are unfavorable to the older child (Smalley,

11

1930); (5) attempt to settle inter-parental tensions outside the child's presence (Sewall, 1930). Younger children may experience feelings of jealousy because of privileges granted to older children in the family. Parents may seem to show favoritism among the siblings, thus fostering jealous feelings among the less-favored. Jealously may stem from envy of others because of their physical abilities, material possessions, or popularity among peers. It may arise in connection with relationships with adults or children outside the family (William & Stith, 1974). Girls are more likely to be jealous than boys (MacFarlane, Allan, & Henzik, 1954) and persons of higher intellect are more often jealous (Koch, 1960). The oldest child is more prone to jealous feelings, and this emotion is more common in families with two or three children than in large families or families with only one child (Vollmer, 1946).

Sewall (193) also found that the probability of jealous responses decreased as the family size was increased. Children in large families must perforce share the attention and affection of parents. The addition of one new member makes less difference in a large family than in the case of a family with an only child (Thompson, 1962). Children are more likely to be jealous if their mothers coddle them or are inconsistent in administering discipline (Bousfield & Orbison, 1952). Reducing jealousy may be accomplished through building a child's image of himself, diverting his attention from himself, and providing him satisfying experiences. Jealousy is almost inevitable alt some points in a child's life, adults must be ready to help children deal with it (William & Stith, 1974).

**Curiosity**

Curiosity is a pleasant emotional state. It provides motivation to explore and to learn new meanings. Curiosity adds a pleasant excitement to life. It acts as a stimulus to physical well-being without disturbing body homeostasis as the unpleasant emotions do. If curiosity is to be good for the child, however, it must be controlled so that the exploration it motivates will not be physically or socially damaging. Uncontrolled curiosity for example can lead a child to explore dangerous objects such as matches or an abandoned refrigerator and can lead to injury or even death. Curiosity abounds in the

12

child. He is interested in everything in his environment, including himself. He is curious about his body: why its parts exist, what they do, and why they have their particular form. He is curious about people. Why they dress, act, and speak as they do; why older people differ in looks and behavior from younger people. He is an curious about familiar objects, such as a cake of soap or a vase of flowers, as about those which are used only occasionally or seasonally, such as a rug shampooer or a lawn mower. Long before he enters school, his curiosity is aroused by such mechanical devices as light switches, gas burners, television sets, and automobiles (Carlson & Hetfield, 1991).

As his environment expands, so does the child curiosity. A longing to understand some of the mysteries of life which have never been explained to his complete satisfaction becomes a source of motivation in his formal education, as do many new things, unheard of during his earlier years. Sudden changes usually arouse the curiosity of an older child. When mother has a new hair style or father starts to wear glasses or when new draperies appear in the living room, he notices the change at once and is curious to explore it. Social pressures—check the child's satisfaction of curiosity through direct exploration. The "questioning age" begins around the third year and reaches its peak at approximately the sixth year. When the child is old enough to read, he discovers that he can satisfy much of his curiosity through reading (Hetherington & Parke, 1975).

## Fear

Fear and worry during the middle school years are largely due to the expanding world of children. Almost daily they encounter new people and circumstances for which they have no preconceived or practiced behavior pattern. Ignorance of the environment and curiosity concerning it combine to cause some fears and worries. Fears are learned but not all are learned. Some come from direct association of experiences with stimuli that naturally arouse fear, such as loud harsh noises. It cannot be correctly assumed that they will disappear with age. The childhood fears of personal failure, inadequacy, and ridicule persisted into adulthood. Imitation is a method of learning fear. The sex differences in feared objects is a form of this type of learning: girls learn that it is appropriate because of their sex role for them to fear bugs and snakes; boys learn that to

13

fear such creatures would brand them "sissies". Other fears are the result of unpleasant experiences, as in the case of medical treatments. Still other fears emanate from various experiences through such mass media as books, television, and movies. Other fears seem to have no basis in reality. The peak ages for fear as determined by ages 3 and 11 (MacFarlane, Allen & Honzik, 1954). Jersild (1946) reported the following frequencies of various fear situations for infants in the first two years: noise and agents of noise (27 percent); pain (18 percent); falling, loss of support and high places (13 pe3rcent); animals (7 percent); sudden unexpected movement plus lights, flashes, and shadows (6 percent). Other more recent investigations and reviews have confirmed that infants show fear reactions to loud, sudden, unexpected events; to depth as indexed by the visual cliff and to pain and rapid or abrupt displacement in space .

With maturity fear fastens more and more on realistic objects, depending more on experience than instructional learning. The intensity of the child's fears depends for the most part on family relationships. The increased exposure to mass media may be affecting their awareness, which results in their fearing such things as air pollution, cigarette smoke, cancer, and strikes. Maurer's (1965) five-year study of children ranging in age from 5-1/2 to 14-1/2 years revealed interesting findings: Fear of animals is nearly universal. Fear greatly diminishes with age. Fear of the dark largely disappears after age 7. Fears of such non-existent entities as monsters, the boogie man ghosts, witches, and animated skeletons are abandoned around age 10. With age, fears become more realistic and more closely tied to learned or experienced objects and situations; fear of natural hazards, including fire, poison oak, deep water, and the desert increase after age 7. Fear of hazards that are man-made and a result of an industrial society also rose with age. Fear in response to noise and agents of noise and to strange objects, situations, and persons are among those decreasing with age (Jerslid & Holmes, 1935).

Croake (1969) studied fears in children from grades three and six to determine the relation of type and number of their past, present, and future fears. Girls were found to have more fears than boys, and those from the lower socioeconomic groups more fearful than upper socioeconomic children. They reported having had more fears in the past than at the present and saw themselves as having even fewer in the future. Fear as a warning

14

of danger can be a valuable thing for a child if it does not become too intense. Excess fear or anxiety can be damaging to the self-concept. It can narrow one's field of experience (Williams & Stith, 1974).

**Stages of Emotional Development**

Zeman (1999) proposed six stages of Emotional Development including (1) Early infancy (birth-six months), (2) Later infancy (7-12 months), (3) Toddler (1-2 years), (4) Preschool (3-6 years), (5) Middle childhood (7-11 years), and (6) Adolescence (12-18 years).

**Early Infancy (Birth-Six Months)**

Between six and ten weeks, a social smile emerges, usually accompanied by other pleasure-indicative actions and sounds, including cooing and mouthing. This social smile occurs in response to adult smiles and interactions. It derives its name from the unique process by which the infant engages a person in a social act, doing so by expressing pleasure (a smile), which consequently elicits a positive response. This cycle brings about a mutually reinforcing pattern in which both the infant and the other person gain pleasure from the social interaction. As infants become more aware of their environment, smiling occurs in response to a wider variety of contexts. They may smile when they see a toy they have previously enjoyed. Laughter, which begins at around three or four months, requires a level of cognitive development because it demonstrates that the child can recognize incongruity. That is, laughter is usually elicited by actions that deviate from the norm, such as being kissed on the abdomen or a caregiver playing peek-a-boo.

**Later Infancy (7-12 Months)**

During the last half of the first year, infants begin expressing fear, disgust, and anger because of the maturation of cognitive abilities. Anger, often expressed by crying, is a frequent emotion express by infants.

Fear also emerges during this stage as children become able to compare an unfamiliar event with what they know. Unfamiliar situations or objects often elicit fear

15

responses in infants. One of the most common is the presence of an adult stranger, a fear that begins to appear at about seven months. A second fear of this stage is called separation anxiety. Infants seven to twelve months old may cry in fear if the mother or caregiver leaves them in an unfamiliar place.

Parents are one of the primary sources that socialize children to communicate emotional experience in culturally specific ways. That is, through such processes as modeling, direct instruction and imitation, parents teach their children with emotional expressions are appropriate to express within their specific sub-culture and the broader social context. Socialization of emotion begins in infancy. This process is significant in the infant's acquisition of cultural and social codes for emotional display, teaching them how to express their emotions, and the degree of acceptability associated with different types of emotional behaviors. Another process that emerges during this stage is social referencing. Infants begin to recognize the emotions of others, and use this information when reacting to novel situations and people. As infants explore their world, they generally rely on the emotional expressions of their mothers or caregivers to determine the safety or appropriateness of a particular endeavor.

### Toddler (1-2 Years)

During the second year, infants express emotions of shame or embarrassment and pride. These emotions mature in all condition and adults contribute to their development. However, the reason for the shame or pride is learned. Different cultures value different actions. One culture may teach its children to express pride upon winning a competitive event, whereas another may teach children to dampen their cheer, or even to feel shame at another person's loss. During this stage of development toddlers acquire language and are learning to verbally express their feelings. Bretherton and colleagues (1986) found that 30% of American 20-month-olds correctly labeled a series of emotional and physiological states, including sleep-fatigue, pain, distress, disgust, and affection.

In toddler hood, children begin to develop skills to regulate their emotions with the emergence of language providing an important tool to assist in this process. Being able to articulate an emotional state in itself has a regulatory effect in that it enables

16

children to communicate their feelings to a person capable of helping them manage their emotional state. Empathy, a complex emotional response to a situation, also appears in toddler hood, usually by age two. The development of empathy requires that children read others' emotional cues, understand that other people are entities distinct from themselves, and take the perspective of another person (put themselves in the position of another). The first sign of empathy in children occurs when they try to alleviate the distress of other using methods that they have observed or experienced themselves. Toddlers will use comforting language and initiate physical contact with their mothers if they are distressed, supposedly modeling their own early experiences when feeling upset.

**Preschool (3-6 Years)**

Children's capacity to regulate their emotional behavior continues to advance during this stage of development. Parents help preschoolers acquire skills to cope with negative emotional states by teaching and modeling use of verbal reasoning and explanation. Children who have trouble learning and/or enacting these types of coping skills often exhibit acting out types of behavior, or, conversely, can become withdrawn when confronted with fear or anxiety-provoking situations. Beginning at about age four, children acquire the ability to alter their emotional expressions, a skill of high value in cultures that require frequent disingenuous social displays. It is thought that in the preschool years, parents are the primary socializing force, teaching appropriate emotional expression in children. Children learn at about age three that expressions of anger and aggression are to be controlled in the presence of adults. Around peers, however, children are much less likely to suppress negative emotional behavior. It appears that these differences arise as a result of the different consequences they have received for expressing negative emotions in front of adults as opposed to their peers. Beginning at about age four or five, children develop a more sophisticated understanding of others' emotional states. Through repeated experiences, children begin to develop their own theories of others' emotional states by referring to causes and consequences of emotion, and by observing and being sensitive to behavioral cues that indicate emotional distress.

### Middle Childhood (7-11 Years)

Children age's seven to eleven displays a wider variety of self-regulation skills. By this stage, children begin to know when to control emotional expressivity as well as have a sufficient repertoire of behavioral regulation skills allowing them to effectively mask emotions in socially appropriate ways. Children at this age have become sensitive to the social contextual cues which serve to guide their decisions to express or control negative emotions. During middle childhood, children begin to understand that the emotional states of others are not as simple as they imagined in earlier years, and that they are often the result of complex causes, some of which are not externally obvious. They also come to understand that it is possible to experience more than one emotion at a time, even if the emotions are positive and negative. Children can feel happy and excited that their parents bought them a bicycle, or angry and sad that a friend had hurt them, but they deny the possibility of experiencing "mixed feelings." It is not until age ten that children are capable of understanding that one can experience two seemingly contradictory emotions. Displays of empathy also increase in frequency during this stage.

### Adolescence (12-18 Years)

Adolescents have become sophisticated at regulating their emotions. They have developed a wide vocabulary with which to discuss, and thus influence, emotional states of themselves and others. Adolescents are adept at interpreting social situations as part of the process of managing emotional displays. Gender plays a significant role in the types of emotions displayed by adolescents. Boys are less likely than girls to disclose their fearful emotions during times of distress. This reluctance was similarly supported by boys' belief that they would receive less understanding and, in fact, probably be belittled, for expressing both aggressive and vulnerable emotions.

### Theories of Emotional Development

#### Evolutionary Perspective

According to Darwin (as cited in theories of Emotional Development, 2000) emotions and their expression in humans and animals were derived through evolution and serve a survival function. Emotions prepare the organism for action and serve as cues to others that some form of action is required. Darwin identified seven basic emotions each with its own accompanying facial expression. These were anger, fear, affection, pleasure, amusement, discomfort, and jealousy. In support of Darwin, Ekman and Izard (1980) observed that infants display certain emotional expressions. He argued that such emotions are necessarily innate and that they have distinct adaptive value.

Studies have been conducted across several cultures including the United States, Japan, Chile, Brazil and Argentina. Based on cross-cultural study, Ekman (1980) concluded that there are universally consistent expressions of several basic emotions (i.e., happiness, interest, sadness, anger, fear, surprise, and disgust). People across a variety of cultures interpret such emotions in similar ways. Both Ekman and Izard (1980) acknowledge that the development of more complex emotions (e.g., guilt, envy, shame, pride), necessitates learning. The experience and expression of emotions is related to the cognitive appraisal of an event to past experiences with similar events, and to the social rules surrounding the event.

#### The Behaviorism and Social Learning Theory

Behaviorists agree that emotional reactions play an important role in a child's development. Many believe that there are three natural emotions that are present at birth, which are: (1) *Fear*: induced by loud noises and loss of support, (2) Rage: Induced by restriction of body movement, and (3) *Love*: Evoked by touching and caressing. The social Learning theory which stresses the modeling of other children's emotional reactions as another way to associate feelings with different situations. Children can also engage in emotional self-arousal through mental representations of affective experiences. According to these theories, emotional reactions to new stimuli are learned plenty with

conditioning (classical, operant) and modeling (as cited in Theories of Emotional Development, 2000).

Nothing is important then the mother child relationship during the initial years. Because they need a physical and emotional security that contained effort, the manner in which the needs are satisfied tend to form the trust or mistrust attitude that child adopts toward the world. The parents are imitated by children. They tend to observe the models and later reproduce their parent's activities. Parent plays also a part as teacher. The child learns his first lesson to please the parents. The parents have to build up proper habits of eating, sleeping and personal cleanliness, sharing the work with the child makes him creative responsive and cooperative. The parents also gave the sense of light and wrong way to the child and guide him. They should not instruct or blame him. The family not only transmits appropriate behavior knowledge and values to children, but also provides them with emotional settings enabling them to feel accepted and loved.

Shemlan (1928) proposed a genetic theory of emotional development. He concluded that emotional behavior in the newborn infant is not differentiated beyond the simple feelings of "pleasant" and negative withdrawal response to "unpleasant" or noxious stimulation. With increasing maturation and experience the infant learns to make those responses that are most likely to attract and retain pleasant situations and to avoid or resist unpleasant circumstances. When one kind of reaction proves to be inadequate for maintaining or acquiring a satisfactory state of affairs, another type may be tried out. "This accounts for the frequently observed changes from the aggressive or destructive type of reactions that we classify as 'anger' to the avoiding reactions or flight that we describe as "fear, and vice versa".

**Bridges Theory of Emotional Growth**

Bridges (1932) has evolved a theory of emotional growth very similar to Sherman's Bridges theory is more complete although somewhat more speculative than the explanation offered by Sherman Bridges schema of emotional development during the first two years of life is presented below. Bridges starts with an undifferentiated emotion of excitement during early infancy. This state consists of uncoordinated skeletal

and visceral reactions become differentiated from the rest, conditioned to certain stimuli and combined with particular skeletal responses as a result of experience to form the various well-known emotions". According to Bridges the first two emotions to be differentiated from the parent are delight and distress (at about three months of age). Delight is characterized by relaxation, smiling and cooing in response to some satisfying situation. Distress in response to certain disturbing stimuli is marked by muscular tension, crying, and cheeked breathing.

At or about six months of age distress is further differentiated into fear, disgust, and anger. The skeletal responses of aggression and avoidance combine with the skeletal-visceral reactions of distress to form the emotions of anger and fear, respectively. By approximately twelve months of age the positive emotion of delight becomes further differentiated into elation and affection, the former in response to events and objects, and the latter with regard to persons. By eighteen months of age jealously has been differentiated from the distressful stem, and affection has been further differentiated into positive responses to adults and to children. Around twenty-four months of age only one new emotion appears joy which is differentiated from the parent stem of delight. Bridges speculates that by five years of age the motions of shame, anxiety, disappointment and envy have been differentiated from the distressful stem and the emotions of hope and parental affection from the positive stem. The finer nuances of emotional expression found in adult life and acquired through further maturation and learning in the subsequent years of childhood and adolescence.

### The Cognitive Developmental Discrepancy Theory

The discrepancy theory is "a theory of emotional development in which a child's reaction to a novel stimulus is determined by the degree of similarity between the stimulus and a scheme of a familiar object, to which the stimulus is compared". Little discrepancy: very mild distress, but as discrepancy increases the child's reaction intensifies. If discrepancy is very great, stimulus is not assimilated, and distress reaction declines. Rather than seeing emotions as a main focus in development, cognitive-development theorists view them as a kind of by-product of cognitive processing.

21

## The Functional Theory

The functional theory is a perspective, which considers emotions as central, adaptive forces in all areas of human activity, such as cognitive processing, social behavior, and physical health. Evidence shows that emotions have a huge effect on cognitive processing. Anxiety affects performance very high or low anxiety leads to poor outcomes on cognitive tasks than do moderate anxiety. Emotions can have powerful effects on memory and on encoding. Much of the learning that is crucial to survival is led from emotional reactions. Emotional signals affect the behavior of other people i.e., when children express their emotion feels such as laughing or crying, it effects the behavior of other people around them in a large manner. Emotional reactions can have regulatory effects on children. Studies have revealed that when a mother and her infant experience a disruptive relationship, it tends to depress the infant's immune response, which often times can have the effect of susceptibility of getting a disease. Emotions are the central organizing force for all human experience e.g., emotions and cognitive processing, emotions and social behavior, mother infant interaction: still face, depressed mothers, self awareness, emotions and health.

## The Family

The family is defined as a group of persons united by the ties of marriage, blood, adoption, consisting a single household, interacting and communicating with each other in their respective social roles of husband and wife, other and father, so and daughter, brother and sister creating and maintaining a common cultures. The family is also defined as a unit and the action of any member effect all, it has many characteristics and superior societal functions, it constitutes a milieu as well as a group of persons (Simeen, 1983). Family is the foremost institution of child's socialization because the home is the child's first environment it sets the pattern for his attitudes towards people, things and life in general. We know if a child is to thrive, he needs to be reared in an atmosphere of affection and that he is under a tragic handicap if he lives in an environment devoid of love.

Love is not just an extra touch if it is something that enters into the quality of the total environment where it prevails it affects the nature of all the child's relationships with the people on whom as a helpless person he is at first abjectly dependent. When a parent generally is fond of his child and spontaneously enjoys him a companion there will be more give and take, more mutual participation in activities through which the child can discover resources and limitations, less unresolved friction, less need for evasion and concealment in facing life's problems. According to Sullivan (as cited in Carmichel, 1954) there is something emotionally satisfying about being, loved, and there also is something very practical about it. He has freedom to do things that lead to learning to try and err, to make mistakes to do childish and foolish things, to experiment. Not the least of the factors that help him in learning to realize himself is that the loving parent also has a certain kind of freedom which the unloving parent is not so likely to possess, namely freedom can himself in his role as a parent, he will not feel a need to put false face on his own feelings, to act as thought he always were chipper and cheerful, full of sweetness and light, with a boundless amount of patience and inexhaustible capacity for controlling his temper. He does not need to distort his personality by trying to live up to the impossible ideal of being a perfect parent. He will not feel a guilty need to grant the child's every whim or to indulge his every desire. The child makes him creative responsive and cooperative. For fear that to do otherwise would threaten a precarious relationship between him and his youngster.

**Functions of Family**

Family has some functions, which are inevitably associated with it. These functions are as follows:

**Development of Personality**

Many studies revealed the importance of the parents in personality development. It is concluded that if children are deprived of kind, loving, parents who establish and maintain a warm relationship with them, they suffer a need that will influence them all their lives (Travers, 1977). Personality may be defined as the distinct and unique organization of traits in individual as reflected in how he reacts to them, and also in how

we meets frustration and conflict that is, in how he adjusts to his environment. It is important to remember that whatever the ultimate form early childhood experience personality. Agarwal (1985) investigated the relationship between intelligence and personality structure, among 20 girls (grade 6-9) living in orphanages in Uttar Pradesh (India). Subjects were divided into four subgroups based on age and intelligence and were administered the Rorschach test. Results suggest that affectional deprivation has a greater negative impact on the personality structure of less intelligent children than on the personality structure of intelligent children.

**Adjustment outside the Home**

The human infant cannot stand-alone. He needs the protection of others. In the beginning he is completely helpless and depended totally for 5 years. Another 5 years are of less extreme but still considerable dependence follow, after this period, their dependence may continue for another 5, 8 or even 10 years. Family introduces the new comer to his society, this process referred as socialization. Without receiving the instructions from the family, the individual cannot become a functioning member of his group. If parental attitude toward the child is unfavorable or possessive, ignorant or over protectiveness as a result child appears to be cold and least interested in people and peer group. His adjustment too outside the home will poor and he will fail to establish good relationships.

A study by Skeels et al. (1938) shows impressively how young children reared in an orphanage without the personal attention which children usually received at home may be adversely affected in various aspects of their development including their capacity for friendly relationships with other people. One aspect of attachment being studied is the effect of attachment on social relationships. For example, a recent study looked at security of attachment as it relates to best friend relationships in 4-years-olds. Researchers examined best friend pairs and found that when both "best friends" had secure attachments to their mothers, the children in the pair were happier and harmonious and less controlling than were factors. We know these factors are significant. Recent efforts have focused on intervention with parents as well as children with low IQs to see

24

whether working with parents as well as the child can advance the child's intelligence. Other work has evaluated the influence of the size of the family and sibling order on the child's intelligence.

A project that demonstrates the importance of the family in the development of intelligence is Rick Heber's Milwaukee Project. The children in this program were from the worst slum area of Milwaukee. Prior to the beginning of the project, Herber found that most mothers of children who had IQs below 80 on these tests. Speculated that the children's intelligence might be helped by working with the mothers as well as with children. Herber began his experiment by selecting forty new born babies and their mothers (whose IQs were below 75). They were placed in an experimental group or a control group. An extensive program was set in motion with the mother-infant pairs in the experimental group. For example, the mother was given help in vocational training and care taking skills with infants, and a teacher came to home and worked with infant. The enrichment program was continued in a child development center until the child was six year old (as cited in Santrock & Yussen, 1984).

Periodically during the six years the experimental children (who receive the enrichment) and the control children (who did not) were given IQ tests. The IQ results for the children when they were six year old indicate impressive gains by the experimental group (average IQ of 121 versus average IQ of 87 for the control group). Later, at the age of nine, children in the experimental group were still outperforming children in the control group by about 20 points (Santrock & Yssen, 1984). Children in best friend pairs wherein one of the children was insecurely attached (Smith, 1991). The child's performance in school is adversely affected by poor relationships between him and his parents. Over protection makes him depended and rejection at home makes the child feel insecure and shows poor adjustment to school work. Another study examined the association between attachment and social competence at school among a sample of 6-years-old children. The children's teachers and peers rated the subjects on such things as behavior, competence, and likeability. The researchers found that insecurely attached boys were rated as being less competent, less well-liked, and as having more behavior problems than securely attached children in the sample (Smith, 1991).

The position of the child in the family and his relationship age 8 to 10 years, work satisfactions with the members of his family have great deal to do with his success in later life (Hurlock, 1975). Family serves as a laboratory for making experiments in different, aspects of behavior. The child carried to the other world only those behavior patterns, which has been approved in the family

## Role of Family in Intellectual Development

Families influence their children's intellectual development both genetically and environmentally; untangling these two sources of influence in a formidable task. While we do not know how much of the variance in intellectual development is due to enriched surroundings provided by parents, family structure, and other environmental reinforces. A basic and all pervasive feature of parental love for a child is that the child is liked for his own sake; he is viewed as something valuable person; he is respected as a personality in his own right. His self-hood accepted. Parental love for child is unconditional. The child is a worthy as he is. The child is not loved on the condition that he or she is blonde or brunette, or male or female, a "good" baby, a pretty baby, a baby likely to add to the glory of the family name (Carmichel, 1954).

Certain factors in the child's interaction with the family are of particular importance during early childhood. For example, parental support and guidance as well as how parents meet the child's need for security trust and understanding are extremely significant when one examines the quality of family relationships. Children who receive such supportive treatment have a tendency to exhibit smoother patterns of emotional stability and adjustment then youngsters who have been rejected by their parents.

Family serves as a laboratory for making experiments in different aspects of behavior. The child carries to the outer world only that behavior pattern which has been approved in the family. Father's position is also no less important, he makes the child feel more secure and confident.

## Family Support

Family support build on parents desire to do the best for their children by building strong families in supportive communities. Family support programs present a unique set of challenges to program evaluators. Family support program is to improve child functioning. Many programs seek to enhance parents-child interactions as the primary route toward this end. Parents by themselves are the intended beneficiaries of family support programming, although sometimes they are not acknowledged as such in evaluation designed (Weiss & Jacobs, 1988).

Parental attention in children also varies widely between cultures. Human demographic changes have also had an over whelming impact on the context of parenthood (Lancaster, Altman., Rossi & Sherrod, 1987). Families face many stresses as they attempt to build fulfilling, growth-promoting family lives. These stresses reverberate through everyday family life and stem from many sources including increased mobility and isolation and economic problems in family structure. Increased recognition of these stresses creates negative consequences in the family. Family and its social support system in human development have gradually forced more public consideration of how to provide support, education, nurturance and reinforcement to physically handicapped child rearing families (Weiss & Jacobs, 1988).

Families of children with special needs required different kinds of social support in order to live on an equal footing with other families and to be able to participate in society. A well functioning respite care service is often a prerequisite for the family to have enough strength for demanding nursing work and for good parenting (Brodin, 1991). Children with disabilities are in contact with different experts from early on. In spite of this, the parents are central to the child's development (Roden, 1989; Wachtel, 1995). Many parents described that for many years they have taken two steps forward and one step back. Also when they later on have reached physical balance they have a temporary relapse when something happens that reminds them of what life could have been if the child has not been disabled (Bakk & Grunewald, 1993). Parents face many obstacles in their efforts to understand a child whose range and control of movement is

severely limited, whose facial expressions may be distorted and even misleading as to their emotional significance, and whose responses can be very slow. Nevertheless, getting at the meaning is a vital goal for parents since their understanding of their child's non verbal actions and sounds will play an essential role in the support they give to the child's development and in helping the child be a person with a place in the social world.

Parents seeking to strengthen and develop a motor impaired child's abilities need insight into how immature human impulses grow with support from the human environment. The constructive or the facilitating support that parent gives to the child is not just a matter of training skills. It is also helping the child have command of an attention that can be focused where it will best guide action. Above all it is a developing a range of feelings and expressions and changes of feelings that work well in conveying meaning to others. Acts of the child are given direction, effect and value with the help of insightful elaborations that the parent adds to them (Trevarthen & Burford, 1995). Family support should be important for the adjustment throughout a physically handicapped child's development. Family support is one of the protective factors. Social support from family relationships may provide a stress buffering effect but there is less understanding of how relationships with parents may serve as a protective factor (Wills, 1990).

All children need their parents' and families care and support to grow and develop. Among their basic needs for water, food, protection and basic health care is the need for love and being valued as individuals. It is to be expected that parents look for ways of curing or mitigating the effects of any illness or impairment their child might have. And when the medical profession itself is unclear and so evidently fallible, there is no obvious reason for them to stop searching for cures, although where the impairment is permanent a relentless search will not be in the best interests of the child and the family (Zinkin & McConachie, 1995).

**Perceived Family Support of the Children**

One related factor not previously mentioned is the child's perception of the parental attitudes and behavior. It means that how such children perceived their parental attitude. Children who perceived their parents as accepting and loving had high self-

esteem, children who perceived their parental attitude as rejecting had low self-esteem (Hamner & Turner, 1990).Children also perceived strong parental consensus between mothers and fathers, while actual similarity between their attitude was slight. The major implication of the study is that children are strongly influence and motivated by their parental attitudes, but only as these attitudes are perceived not as they actually are. The distinction between actual and perceived attitudes is crucial in attempting to explain contradictory research findings parent-child contrasts or similarities in socialization out comes (Lancaster & Altmann, 1987).

The disabled carry the burden of many social disadvantages such feelings of inferiority, fear of social ridicule and embarrassment, inability to compete with physically able-bodied people, lack of will and self confidence and restricted mobility in interacting with social situations. The physically handicapped child has adjusts himself to his own disabilities as well as the unfavorable conditions in which he/she is placed (Kureshi & lain, 1992). The individual feels handicapped because he perceived that others look him as handicapped. Thus, more than the disability as such, what worsens the life of the disabled is his perception that he is viewed as a socially inadequate individual. This social handicap emanates from the stigma towards the disabled person or children (Sen, 1988).

Barker (1948), pointed out that physical impairment may impose limitations on the person as well as it may· reflects limitations imposed on him because of socially and culturally defined reaction. The handicapped need acceptance as a person encouragement in his/her in favors, empathy, not pity, cooperation in work, not help. Therefore, disability has a tremendous impact on the development of the personality of· the individual and his corresponding adjustment with the society and parents (Kureshi & Jain, 1992). Child who cannot participate in sports or other peer activities perceive themselves as being different and not fitting in; the children thus withdraw from peer and family contacts. These children also perceive teasing and criticism and this must create negative feelings in their attitudes towards their parents (Cruickshank, 1980).

A physically handicapped child perceived feelings of inadequacy, rejection, frustration, hostility, and guilt from his family because of parental rejections. Over-protection and indulgent permissiveness may perceive as negativity and parental rejections which, causes difficulties in parent-child relationship. Physically handicapped children perceive their parental overprotection with frequent emphasis on domination as an expression of covert rejection (Goldenson, 1978). Most of the children perceive their parent's attitude positively because the parents protect them from the harms and harsh conditions. The treatment of the child by different family members may also be different. If the message to be communicated to the child from different members of his social gathering is concordant, it may lead to a wholesome development of the child but if there are conflicting messages, demands, expectations, help and support, it might develop anxiety in the child and affect his emotional and social development.

**Impairment in other Countries**

Every 8th person is disabled either physically or mentally. During the war, and civil war in Afghanistan 3.5 lac men, women and children have become disabled, every 34th person was affected. 4 million people are deprived of visual or hearing problems. According to world report, Australia comes at number 1, Finland is second and Hungry stands third for disabled people. Disease, accidents, wars and racial clashes are the causes of disability. During last decade 4-5 million children have become dependent of on support to live a life. According to WHO 3 lac and 50 thousand men, women and children lost their lives in prolonged civil war. Since two decades every 34th person has directly or indirectly been affected. 8% of the population of Pakistan (1, 1200000) is physically or mentally disabled; most of them are polio affected, out of total population of Pakistan. Some 42 million are physically and 28 million are mentally disabled, whereas 42 million are deprived of visual and hearing. Now rehabilitation of special children day is being celebrated.

The major part of world population of special children belongs to Australia. According to the report of 1996 of developmental organization (UNDP), 22.7% of total population belongs to special children and second is Finland where there are 17% of

disabled people. UNO has declared (1993-2002) the decade of special people for Asia and Pacific countries. According to UNO 12.5% of world's population is disabled. 75 currore of world's population has become challenge for governments, welfare organizations for their education, employment and legal rights. Out of 2 million of Afghanistan's population 6 lacs are disabled. According to experts opinion the major reason of disability in developed countries is accidents whereas in developing countries the causes of disability are various diseases and accidents. With the cooperation of institutional funding organization; the number of polio affected people has been minimized.

**Trends in Pakistan**

According to one estimate, the number of children in the country today is approximately 49% of the total population. And although correct estimates are not available, the majority of them probably belonging to the poorer strata of society. The incidence of blindness, physical deformities and because of malnourishment, physical and mental deficiencies are more common among the children of these classes than among the affluent. Also, there are more orphans from these classes than the middle and upper classes. In the next millennium, it is expected that, Pakistan is likely to have a disproportionately large segment of either an unproductive and dependent population of adults afflicted with all kinds of maladies, or those who can support themselves, depending on what the government decides to do about the problem today (The Nation, 7th july1999). According to physicians, the reasons of child impairment in Pakistan are due to insufficient diet to pregnant women, delay in treatment, excess use of drugs, infection during birth, inevitable impairment during the course pregnancy. Except it cousin marriage is also one of the reasons of disability (Atif & Hassan, 2001).

## Rationale of the Study

Family is the universal social institution within which the bearing and care of children has been based and where cultural traditions, beliefs and values have been transmitted to the young as individual actors fulfill their biological potential for production, growth and development (Lancaster, Altman., Rossi & Sherrod, 1987). Family serves multiple functions for a developing child. It contributes in the development personality (Agarwal, 1985; Travers, 1977), adjustment outside the home, socialization of the individual (Skeels et al. 1938; Santrock & Yssen, 1984; Smith, 1991), school success (Smith, 1991), success in adult life, and developing feelings of valuable person (Carmichel, 1954).

Along with these functions, family plays a vital role in the social, personality, intellectual, cognitive and emotional development of the children. Impaired children need more care and concern in order to cope with their multiple stressors. When such children are institutionalized, they have to survive in an artificial environment. The plight of the disabled and impaired children in developing countries is quite appealling. Around 80% of the total disabled population of the worlds concentrated in these societies. A more than 500 million populations in the world and around 100 million in India are debarred from full participation in their families, communities and societies. The lack of access to facilities, transportation and information circumscribes them from enjoying equal opportunities in housing, employment and health care (Kama, 2000). Pakistan is a developing country and things are not so different in the Pakistan's scenario.

Emotional development of the children is a well researched topic and it is studied with a wide range of correlates (Andrews & Mckennel, 1976; Andrews & Withey, 1976; Bryant & Veroff, 1982; Campbell, Converse & Rodgers, 1993; Diener, 1984) but it hardly investigated with reference to perceived family support. Warm support by the family helps the impaired children to cope with their stressors. Pakistan is a collectivist society where family support is the integral part of the emotional development. In Pakistani context, the present study is an initiative which aims to examine the relationship between perceived family support and emotional development of the impaired children.

32

# METHOD

# METHOD

## Objectives

The present 'cross-sectional survey research' was carried out to attain the following objectives.

1. The main objective was to examine the relationship of perceived family support with healthy emotional development of the physically impaired institutionalized children.

2. The additional objective was to study the role of different demographic variables of the children including gender, age, parental education, and family system in perceived family support and emotional development.

## Hypotheses

On the basis of the extensive literature review, following hypotheses were formulated:

1. Perceived family support will be positively correlated with emotional development among physically impaired institutionalized children.

2. Female children will have more perceived family support and healthy emotional development as compared to male.

3. Children belonging to nuclear family system will have high perceived family support and show more healthy emotional development as compared to children belonging to joint family system.

4. Children of educated father will show high level of perceived family support and healthy emotional development than uneducated father.

5. Children of educated mother will show high level of perceived family support and healthy emotional development than the uneducated mother

### Operational Definitions of Variables

#### Perceived Family Support

Family, whether in form of single unit or extended in nature, is based on a hierarchical systems, where every member of the family is assigned a role according to his /her age, gendered and capability. A congenial atmosphere will always facilitate healthy relations providing a physical and moral support among the segments of the whole family unit (Cohen, 1988). For the present study, Perceived Family Support Scale was used to measure the family support of the physically impaired children.

#### Emotional Development

Emotional development is one of the major aspects of personality which means a process in which children gain the capability of expressing, understand the emotions of others and interpret the emotions. For the present study Emotional Development was measured through Emotional Development Scale.

### Sample

The sample of present study consisted of 100 children from different institutions of physically impaired children in Rawalpindi and Islamabad. The major attributes of the sample included male ($n = 61$), female ($n = 39$), age ranges, 5-10 years ($n = 11$), age range, 11-15 years ($n = 89$), nuclear family system ($n = 62$), joint family system ($n = 38$), educated fathers ($n = 74$), uneducated fathers ($n = 26$), uneducated mothers ($n = 56$), and educated mothers ($n = 44$). Purposive convenient sampling technique was used for the data collection. Informed consent was obtained from all the participants, their parents and their respective institutions.

### Instruments

### Perceived Family Support Scale

Perceived Family Support Scale for physically impaired children (FSS) was developed by Aftab (2000). It is comprised of 30 items. The scale was constructed with the help of existing literature review. It is a 4- point Likert type scale. Responses are categorized as 1-4; score 1 was assigned to the response category as never, score 2 was assigned to the response category as sometimes, score 3 was assigned to the response category as most of the time, and score 4 was assigns to the response category as all the time.

### Emotional Development Scale

The emotional development scale developed by Afzal (2000) will be used to assess the emotional development of the respondents. Emotional developments are divided into six sub scales including joy, anger, sadness, jealousy, curiosity, and fear. It contains 34 statements arranged on a 5- point Likert-type scale. It reflects how much a person considers the statement about his or herself. The 5 categories range from always, most of the time, seldom, rarely, and least. These response categories were scored as 5, 4,3,2,1 for positively phrased items, whereas, this scoring was reversed for the negative items.

### Procedure

The present study was a cross-sectional survey research. Physically impaired children were approached individually by the researcher. Instructions regarding the questionnaire were given properly because of self-administered questionnaires. The nature and purpose of the study was openly discussed with the participants. Children were ensured to be confidant as all the information will be kept highly confidential and will only be used for research purpose. At first, informed consent was obtained form the administration of the institutions of physically impaired children. Informed consent was taken from the children before administering the questionnaires. Finally, children and the administrative personnel were thanked for their cooperation.

# RESULTS

# RESULTS

## Table 1

*Descriptive Statistics for Perceived Family Support Scale and Emotional Development Scale (N = 100)*

|  |  |  | Score Ranges | |
| --- | --- | --- | --- | --- |
| Scale | *M* | *SD* | Minimum | Maximum |
| Perceived Family Support Scale | 80.95 | 12.48 | 49 | 104 |
| Emotional Development Scale | 92.20 | 14.14 | 58 | 129 |

**Reliability Coefficients**

Alpha Reliability coefficients for Perceived Family Support Scale and Emotional Development Scale were found out to measure their cultural suitability for the present research.

**Table 2**

*Alpha Reliability coefficients for PFSS and EDS (N = 100)*

| Scale | No. of Items | Alpha Reliability Coefficients |
|---|---|---|
| Perceived Family Support Scale | 30 | .87 |
| Emotional Development Scale | 34 | .74 |

Table 2 shows Alpha Reliability coefficients for Perceived Family Support Scale and Emotional Development Scale. The results indicate high internal consistency for Perceived Family Support Scale and Emotional Development Scale which shows their appropriateness to be used in the present study.

**Table 3**

*Pearson correlation between the subscales of Emotional Development Scale (N = 100)*

| EDS | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 1. Joy | - | .37** | .21* | .21* | .30** | .45** |
| 2. Anger | | - | .17* | .52** | .40** | .49** |
| 3. Sadness | | | - | .23* | .24* | .33** |
| 4. Jealousy | | | | - | .51** | .28** |
| 5. Curiosity | | | | | - | .15* |
| 6. Fear | | | | | | - |

*Note.* EDS = Emotional Development Scale; *p<.05, **p<.01

Table 3 shows Pearson correlation between the subscales of Emotional Development Scale. Joy has significant positive correlation with anger ($r = .370, p < .01$), sadness ($r = .205, p < .05$), jealousy ($r = .205, p < .05$), curiosity ($r = .303, p < .01$), and fear ($r = .449, p < .01$). Anger has significant positive correlation with sadness ($r = .173, p < .01$), jealousy ($r = .517, p < .01$), curiosity ($r = .339, p < .01$), and fear ($r = .490, p < .01$). Sadness has significant positive correlation with jealousy ($r = .234, p < .05$), curiosity ($r = .238, p < .05$), and fear ($r = .335, p < .05$). Jealousy has significant positive correlation with curiosity ($r = .506, p < .01$), and fear ($r = .283, p < .01$). Curiosity has significant positive correlation with fear ($r = .149, p < .05$).

**Table 4**

*Pearson correlation between Perceived Family Support Scale and Emotional Development Scale (N = 100)*

| Scale | r |
|---|---|
| Perceived Family Support Scale | |
| | .84* |
| Emotional Development Scale | |

*p<.01

Table 4 shows Pearson Correlation between Pearson correlation between Perceived Family Support Scale and Emotional Development Scale. The results indicate that perceived family support has significant positive correlation with emotional development ($r = .84, p < .01$) of the children.

**Table 5**

*Mean, Scale Mean and Ranking of Subscales of Emotional Development Scale (N = 100)*

| EDS | No. of Items | Mean | Scale Mean | Ranks |
|---|---|---|---|---|
| 1. Joy | 6 | 21.29 | 3.548 | 1st |
| 2. Anger | 6 | 15.93 | 2.655 | 3rd |
| 3. Sadness | 5 | 12.94 | 2.588 | 4th |
| 4. Jealousy | 6 | 14.74 | 2.457 | 5th |
| 5. Curiosity | 5 | 11.08 | 2.216 | 6th |
| 6. Fear | 6 | 16.22 | 2.703 | 2nd |

*Note.* EDS = Emotional Development Scale

Table 6 shows mean, scale mean and ranks of the subscales of Emotional Development Scale. Joy was the most prominent facet of emotional development among children. The secondary important facet included fear. The least preferred visible facet was computed as curiosity.

**Table 6**

*Mean, Standard Deviation and t-values for children from various age groups on Perceived Family Support Scale and Emotional Development Scale (N = 100)*

| Scales | Age range (5-10 years) (n = 11) | | Age range (11-15 years) (n = 89) | | |
|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | *t* |
| Perceived Family Support | 79.72 | 11.71 | 81.10 | 12.63 | .343 |
| Emotional Development | 95.82 | 21.12 | 91.75 | 13.12 | .899 |

*Note.* Middle childhood = Age ranges (5-10 years); Late Childhood = Age range (11-15 years); *p* = Non-Significant, *df* = 98

Table 7 shows Mean, Standard Deviation and *t*-values for children from various age groups on Perceived Family Support and Emotional Development Scale. The results indicate non-significant mean differences on perceived family support and emotional development. Older children (*M* = 81.10, 91.75 *t* = .343, *p* = ns) non-significantly scored high on perceived family support and scored less on emotional development scale as compared to younger children (*M* = 79.72, 95.82 *t* = .343, *p* = ns).

**Table 7**

*Mean, Standard Deviation and t-values for Male and Female children on Perceived Family Support Scale and Emotional Development Scale (N = 100)*

| Scales | Male (*n* = 61) | | Female (*n* = 39) | | |
|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | *t* |
| Perceived Family Support | 82.80 | 13.41 | 78.05 | 10.38 | 1.880* |
| Emotional Development | 92.67 | 15.03 | 91.46 | 12.76 | .416 |

*Note.* PFSS = Perceived Family Support Scale; *\*p<.05, p=*ns; *df* = 98

Table 8 shows Mean, Standard Deviation and *t*-values for male and female children on Perceived Family Support and Emotional Development Scale. The results indicate significant mean difference on perceived family support i.e. male children (*M* = 82.803, *t* = 1.880, *p* < .05) significantly scored high on perceived family support as compared to female children (*M* = 78.051, *t* = 1.880, *p* < .05), but non significant gender differences were found on Emotional development Scale where p=ns, thus partially supported hypothesis regarding gender.

**Table 8**

*Mean, Standard Deviation and t-values for children from Nuclear and Joint Family System on Perceived Family Support Scale (N = 100)*

| Scales | Nuclear Family System (*n* = 62) | | Joint Family System (*n* = 38) | | |
|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | *t* |
| Perceived Family Support | 81.31 | 12.17 | 80.36 | 13.11 | 1.363* |
| Emotional Development | 91.03 | 14.25 | 94.11 | 13.92 | 1.056 |

*Note.* PFSS = Perceived Family Support Scale; *$p<.05, p = ns; df = 98

Table 9 shows Mean, Standard Deviation and *t*-values for children from Nuclear and Joint Family System on Perceived Family Support and Emotional Development Scale. The results indicate significant mean difference on perceived family support but non significant on emotional development. Children from nuclear family system (*M* = 81.307, *t* = 1.363, *p* < .05) significantly scored high on perceived family support but scored less on emotional development (*M* = 91.03, *t* = 1.056, *p* = ns) as compared to children from Joint Family System (*M* = 80.36, *t* = 1.363, *p* < .05) and (*M* = 94.11, *t* = 1.056, *p* = ns).

**Table 9**

*Mean, Standard Deviation and t-values for children from Educated and Uneducated Fathers on Perceived Family Support Scale (N = 100)*

| Scales | Educated Fathers (n = 74) | | Uneducated Fathers (n = 26) | | |
|---|---|---|---|---|---|
| | M | SD | M | SD | t |
| Perceived Family Support | 81.32 | 12.71 | 79.88 | 11.96 | .504* |
| Emotional Development | 91.12 | 13.18 | 95.26 | 16.43 | 1.29 |

*Note.* PFSS = Perceived Family Support Scale; *p<.05, df = 98

Table 10 shows Mean, Standard Deviation and *t*-values for children with educated and uneducated fathers on Perceived Family Support Scale and Emotional Development Scale. The results indicate significant mean difference on perceived family support. Children with educated fathers ($M = 81.324$, $t = 1.504$, $p < .05$) significantly scored high on perceived family support but scored less on emotional development ($M = 91.12$, $t = 1.29$, $p = $ ns) as compared to children with uneducated fathers ($M = 79.885$, $t = 1.504$, $p < .05$) and ($M = 95.26$, $t = 1.29$, $p = $ ns) respectively.

**Table 10**

*Mean, Standard Deviation and t-values for children from Educated and Uneducated Mothers on Perceived Family Support Scale (N = 100)*

| Scales | Educated Mothers (n = 44) | | Uneducated Mothers (n = 56) | | |
| --- | --- | --- | --- | --- | --- |
| | *M* | *SD* | *M* | *SD* | *t* |
| Perceived Family Support | 80.79 | 12.91 | 81.07 | 12.25 | .109 |
| Emotional Development | 91.13 | 14.03 | 93.03 | 14.28 | .665 |

*Note.* PFSS = Perceived Family Support Scale; *p*=non-significant, *df* = 98

Table 11 shows Mean, Standard Deviation and *t*-values for children with educated and uneducated mothers on Perceived Family Support Scale and Emotional Development Scale. The results indicate non-significant mean differences between educated and uneducated mothers on perceived family support scale and emotional development scale. Children with uneducated mothers ($M$ = 81.07, $t$ = .109, $p$ = ns) non-significantly scored high on perceived family support and on emotional development ($M$ = 93.03, $t$ = .665, $p$ = ns) as compared to children with educated mothers ($M$ = 80.796, $t$ = .109, $p$ = ns) and ($M$ = 91.13, $t$ = .665, $p$ = ns) respectively.

**Table 11**

*Linear Regression Analysis showing the effect of Perceived Family Support on the prediction of Emotional Development among institutionalized children (N=100)*

| Model | B | SE | β | t | p |
|---|---|---|---|---|---|
| (Constant) | 78.169 | 9.25 | .153 | 8.443 | .000 |
| Perceived Family Support | .173 | .113 | | 1.533 | .128 |

$R = .153, R^2 = .023, F(1, 98) = 2.351$

Linear Regression analysis is applied with Perceived Family Support is a predictor variable and Emotional Development is an outcome variable. The $R^2$ value of .023 indicates that 2.3% variance in the dependent variable can be accounted for, by the predictors with $F = (1, 98) = 2.351, p < .05$). Results are indicating that Perceived Family Support is non-significantly predicting emotional development in institutionalized children ($\beta = .153, p > .5$). This analysis is done because highly significant positive correlation was found between Perceived Family Support and Emotional Development.

# DISCUSSION

## DISCUSSION

The core objective of the present study was to examine the relationship between emotional development and perceived family support among physically impaired institutionalized children. The other objective was to examine the role of various demographic variables of the children including gender, age, parental education, and family system in perceived family support and emotional development. Different statistical techniques were used in order to fulfill the objectives of the study, i.e. reliability analysis has been done to measure the internal consistencies of scales used in the study, and independent sample t-test has been used to measure the group differences. Most of the findings were consistent with the prior research.

In order to measure the reliability coefficient of scales used in the present study i.e. Perceived Family Support Scale and Emotional Development Scale and its subscales, reliability analysis has been done, which revealed that alpha coefficient for Perceived Family support scale is $\alpha = .87$ for 34 items and for Emotional development scale $\alpha = .74$ for 30 items, as shown in the Table 2.

Pearson correlation analysis has been done in order to find the relationship between Perceived Family Support Scale and Emotional Development Scale. Analysis demonstrated highly significant positive relationship ($p<.01$) between the variables which strongly supports study's first hypothesis that *"Perceived family support will be positively correlated to emotional development among physically impaired institutionalized children"*. This hypothesis was made because families are often regarded as the primary source of support for children (Vernberg et al., 1996) and support from families and parents has been widely recognized in the literature as paramount to child adjustment (Vernberg et al., 1996) and emotional development is considered as an integral part of child adjustment. High levels of self-worth, high levels of peer support, and good coping techniques appeared to be somewhat protected from the potentially harmful effects that maladaptive family functioning may have on emotional adjustment. These results

highlight the importance of focusing on the underlying processes involved in human development (Ohannessian, Lerner, Lerner, & von Eye, 2008). This indicates that perceived family support plays a vital role in the emotional development of the physically impaired institutionalized children. Even in the face of physical abuse, children may still feel that they are an important part of their family and that their families care about them and do things for them (Vernberg et al., 1996) Analyses of various demographic variables of students i.e. gender, age, education, parental education, family system, etc. were carried out by using independent sample t-test.

The 2nd hypothesis *"Female children will show more perceived family support and emotional development as compared to male children" was not supported in the present study.* Male children exhibited more perceived family support and less emotional development as compared to female children. Research evidence illustrates that men and women did not differ in support networks they receive and perceive. Such contradictory findings also indicate some of the traditional conservative practices of gender discrimination in our culture. Parental attention in children also varies widely between cultures. Human demographic changes have also had an over whelming impact on the context of parenthood (Lancaster, Altman., Rossi & Sherrod, 1987).

In the same manner Brody (2006) suggests that emotions motivate and regulate adaptive behaviors, and that researchers must explore gender differences in emotional development as a function of different familial, socio-cultural, and interpersonal roles to which males and females must adapt. The difference of the finding may be due to the difference in Pakistani culture with western culture regarding brought up of children.

The 3rd hypothesis *"Children belonging to nuclear family system will have high perceived family support and emotional development than children belonging to joint family system"* was partially supported in the present study. Family system shapes a healthy environment which facilitates the emotional development of the children. According to Simen (1983), a favorable home environment and positive emotional climate has critical influences on the child's personality, social, and emotional development. According to Erikson (1950) healthy person is one who actively masters

48

his or her environment, shows a certain unity of personality and is able to perceive the world and himself correctly.

The 4th and 5th hypotheses were partially supported in the present study. Children with educated fathers and uneducated mothers displayed more perceived family support as compared to children from uneducated fathers and educated mothers. Researchers in the field and early childhood educators both view the parents as an integral part of the early childhood education process. In their relations with their child the loving mother and father communicate affection through all their ways of dealing with him (Carmichel, 1954). The effects of support provided by families, peers, and teachers have been most frequently investigated. Besides demonstrating the benefit of support availability, studies suggest that the impact of support varies, depending on the nature of the relationship between the supportive individual and the child. Families and parents assume a nurturing role, providing children with a sense of security and protection.

Parental and family support is negatively correlated with a variety of externalizing difficulties in children who are chronically ill and handicapped (Wallander & Varni, 1989). The current findings can be justified as the uneducated mothers pay more attention to their children because they are less likely to engage in jobs related activities. Similarly, due to the availability of time, they are more likely to spend time with their children in hospitals as compared to mothers who are educated and do some job and consume mush time in outdoor activities instead of taking good care of their impaired children.

Due to the lack of the literature on the role of some demographic variables, analysis was conducted and trends were explored without formulating the hypotheses. This was also done to achieve in part, the objective of the present research. Exploratory findings indicate that primary class children exhibited more perceived family support and emotional development as compared to elementary class children. Children from lower socio-economic status exhibited more emotional development as compared to children from middle socio-economic status. In middle and upper socioeconomic groups, the child is expected to maintain control over the expressions of all emotions, whereas lower socioeconomic groups, overt expressions of the emotion is not only tolerated but

49

approved (Hurlock, 1975). Researchers (Ekman, 1980; Plutchik (1980; Fisher, Shaver, and Carnochar (1990; Carlson & Hatfield, 1992; Izard (1977) suggests that such basic emotions include Joy, anger, interest-excitement, disgust, surprise, contempt, sadness, fear, shame, and guilt. Emotional Development Scale developed by Afzal (2000) measures six emotions including (1) Joy, (2) Anger, (3) Sadness, (4) Jealousy, (5) Curiosity, and (6) Fear. In order to identify the primary, secondary and the least preferred emotion among the impaired children, ranking was done on the basis of the scale mean sores.

Joy was the most prominent facet of emotional development among children. The secondary important facet included fear. These findings are satisfactory and hold important implications for impaired children as Hurlock (1972) illustrates that the joyful emotions are always accompanied by smiling or laughing and a general relaxation of the entire body. The least preferred visible facet was computed as curiosity. The restricted institutionalized environment as compared to the normal social climate being provided to normal children is one of the many reasons that impaired children showed less concern for curiosity. Carlson and Hetfield (1991) argue that curiosity is aroused by the child's interactions with mechanical devices like cell phones and television. Curiosity is also related to the environmental expansion of the children that helps them to uncover the life and related scenarios (Hetherington & Parke, 1975) which is quite difficult in the institutionalized environments as compared to the natural life.

Linear Regression was applied to study the effect of perceived family support on the prediction of emotional development due to high significant correlations between these variables. However, the results of the Regression analysis demonstrated that perceived family support is not a significant predictor of emotional development among the institutionalized impaired children.

**Conclusion**

The present study highlighted the importance of perceived family support in emotional development of physically impaired children which are institutionalized. One can easily assess the importance of family support perceive by an impaired child, by having a glance on findings. This study is much insightful in understanding perceived family support and emotional development among physically impaired institutionalized children. Investigation of the role of demographics made the study more comprehensive. It was concluded from the current study that:

- Joy was considered to be the most prominent facet of emotional development among physically impaired children. The second important facet included fear. The least preferred visible facet was computed as curiosity.
- Male children perceived more family support but were found to be less emotionally developed as compared to their female counterparts.
- Younger and older children perceived equal family support and were equally emotionally developed.
- Children from nuclear family system displayed more perceived family support as compared to children from joint family system but non significant differences were found for emotional development for both the groups.
- Children with educated fathers exhibited more perceived family support as compared to children from uneducated fathers but non significant differences were found for emotional development and non significant differences were found for the children of educated and uneducated mothers.
- Another demographic analyses of children showed that children from primary class children showed more perceived family support and emotional development as compared to elementary class children.

**Limitations and Suggestions**

There are some limitations and suggestion for the present study:

1. Physically impaired children face multiple stressors. In future research, it would be more appropriate to consider other types of support like peers and teachers' support in overcoming problems, healthy adjustment and emotional development. Even in the previous research, Dubow and Ullman (1989) found that children listed a variety of people other than immediate family members, peers, and teachers, as providing support to them (e.g., coach, therapist, parents' friends).

2. In the present study, only children rated themselves on perceived family support and emotional development, that research demonstrating differences in children's and parent's reports on children' functioning. It would be more appropriate in the future research that the questionnaires should be cross-rated. Parents should rate their children on emotional development and the children should rate their parents and other family members on perceived family support.

3. The present study was limited to the impaired children who are institutionalized. Role of perceived family support in emotional development of the impaired children who are not institutionalized should also be studied. The present study was based on the institutionalized impaired children of Rawalpindi and Islamabad. In the future research, impaired children from remote areas of Pakistan should also be considered. It would bring a broader picture of the phenomenon and the findings can be more generalizable.

## Implications of the Study

1. The present study shares valuable insights on perceived family support and emotional development of the physically impaired institutionalized children. Perceived family support is positively related to emotional development in the present research. In this regard, family members in general and parents in particular should pay special attention to their impaired children.

2. The present research also suggests that interactions with family members should be increased in the specialized institutions of the impaired children. Family support should be included as an essential part of the impaired children' treatment in the institutions. Institutions should facilitate children and their family members to have frequent interactions in a healthy environment. Especially parents should be instructed to continually meet their institutionalized impaired children.

3. Role of various demographic variables of the children including gender, age, parental education, and family system in perceived family support and emotional development also shares valuable insights for public awareness. The present study illustrates that "younger children, male, from nuclear family, with educated fathers, with uneducated mothers, from primary class, exhibited more perceived family support as compared to their counterparts". In the same manner "younger children, male, with uneducated fathers, with uneducated mothers, belonging to joint family system, from primary class, exhibited more emotional development" as compared to their counterparts.

# REFERENCES

# REFERENCES

Abdullah, T. (1981). *The situation of disabled children in Pakistan.* Islamabad. UNICEF.

Achenbach, T. M., & Edelbrock, C. S. (1978). The classification of child psychopathology: A review and analysis of empirical efforts. *Psychological Bulletin.* 85, 1275-1301.

Afzal, M. (2000). *Emotional development of children in orphanage and family settings.* Unpublished M.Sc Research Report, National Institute of "Psychology, Quaid-i--Azam University, Islamabad, "Pakistan.

Agarwal, A. K. (1985). Intelligence differences and affectional deprivation. *Indian Psychological Review, 28*(3), 39-46.

Ainsworth, M. D. s. (1972). Attachment and dependency: A comparison. In J. L. Gewirtz (Ed.). *Attachment and dependency.* Washington, D. C: V. H. Winston.

Alison, S. S., & Friedman, S. (1987). *Child development.* Canada: John Wiley and Sons Inc.

Allport, G.W. (1935). *Attitudes. A handbook of social psychology.* G. Murchinson (Ed.), (pp.798-844). Worcester, Mass: Clark University Press.

Amsel., Rhonda., & Fichten, S.C.(1988). Effects of contact on thoughts about interaction with students who have a physical disability. *Journal of Rehabilitation,* 54, 61-65.

Andrews, F. M., & Withey, S. B. (1976). *Social indicators of well being: America's perception of life quality.* New York: Plenum.

Andrews, R. M., & Robinson. J. P. (1991). Measures of Subjective well being. In J.P.

Atif, M., & Hassan, S. (2001, December 3rd). *Every 8th Person of the World is Physically or Mentally Retarded.* Jang Developmental Reporting Cell. The daily Jang RawalPindi, p. 8, p.7.

Backwin, H., & Backwin, R. M. (1966). *Clinical management of behavior disorders in childhood* (3rd ed.). Philadelphia: Saunders.

Bakk, A., & Grunewald, K. (1993). *Book on care of persons with mental retardation.* Uppsala: Liber UT binding.

Barker, R., Dembo, J ., & Lewin, K. (1941). Frustration and regression: An experiment with young children. *University Iowa Studies Child Welfare, J* 8(1).

Barker, R.G. (1948). The social psychology of physical disability. *Journal of Social Issues,* 4, 23-38.

Baron, A. R. (1987). *Social psychology.* New Delhi: Prentice-Hall.

Baron, A.R., & Byrne, D. (1987). *Social psychology: Understanding human interaction.,* (5th ed). New York: Prentice-Hall.

Barsch, R. (1968). *The parents of handicapped children: The study of child-rearing practices.* Springfield, IL: Charles Thomas.

Battle, C. (1977). Disruption in the socialization of a young severely handicapped. In R. Marinell., & A. Dellorto (Eds.), *the psychological and social impact of physical disability.* New York: Springer.

Bee, H. (1985). *The developing child* (4th ed.). New York: Harper and Row.

Bee, H. (1985). *The developing child* (4th ed.). New York: Harper & Row.

Berndt, E. J. (1999). Religion and health: Effects of providential belief on health in college and elderly individuals. *[Retrieved from)* October 15, 2002. http:// Clearinghouse.mwsc.edu/manuscript/172.asp.

Biklen, D., & Bogdan, R. (1976). Handicapisim in America. *Journal of WIN*, 14, 29-45. New York: McGraw- Hill.

Bloch, J. (1978). Impaired Children: Helping families through the critical period of first identification. *Children today*, (pp. 2-6). Englewood cliffs, New Jersey: Prentice-Hall.

Boles, G. (1959). Pessonality Factors in Mothers of Palsied Children. *Genetic Psychology Monographs*, 59, 159-161.

Bortner, R.W., & Hultsch, D. F. (1970). A multivariate analysis of correlates of life satisfaction in adulthood. *Journal of Gerontology*, 25,41-47.

Bousfield, W. A., & Orbison, W. D. (1952). Ontogenesis of emotional behavior. *Psychological Review*, 59, 1-7.

Bowlby, J. (1953). Some pathological processes set in train by early mother-child separation. *Journal of Mental Science, 39*, 350-373.

Bowlby, J. (1969). *Attachment and loss: Vol. 1: Attachment*. New York: Basic Books.

Bowlby, J. (1982). *Attachment and loss: vol. 1: Attachment* (2nd ed.). London: Hogarth Press.

Bradburn, N. M. (1969). *The structure of psychological well-being*. Chicago: Adline.

Braun, P. M. W. (1977). Psychological well-being and location in the social structure. (Doctoral dissertation, University of California, 1976). *Dissertation Abstracts International*, 38,2351.

Bridges, K. M. B. (1932). Emotional development in early infancy. *Child Development*, 3, 324-341.

Brodin, J. (1991). *To interpret children's signals: Play and communication in children with profound mental retardation and multiple disabilities*. Stockholm University: University Press.

Brody,R.(2005). Gender differences in Emotional development: A review of theories and research. *Journal of personality*, 53(2).102-149

Brooks, J. (1987). *The process of parenting.* (2<sup>nd</sup>ed). Palo Alto, CA:Mayfield.

Bryant, F. B., & Veroff, J. (1982). The structure of Psychological Well being: A sociohistorical analysis. *Journal of Personality and Social Psychology,* 43, 653-673.

Bunon. A. (1942). The aggression of young children following satialon. *American Journal of Orthopsychiatry,* 12,262-267.

Butt, R.F. (1991). *Attitude of People Towards the Handicapped.* Unpublished dissertation of M-Phil, NIP, Quaid-e-Azam University, Islamabad.

Cameron, P. (1975). Mood as an indicator of happiness: Age, sex, social class and situational differences. *Journal of Gerontology, 30, 216-224.*

Campbell, A. (1981). *The sense of well-being in America: Recent patterns and trends.* New York: McGraw-Hill.

Campbell. A. (J993). Sex differences in aggression, social representation and social rules. *British Journal of Social Psychology.* 33, 233-240.

Cantrill, H. (1965). *The pattern of human concerns.* New Jersey: Rutgers University Press.

Carlson, J. G., & Hatfield, E. (1991). *Psychology of emotion.* New York: Holt, Rinehart & Winston, Inc.

Carmichel, L. (1954). *Manual of child psychology* (2<sup>nd</sup> ed.). New York: John Wiley and Sons Inc. (pp.585, 650, 895).

Christensen, B., & DeBlassie, R. (1980). Counseling with parents of handicapped adolescents. *Adolescence,* 15, (58), 397-407.

Clark-Stewart, K. A., * Apfel, N. (1979). Evluating parental effects on child development. In L. A. S. Shulman (ed.). *Review of research in education* (vol. 6). Itasca, III: Reacock.

Cohen, J. (1974). Effect of blindness on the children's development. In S. Kirk., & F. Lord (Eds.), *Exceptional Children: Educational resources and perspectives.* (pp. 320-326). New York: Prentice-Hall.

Cohen,S. (1988). Psychological Models of the Role of Social support in the Etiology of Physical Disease. *Health psychology,* 7, 269-297.

Coleman, J. C. (1980). Contemporary issues in *psychology.* Scott: forceman, Glenview.

Crawford, S. (1995). *Child labor in South Asia: A review of the literature* (Report). ROSA: UNICEF.

Crespi, I. (1977). Attitude measurement: A theory and prediction. *Public Openion Quarterly,* 41, 285-294.

Critchley, M. (1969). Disorders of higher nervous activity: Introductory remarks. In P. J. Vinken & G. W. Bruyn (Eds.), *Handbook of clinical neurology: Vol. 3:*

Croake, J. W. (1969). Fears of children. *Human Development,* 12,239-247.

Crocker, A.C., & Nelson, R.P. (1983). Major Handicapping Conditions. In M.D.

Cruickshank, M.W. (1980). *Psychology Of Exceptional Children and Youth.* (4[th]ed). Englewood Cliffs, New Jersey: Prentice-Hall.

Dattilo., John., & Smith,W.R. (1990). Communicating positive attitudes toward people with disabilities through sensitive terminology. *Therapeutic Recreation Journal,* 24, 8-17.

DeLong, G. R., & Adams, R.D. (1987). Developmental and congenital abnormalities of the nervous system. In E. Braunwald., K.J. Isselbacher., R.J. Petersdorf., J.D.

Wilson., J.B. Martin., & A.S. Fauci (Eds), *Harrison's principles of internal medicine,* (pp. 2027- 2034). New York: McGrawHill.

Dennis, W. (1974). *Children of the crèche.* New ork: Appleton Century Crofts.

Diener, E., & Emmons, R.A. (1984). The independence of positive and negative affect. *Journal of Personality and Social Psychology,* 47, 1105-1117.

Diener, E., (1984). Subjective weli being. *Psychological Bulletin,* 95, 542-575.

Dinesh, B. B. (1988). *Economic activities of children.* New Delhi: Daya Publishing House.

Dingwaney, M, (1988). *Children of darkness: A manual on child labor in India.* New Delhi: Rural Labor Cell.

Doob, L. W. (1947). The behavior and attitude. *Psychological Review, 54,* 135-155.

Doyle, P., Burwell, B., & Good, T et al (1989). *Task1: Population profile of disability.* Washington, D.C: Mathematics Policy Research.

Draper, H. E., & Draper, N. (1987). *The caring parent.* Illinois: Illinois-Mcknight, Inc.

Drotar, D., Baskiewicz, A., Irvin, N., Kennell, J., & Klaus, M. (1975). The adaptation of parents to the birth of an infant with a congenital malformation. A hypothetical model. *Pediatrics,* 56, 710-717.

Dunlap, W., & Hollingsworth, J. (1977). How does a handicapped child affect the family? Implications for practitioners. *The Family Coordinator, 26,* 286-293.

Dworetzky, J. P. (1985). *PJychology.* St. Paul, MN: West Publishing Co.

Easterlin, R. A. (1974). Does economic growth improve the human lot?: Some empirical evidence. In P. A. David & M. W. Reader (Eds.), *National and households in economic growth* (pp. 89-125). New York: Academic Press.

Ekman, P., Friesen, W. Y., & Ancoli, S. (1980). Facial signs of emotional experience. *Journal of Personality and Social Psychology*, 39, 1125-1134 .

Ekman, (1980). *the Face of Man*, Garland, New York.

Emde, R. (1988). Development terminable and interminable: I. Innate and motivational factors from infancy. *International Journal of Psychoanalysis, 69*, 23-24.

Emmons, R. A. (1986). Personal strivings: An interactionist approach to the study of personality and emotion. *Journals of Personality,* 54,371-384.

Emotional Development. \.Retrieved from] November 20, 2002. http://www:psy.sunysb. edu /cwaters/mainmeno.html.

Emotional development. http://www/psy.sunysb.edu/cwaters/mainmenu.html.

Erikson, E. H. (1950). *Childhood and society*. New York: Wiley.

Erikson, F. M. (1991). The importance of attachment in children's development. Available:http://ici2umn.edu.ceed/publications/earlyreport/attachment.htm.

Eugene, E., Bleck, M.D., Donald, A., & Nagel, M.D. (1982). *Physically handicapped children: A medical alas for teachers.,* (2<sup>nd</sup>ed). Orlando, New York: Grune and Stratton INC.

Farber, B. (1959). Effect of severely mentally retarded child on family integration. *Monograph of the society for research in child development, 24* (71). Yellow springs, Ohio: The Antioch Press.

Farshori, K. (2000, March 1). Who will break t~eir bonds. *The News* (Daily).

Featherstone. (1980). *Parenting a child with special need:" A guide to readings and resources,    part*   4. Retrieved June 20, 2010, from http://www.amazone. comlexec/obidos/redirect-home/kidsource. (p. 11).

Feldman, S.R. (1998). *Social Psychology*. New Jersey: Prentice-Hall.

Feldman, S.R., (1985). *Social Psychology: Theories, Researches and Applications*. New York: McGraw-Hill.

Feno, T., & Belkin, S. G. (1989). *McGraw Hill's college review books*. Singapore: McGraw Hill Books (pp. 387-388).

Fischer, K. W., Shaver, P. R., & Carnochan, P. (1990). How emotions develop and how they organize development. *Cognition and Emotions*. 4, 18-27.

Fishbein, M., & Ajzen, W. (1975). *Beliefs, Attitudes, Intentions and Behavior: An introduction to theory and research*. Massachusetts: Addison-Wesley.

Fonseka, L. (1993). *Child labor: Should this evil continue?* Address at the Seminar on Elimination of Child Labor, Pakistan.

Friedman., N.M. Nelson., & H.M. Seidel, (Eds). *Primary Pediatric Care*, (pp.I487-1492). St. Louis: C. V. Mosby.

Frijda, N. (1986). *The emotions*. New York: Cambridge University Press.

Fujita, F., Diener, E., & Sandvik, E. (1991). Gender differences in negative affect and well-being: The case for emotional intensity. *Journal of Personality and Social Psychology*. 6(3),427-434.

Goffman. (2001). *Seeing S: Health Provision for Deaf People and it's Significance to the RGN: Review of the Literature*. [Online] available: http/ /www.hotmail.com .

Goldenson, M.R. (1978). Disability and rehabilitation: a Handbook. New York: McGraw-Hill.

Goldfarb, W. (1945). Effects of psychological deprivation in infancy and subsequent stimulation. *American Journal of Psychiatry, 102*, 18-33.

Goodenough, F. L. (1931). *Anger in young children*. Minneapolis, Minnesota University Press

Goodwin (1994). Research on the psychological effects of orphanage care: A critical review. [Online]. Available: http://ici2umn.edu.ceed/publications/earlyreport/attachment.htm.

Goss, R. (1970). Language used by mothers of deal children and mothers of hearing children. *American Annals of the Deaf;* 115, 93-96.

*Govt. committed to Rehabilitation of Special People, Says Musharraf* (200 I, December 3rd) The News:

Grewintz, J. L. (1965). The course of infant smiling in four children rearing environment in Israel. In B. M. Foss I(ed.). *Determinants of infants behavior* (vol.3, pp. 205-248). London: Methuen.

Groce. (1992). *Seeing S: Health Provision for Deaf People and it's Significance to the RGN: Review of the Literature.* [Online] available: http/ /www.hotmail.com .

Grossman, F.K. (1972). *Brothers and Sisters of Retarded Children.* Syracuse, NY: Syracuse University Press.

Grunewald, K., & Leczinsky, C. (1994). *The Act on Disability.* Stockholm: Gotab.

Gurin, G., Veroff, J., & Feld, S. (1960). *Americans view their mental health.* New York: Basic Books.

Haavio-Mal1nila, E. (1971). Satisfaction with family, work, leisure, and life among men and women. *Human Relations.* 24, 585-601.

Hafiz, S. (1992). *The girl child in Pakistan: priority concerns.* Islamabad: UNICEF.

Hallahan, D., & Kauffman, J. (1982). *Exceptional Children: Introduction to special education, (2nd ed).* Englewood Cliffs, New Jersey: Prentice- Hall.

Hamner, J.T., & Turner, H.P. (1990). *Parenting in contemporary society, (2nd ed).* Englewood cliffs, New Jersey: Prentice- Hall.

*Handicapped Children.* (1999, July 7ᵗʰ). The Nation.

Hatfield, E., Cacioppo, J. J., & Rapson, R. C. (1994). *Emotional contagion.* USA: Cambridge University Press.

Heider, F. (1958). *The psychology of interpersonal relations.* New York: Willey.

Hersen, M., & Van Hasselt, B.V. (1990). *Psychological Aspects of Developmental and Physical Disabilities: A Case-Book.* New Bury Park, California: Sage Publishers.

Herzog, A.R., Rodgers, W.L., & Woodworth, J. (1982). *Subjective well being among different age groups.* Ann Arbor: University of Michigan.

Hetherigton, E. M., & Parke, R. D. (1985). *Child psychology: A contemporary viewpoint* (2nd ed.). Singapore: (pp. 161, 162, 217).

Hetherington. E. M ., & Parke, R. D. (1975). *Child psychology: A contemporary view point.* New York: McGraw-Hm.

Hewett, F.M. (1970). *Education of exceptional learners.* Boston: Allyn and Bacon.

Higgens. (1990). *Seeing S: Health Provision for Deaf People and it's Significance to the RGN: Review of the Literature.* Retrieved on July 24, 2010, from http//www.hotmail.com.

Hinderliter, K. (1988). Death of a dream. *Exceptional Parents,* 1, 48-49.

Hirsch, J.G. (1979). Helping the family whose child has a birth defect. In J.D.

Holms, F. B. (1935). *Children's fear.* New York: Bureau of Publications.

Horrock, J.E. (1951). *The psychology of adolescence behavior and development,* (2ᵒᵈed).(pp.5-9). Houston Muffin: McGraw-Hill.

Hothersall, D. (1985). *Psychology.* Columbus. OH: Bell and Howell.

Humaira, A. (1989). *Parental Involvement in the Education of their School Going Disabled Children.* (Research Report ). Dept. of Special Education, University of Karachi.

Hunzai S.G.(1993). *An Epidemiological Study of the Disabled Children in Pakistan.* Lahore: FEROZ Sons.

Hurlock, E. B. (1972). *Child development* (5th ed.). London: McGraw-Hill.

Hurlock, E. B. (1975). *Developmental psychology* (4th ed.). Paris: McGraw-Hill, Inc.

Hurlock, e. B. (1978). *Child development and personality* (6th ed.). Tokyo: McGraw-Hill Inc.

Hussain, R. S. (1957). *A sociological study of the male orphan in the different orphanages of the city of Lahore.* Lahore: Department of sociology, University of Punjab.

Hynes, J. (1978). *Principles of behavior assessment.* New York: Garden Publishing Company.

Inayat, S. (1990). *A comparative study of the socio-ecomotional of foster home children vs children living with their parents.* Lahore: Department of Applied Psychology, University of Punjab.

Institute of Social Research and Development. (1990). *Child working on brick kilns in Sindh:* Report of a study by the Institute of Social Research and Development, Section 3.7.1.

*International Day of Disabled Persons Today.* (2000, December 3rd). The News.

Isabelle, T., & Taylor, W.W. (1977). *Services for the handicapped in India.* Bombay: Western Printers.

Izard, C. E. (1977). *Human emotion.* New Yark: Plenum Press.

Jabeen. F. (1989) *Child labor in Punjab.* Unpublished M.Sc. Thesis, Department of Anthropology, Quaid-i-Azam University, Islamabad, Pakistan.

Jersild, A. T.. & Holmes, F. B. (1935). Children fears. *Child Development Monograph.* New York: Teachers College, Columbia University.

Jersild. A. T. (1968). *Child psychology* (6th ed.). Englewood Cliff: Prentice Hall.

Jerslid, A. T. (1946). Emotional development. In L. Carmichael (Ed.), *Manual of child psychology.* New York: Wiley.

Kagan, M. C. (1963). *Child development and personality* ($2^{nd}$ ed.). United States: Mussen, H. Paul, Conger J. J. and K. J.

Karna, *A.N.* (2000). Disabled human rights. *The Pioneer. February* 11, 9.

Karna, G.N. (1999). *United Nation and the Rights of Disabled Persons: A study in Indian perspective.* New Delhi: APH.

Khan, G.A. (1979). *Keynote address national work shop on welfare and development of handicapped children.* Pakistan.

Khan. (1980). *Pakistani Society.* Karachi: Kifayat Academy.

Khan. Z. (1999). Government's assessment of child labor. In *situation and initiatives to combat the issue in the state of child labor in South Asia,* 18-27. Unpublished manuscript, Islamabad: SPARC.

Klaus, M., & Kennell, J. (1976). *Maternal-infant bonding.* St. Louis: C. V. Mosby.

Klaus, M., & Kennell, J. (1976). *Maternal-Infant bonding.* St. Louis: Mosby.

Koch, H. L. (1960). The relation of certain formal attitudes of siblings to attitudes held toward each other and toward their parents. *Monograph of the Society for Research in Child and Development, 25(4).*

Kogan, K., & Tyler, N. (1973). Mother-child interactions in young physically handicapped children. *American Journal of Mental Deficiency,* 77, 492-497.

Kolin, I., Scherzer, A., New, B., & Garfield, M. (1971). Studies of the school age children with meningomyelocele: Social and emotional adaptation. *Journal of Pediatrics,* 78, 103-1019.

Krahl, R. (1989). *Parenting a child with special need: A guide to readings and resources, part* 4. Retrieved on June 29, 2010, from http://www.amazone.com/exec/obidos/redirecthome/kidsource. (p. 11).

Krech, D., & Crutchfield, R.S. (1948). *Theories and Problems of Social Psychology.* New York: McGraw-Hill.

Kumar, A. (1985). Pattern of self-disclosure among orphan and non-orphan adolescents. *Child Psychiatry Quarterly.*

Kureshi, A., & Jain, N. (1992). Hierarchy of Needs among Handicapped and Normal Children: Towards Developing a Strategy for Happy Living. *Journal* of *the Indian Academy of Applied Psychology,* 18 *(J-2),* 29-32.

Lamb, M. E. (1980). The development of parent-infant attachment in the first two years of life. In F. A. Pedersen (Ed.). *The father-infant relationship: Observational studies in the family setting.* New York: Praeger.

Lamb. (1976). *Parenting a child with special need: A guide to readings and*

Lancaster, B.J., Altman, J., Rossi, S.A., & Sherrod, R.L. (1987). *Parenting across the life span: Bio-social dimensions.* New York: Aldine De Gruyter.

Lefrancois, G. r. (1983). Of children: An introduction to child development. United States: Wordworth Publishing Company.

Levi, L. (1975). *Emotions-Their parameters and measurement.* New York: Raven Press.

Levine., W.B. Carey., A.C. Crocker., & R.T. Gross (Eds.), *Developmental and Behavioral Pediatrics,* (pp. 756- 769). Philadelphia: W.B. Saunders.

Lindgreen, H. C., & Watson, I. R. (1973). *Psychology of the child* (3rd ed.). Canada: John Wiley and Sons (pp.310-311).

Liptak, G.S. (1987). Spina bifida. In R.A. Hoekelman., S.B. Blatman., S.B.

Love, H. (1970). *Parental Attitudes Toward Exceptional Children.* Springfield, IL: Charles Thomas.

Lowe, A. (1985). *Parent's Manual.* New Delhi: Max Mueller Bhavan.

Lu, L. (1995). The relationship between subjective well-being and *psychosocial* variables in Taiwan. *The Journal of Social Psychology, J* 35(3), 351-357.

MacFarlane, J., Allan, L., & Henzik, M. P. (1954). *A developmental study of behavior problems of normal children between twenty-one months and fourteen years.* California: The University of California Press.

Mansoor, S., Raza, B., & Meer,S. (2002). Dilemma of imocencents. *[Retrieved from]* December 10, 2002.: http://www.iern.org.au/ilp/writte40-htm#top.

Manzoor, A. (1994). *Attitudes of Blinds Towards Community.* Unpublished dissertation of M-Phil, NIP, Quaid-e-Azam University, Islamabad.

Marion, R. (1981). *Educators, Parents and Exceptional Children.* Rockville, MD: Aspen system.

Maurer, A. (1965). What children fear. *Journal of Genetic Psychology, 106,265-277.*

Mayer,G.D. (1992). *Psychology.,* (3rd ed). New York: Worth Publishers.

McLellan, J. ( 1981). *Perlman to defense.* Washington Post.

Meadow, D.H., & Meadow, D. (1971). *The limits to growth.* New York: Signet.

Meddley, M. L. (1980). Life satisfaction across four stages of adult life. *International Journal of Aging and Human Development,* 11, 193-209.

Mentza, S.J., Strenta, A., Synder, M.L., & Kleck, R.E. (1979). Avoidance of the handicapped: An attributional ambiguity analysis. *Journal of Personality and Social Psychology,* 37,2036- 2057.

Miles, M. (1981). Counseling parents of the mentally retarded. *Rawal Medical Journal,* 8 (3-4), 82-84.

Miles, M. (1982). *Enlisting community support for the mentally handicapped.* Lahore: N.S.M.B.H.C.

Miles, M. (1983). *Attitudes towards persons with disabilities following IYDP.* National council of social welfare, Islamabad.

Miles, M. (1991). *Mental Handicap Services: Development Trends in Pakistan.* Peshawar Mental Health Center.

Millard, M.D. (1984). *Daily living with a handicapped child.* London: CROOM HELM.

Miller, E.A. (1958). Cerebral palsied children. *Exceptional Children,* 24, 298302.

Miller.M., J., & Kiling, D. (1961). Involvement and dogmatism as inhibitors of attitude change. *Journal of Experimental Social Psychology,* 1, 121-132.

Mohsin, S.M. (1990). *Attitudes, concepts formation and change.* Lahore: Lahore Press.

Morgan, C. T. (1965). *Physiological psychology* (3rd ed.). New York: McGraw-Hill.

Morris, J. (1991). *Pride Against Prejudice.* London: The Women Press.

Morrison, G. S. (1978). *Parent involvement in the home, school and community.* Columbus, OH: Chas. E. Merrill.

Muhammad.K. (1974). *Introduction to social welfare.* Karachi, Pakistan: Kifayat Academy.

Munavver, F. (1989). *Report of Portage Project.* Islamabad: Directorate General of Special Education.

Murphy, L.B. (1979). *The Widening World of Childhood.* New York: Basic Books.

Muslim, A.S (1992). *Mental Retardation in Pakistan.* Karachi: Faris Sachwani at Pines Press.

Myers, D.G. (1993). Exploring psychology (2$^{nd}$ ed.). New York: Worth Publishers.

Naheed. S. (1997). *Professional attitudes* of *teachers and their psychological well being.* Unpublished M.Phil dissertation, National Institute of Psychology, Quaid-i-Azam University, Islamabad, Pakistan.

Nasir, S. (1989-90). *Assessment and Guidance Center.* (Report). Dept. of special education, University of Karachi.

Neuhaus, M. (1969). Modification in the administration of the WISC performance sub tests for children with profound hearing loss. *Exceptional Children,* 33, (pp.573-574).

Noshpitz. (Ed), *Basic Hand- Book of Child Psychiatry,* 4, (pp.121-128). New York: Basic books.

Ohannessian, M. C., Lerner, R., M., Lerner, J., V., & von Eye, A (2000).Adolescent-parent discrepancies in perceptions of family functioning and early adolescent selfcompetence.*International Journal of Behavioral Development, 24,* 362-372.

Okun, M. A ., Olding, R.W. & Cohn, C. M, (1990). A meta-analysis of subjective well-being interventions among elders. *Psychological Bulletin, 108(2), 257-266.*

Oliver, M. (1990). *The Politics of Disablement.* London: Macmillan.

Olshansky, S. (1962). Chronic sorrow: A response to having a mentally defective child. *Social Case Work,* 43, (pp. 190-193).

Parke, R. D., & Sawin, D. B. (1980). The family in early infancy: Social interactional and attitudinal analysis. In F. A. Pedersen (Ed.), *The father-infant relationship: Observational studies in the family setting.* New York: Praeger.

Patton, R. J., Kauffman, M. J., Black Bourn, M. J., & Brown, B. G. (1991). *Exceptional Children in Focus.,* (Sthed). New York: Macmillan Publishing Company.

Pervaiz. K. (1998). *Local perception of child labor.* Unpublished M.Sc. Thesis, Department of Anthropology. Quaid-i-Azam University. Islamabad, Pakistan.

Pervez, S. (1992). *The role of play in the development of preschool children.* Islamabad: National Institute of Psychology.

Pervez. S., & Athar. U. (1997). *Child domestic servants in Islamabad.* (Report). Islamabad: UNICEF.

Petterson, D., & McCibbin, M. (1983). Factors related to the attitudes of non retarded children towards their EMR peers. *American journal of mental deficiency,* 79, 412-416. Murphy, L.B. (1979). *The widening world of childhood* New York: Basic Books.

Plutchik, R. (1980). *Emotion: A psycho evolutionary synthesis.* New York: Harper & Row.

Plutchik. R. (1984). A general psycho evolutionary theory. In K. Scherer & P. Ekman (Eds.), *Approaches to emotion* (pp. 197-219). Hillsdale, NJ: Erlbaum.

Pope, A.M., & Tarloy,A.R. (1991). *Disability in America: Toward a national agenda for prevention.* Washington, D.C: National Academy Press.

Powel, F. (1985). *Education of the hearing impaired child* London: College Hill Press. (pp. 83-113).

Poznanski, E. (1973). Emotional issues in raising handicapped children. *Rehabilitation Literature,* 34 (11), 322-326.

Pyden. C. (2000). Children working in garbage dumps and as domestic child workers in Cambodia. In *Child workers in Asia,* 8-9. Bangkok: ILO-IPEC.

Qadir, A. (1992). *Problems Faced by Families in Upbringing of Handicapped Children.* (Research Report). Dept. of Special Education, University of Karachi.

Rabia, P. (1991). *Parental Problems in the Education and Training of Disabled Children.* (Research Report). Dept. of Special Education, University of Karachi.

Rao, P.A., & Usha, M.N. (1995). *Helping the Disabled.* New Delhi: Ashish publishing House. *resources, part* 4. [Online] Available: http://www.amazone:com/exec/obidos/redirect-ome/kidsource.(p.ll).

Reuben. (1957). *The social structure of Islam.* London: Cambridge Univesity Press, (pp.14-21).

Ricciuti, H. N. (1 968). *Social and emotional behavior in infancy: Some developmental issues and problems.* New York: Merrill/Palmer Quart.

Ringler, N. M., Kennell, J. H., Jarvella, R., Navojosky, B. J., & Klause, M. H. (1975). Mother to child speech at two years: Effects of early postnatal contact. *Journal of Pediatrics, 86,* 141-144.

Rizwi, A. (1972). *Sociology: Special Education and Social Welfare.* Karachi, Pakistan: Kifayat Academy.

Robinson, P.R. Shaver, & L.S. Wrightsman (Eds.), *Measures of personality and social psychological attitudes* (pp. 61-114). San Diego, CA: Academic Press.

Roden, G. (1989). Parent education in the county of Stockholm. In O. Roren., & G. Winlund (Eds). *The meetings between parents and staff.* (pp. 59-60). Stockholm: ALA Foundation. Ross, A.O. (1964). *The exceptional child in the family: Helping parents of exceptional children.* New York: Grone and Stratton INC.

Ross, B. B. (1 931). Some traits associated with sibling jealousy in problem children. *Smith Coli. Stud. Soc. Work,* 3, 364-376.

Rutter, M. (1970). Classification of mental disorder in childhood: An international study. *Journal of Child Psychology, 10,41-61.*

Rutter, M. (1974). *The qualities of mothering maternal deprivation reassessed.* New York: Jason Aronson.

Sajida, A. (1989). *The Problems of Mothers Regarding their Handicapped Children.* (Research Report). Dept. of Special Education, University of Karachi.

Sajjad, R. (1993). The study of the relationship of individual psychopathology and the family. *Pakistan Journal of Clinical Psychiatry,* 3, 23-27.

Santrock, J. W., & Yussen, S. R. (1984). *Children of adolescents: A developmental perspective.* United States: Brown Publishers.

Satyarthi, K. (1999). Are we for or against child labor. In *The state of child labor in South Asia, 10-17.* Islamabad: SPARC.

Schaffer, H. R., & Emerson, P. E. (1964). The development of social attachment in infancy. *Monographs of the Society for Research in Child Development, 94,* 29.

Schwarz, N., & Clore, G. L. (1983). Mood. misattribution, and judgments of well-being: Informative and directive functions of affections states. *Journal of Personality and Social Psychology, 17,69-79.*

Seligman, M. E. (1975). *Helplessness.* San Francisco: Freeman.

Sen, A. (1988). *Psychosocial integration of handicapped: A challenge to society,* (p.15). New Delhi: Mittal Publications.

Sewall. M. S. (1930). Two studies in sibling rivalry: I. Some causes of jealousy in young children. *Smith Coli. Stud. Soc. Work. I, 6-22.*

Shahzadi, S. (2000). *Disability and the Family of Mentally Retarded Children*. Karachi, Pakistan: Darain Printers Company.

Shanker, U. (1991). *Exceptional Children*. New Delhi: Enkay Publishers.

Shemlan, M. (1928). The differentiation of emotional response in infants: Ill. A proposed theory of the development of emotional response in infants. J. Comp. *Psychology*. 8, 385-394.

Shin, D.C. & Johnson, D.M. (1978). Happiness as an overall assessment of the quality of life. *Social Indicators of Research*. 5. 475-192.

Siller, J. (1976). *Attitude toward disability*. New York: New York University Press. (pp. 63-79).

Simen, A. (1983). *A comparative study of social and emotional development of orphans vs children living with their parents*. Lahore: Department of Applied Psychology, Punjab Univefsity.

Singh, I. S. (1992). *Child labor*. New Delhi: IBH Publishing.

Sinha, A.K., & Prasad, R.N. (1989). A study of parental attitudes in child rearing of school students. *Advances in psychology*, 4 (2), 133-137.

Skedels, H. M. R., Undergraft, Wellman, B. L., & Williams, H. M. (1938). A study of environmental stimulation: An orphanage pre-school project. *Studies in Child Welfare, 15,* 559-561.

Smalley, R. E. (1930). Two studies in sibling rivalry: II. The influence of differences in age, sex, and intelligence in determining the attitudes of siblings toward each other. *Smith Coil. Stud Soc. Work.* 1. 23-40.

Smith, T. (1991). Attachment: A look at recent research on attachment. [Online]. Available: http://ici2umn.edu/ceed/publications/earlyreport/attachment.htm.

Sociability and attachment. [Online]. Available: http:members.901.com/nick8651/docerment/devsoc.html.

Solnit, A.J., & Stark, M.H. (1961). Mourning and the birth of a defective child. *Psycho-Anal Studies of Child, 16,*523-537

SPARC. (2000). *The state of the child.* (Report). Islamabad: SPARC.

Spiker, R.H. (1982). Intellectual development through early childhood education. *Exceptional Children, 37;* (pp. 629-640).

Spitz, R. A. (1945). Hospitalism: an inquiry into the genesis of psychiatric conditions in early childhood (Part 1). *Psychoanalytic Studies of the Child, 1,* 53-74.

Sroufe, A. L. (1991). Attachment a life long commitment. [Online]. Available: http://ici2umn.edu/ceed/publications/earlyreport/attachment.htm.

Steinhaver, D.P., & Grant, R.Q. (1983). *Psychological problems of the child in the family,* (2[nd]ed). New York: Basic Books.

Sumon, S. K. (1986). Comprehensive rural operation services society Hyderabad, India: A study of mental health status of children in orphanages at Bangalore. *Indian Journal of social work, 47*(2), 137-146.

Tabassam, W., & Hamayun, S. (1993). Intelligence and personality differences among children from orphanage and intact families. *Journal of the Indian Academy of Applied Psychology, 13,* 15.

Taft, L. T., & Matthews, W. S. (1983). Cerebral Palsy. In M.D. Levine., W.B. Carey., A.C. Crocker., & R.T. Gross (Eds.), *Developmental-behavioral pediatrics,* (pp. 424- 443). Boston: Black well/ Year Book Medical Publishers.

Tangri, P., & Verma, P. ( 1992). A Study of Social Burden by Mothers of Handicapped Children. *Journal of Personality and Clinical Studies,* 8 (2), 117- 120.

Tareen, K. (1982). *Epidemiological study of Childhood Disability.* Lahore: UNICEF.

Termine, T. N., & Izard, E. C. (1988). Infants responses to their mother's expression of joy and sadness. *Journal of Developmental Psychology.*

Termine, T. N., & Izard, E. C. (1988). Infants responses to their mother's expression of joy and sadness. *Journal of Developmental Psychology.*

Theories of emotional development. [Online]. Available: http://kayplonmankato. msu.edu/~mikka/www/groups.html

Theories of Emotional Development. *[Retrieved from]* October 15, 2002. http://kayplonmankato.mso. edu /~mikka /www.groups.html.

Thiesing, C. B. (197 I). *Worries and fears of fourth-grade students in the public schools in Manhattan.* Unpublished Master's Thesis, Kansas State University, Kansas.

Thompson, G. G. (1962). *Growth trends in psychological adjustment* (2nd ed.). Boston: Houghton Mifflin Company.

Thompson-Hoffman. S., & Storck,I.F. ( 1991). *Disability in the United State: A portrait from national data,* (p. 15). New York: Springer publishing company.

Travers, F. J. (1977). *The growing child introduction to child development.* New York: John Wiley (p. 222).

Trevarthen, C., & Burford, B. (1995). The central role of parents: How they can give power to motor impaired children's acting, experiencing and sharing. *European Journal of Special Needs Education, 10* (2), 138-148.

Veenhoven. R. (1984). *Conditions of happiness.* Hingham, MA: Kluwer Boston Academic Publishers.

Vernberg,E.M.,Law., La Greca, A.M.,Silverman,W.S.,G Prinstein,M.j.(1996). Prediction of posttraumatic stress symptoms in children after Hurricane Andrew *Journal of Abnormal Psychology,* 105,237-248.

Viroonraphant, K. (2000). The situation of child labor in the new millennium. In *Child workers in Asia.* 6-7. Bangkok: ILO-IPEC.

Volmer. H. (1946). Jealousy in children. *American Journal of Orthopsychiatry,* 16, 660-671.

Wachtel, G. (1995). *Respite cares service for families with disabled members in Germany: A survey and some problems.* Paper presented at Rendezvous conference. Thunder Bay, Canada: ALA Foundation.

Wagonseller, R.B., & McDowell, L.R. (1979). *You and your child: A common sense approach to successful parenting.* U.S.A: Research Press.

Walker, J., Tomas, M., & Russell, 1. (1971). Spina Bifida and the parents. *Developmental Medicine and Child Neurology,* 13, 462-476.

Wasserman, G., & Allen, R. (1984). Maternal withdrawal from handicapped toddlers. *Journal of Child Psychology and Applied Discipline,* 26 (3), 381- 387.

Weinberg, A. R. (1991). Why is the attachment relationship important. [Online]. Available: http://ici2umn.edu/ceed/publications/earlyreport/attachment.htm.

Weiss, B.H., & Jacobs, H.F. (1988). *Evaluating Family Progress.* New York: Aldine De Gruyter.

Williams, J. W ., & Stith. M. (1974). *Middle childhood: Behavior and development.* New York: Macmillan Publishing Co.

Wills, T.A. (1990). Social Support and Family. In E. Blechman (Ed.), *Emotions and the Family,* (pp. 75-98). Hillsdale, New Jersey: Erlbaum.

Wilson. W. (1967). Correlates of avowed happiness. *Psychological Bulletin,* 67, 294-306.

Wincott, D.W. (1985). *The child, The family and the outside world.* Middle-sex: Penguin Books.

Wolfensberger, W. (1967). Counseling the parents of the retarded. In: Baumeister, A.A. (Ed), *Mental retardation: Appraisal, Education, and Rehabilitation.* Chicago: Aldine publishing company.

Wolff, P. H., Tesfai, B., Egass, H., & Aradom, T. (1995). The orphans of Eritrea: A comparison study. [CD-ROM] *Medline.* Abstract from file; Orphan. Marked in search # 12.

Wood. W., Rhodes. N., & Whelan. M. (1989). Sex differences in positive well-being: A consideration of emotional style and marital status. *Psychological Bulletin, 106,* 249-264.

Yazdani, A. (1994). *Socialization Practices of Parents of Mentally Handicapped Children.* Unpublished dissertation of M-Phil, NIP, Quaid-e-Azam University, Islamabad.

Zautra. A.J ., Guarnaccia, C.A., & Reich, J.W. (1983). Factor structure of mental health measures far older adults. *Journal of Consulting and Clinical Psychology, 56,* 514-519.

Zeith, D. (1969). *Child welfare: Service and Prospectera.* (pp.266).

Zeman. (1999). Stages of emotional development. *[Retrieved from]* October 15, 2002. http:// C learinghouse.mwsc.edu/manuscript/172.asp.

ZinKin, P., & McConachie, H. (1995). *Disabled Children and Developing Countries.* London: Cambridge Mckeith Press.

Zuk, G.H. (1962). The cultural dilemma and spiritual crises of the family with a handicapped child. *Exceptional Children,* (pp. 405-408).

# ANNEXURES

# Introduction and informed Consent

## International Islamic University Islamabad

### Annexure-A

میں شعبہ نفسیات انٹرنیشنل اسلامک یونیورسٹی اسلام آباد میں ایم ایس نفسیات کا طالبعلم ہوں یہ تعلیمی اور تحقیقی شعبہ ہے جہاں مختلف نفسیاتی اور سماجی موضوعات پر تحقیق کی جاتی ہے میں موجودہ تحقیق طلبہ و طالبات کی ذہنی جذباتی ترقی اور ایڈجسمنٹ کے متعلق تحقیق کر رہا ہوں آپ سے لی جانے والی معلومات خالصتاً ریسرچ مقصد کیلئے ہیں یہ معلومات مکمل صیغہ راز میں رکھی جائیں گی آپ سے گزارش ہے کہ حقائق پر مبنی احساسات جو آپ محسوس کرتے ہیں اور جو معلومات آپ کو صیح لگتی ہیں اس کے آگے (  ) نشان لگائیں۔

مسعود اختر شعبہ نفسیات انٹرنیشنل اسلامک یونیورسٹی اسلام آباد

## Demographic Information Sheet

نام _____

جنس _____ لڑکا _____ لڑکی _____

عمر _____ کلاس _____

والد کا نام _____

والد کی تعلیمی قابلیت _____

والدہ کی تعلیمی قابلیت _____

والد کی ماہانہ آمدن _____

والدہ کی ماہانہ آمدن _____

مکمل ماہانہ آمدن _____

خاندانی نظام _____

اکھٹے _____ علیحدہ علیحدہ _____

دستخط شرکت کنندہ _____ دستخط تحقیق کنندہ _____ دستخط سپروائزر _____

# Instructions for (PFS) Scale

ہدایات

آپ کو ایک سوال نامہ دیا جا رہا ہے جس کا مقصد جسمانی معذور بچوں کی اپنی طرف سے مشکلات کا جاننا ہے ہم نے ان مسائل کو بیانات کی شکل میں مرتب کیا ہے آپ اسے غور سے پڑھیں اور پڑھنے کے بعد بتانا ہے یہ کس حد تک درست ہیں اگر آپ کے گھر والے آپ کو ہر وقت پیار کرتے ہیں تو ہر وقت کے خانے میں اگر کبھی تو "کبھی کبھی" پریشان (        ) لگائیں کسی بیان کو خالی نہ چھوڑیں آپ کی یہ معلومات صیغہ راز میں رہیں گی۔

# Perceived Family Support SCALE

آپ کو ایک سوال نامہ دیا جا رہا ہے جس کا مقصد جسمانی معذور بچوں کی اپنی طرف سے مشکلات کا جاننا ہے ہم نے ان مسائل کو بیانات کی شکل میں مرتب کیا ہے آپ اسے غور سے پڑھیں اور پڑھنے کے بعد بتانا ہے کہ یہ کس حد تک درست ہے کہ اگر آپ کے گھر والے ہر وقت پیار کرتے ہیں تو ہر وقت کے خانے میں اگر کبھی کبھی تو کبھی کبھی پر نشان لگائیں (✓) کسی بیان کو خالی نہ چھوڑیں آپ کی یہ معلومات صیغہ راز میں رہیں گی۔

| ہر وقت | اکثر اوقات | کبھی کبھی | کبھی نہیں | سوالات | نمبر شمار |
|---|---|---|---|---|---|
| | | | | میرے گھر والے میرا مذاق اڑاتے ہیں | 1۔ |
| | | | | میرے گھر والے مددگار ثابت ہوتے ہیں | 2۔ |
| | | | | میرے گھر والے بستر سے اٹھنے اور لیٹنے میں مدد کرواتے ہیں | 3۔ |
| | | | | میرے گھر والے میرے میزاج کا خاص خیال رکھتے ہیں | 4۔ |
| | | | | مجھ سے گھر والے چھوٹے موٹے کام کرواتے ہیں | 5۔ |
| | | | | میرے گھر والے میرے کمرے کی صفائی کا خیال رکھتے ہیں | 6۔ |
| | | | | میرے گھر والے مجھے خوش رکھنے کی خصوصی کوشش کرتے ہیں | 7۔ |
| | | | | میرے گھر والے میرے لیے فکر مند رہتے ہیں | 8۔ |
| | | | | مجھے گھر والے کپڑے بدلنے میں مدد کرواتے ہیں | 9۔ |
| | | | | مجھے گھر والے وقت پر کھانا دیتے ہیں | 10۔ |
| | | | | مجھے گھر والے باقاعدہ ورزش کرواتے ہیں | 11۔ |
| | | | | مجھے گھر والے باہر سیر کیلئے لے کر جاتے ہیں | 12۔ |
| | | | | میرے گھر والے مجھے وقت پر دوائی دیتے ہیں | 13۔ |
| | | | | مجھے گھر والے چلنے پھرنے میں مدد کرواتے ہیں | 14۔ |
| | | | | مجھے گھر میں خصوصی توجہ دی جاتی ہے | 15۔ |

| ہروقت | اکثراوقات | کبھی کبھی | کبھی نہیں | سوالات | نمبرشمار |
|---|---|---|---|---|---|
| | | | | میرے گھر والے مجھے حوصلہ دیتے ہیں | 16۔ |
| | | | | مجھے گھر والے مہمانوں سے ملوانے میں عار محسوس کرتے ہیں | 17۔ |
| | | | | مجھے نہلانے میں گھر والے مدد کرتے ہیں | 18۔ |
| | | | | میرے ساتھ ماں باپ زیادہ وقت گزارتے ہیں | 19۔ |
| | | | | میرے گھر والے میرے علاج پر زیادہ خرچ کرتے ہیں | 20۔ |
| | | | | مجھے گھر والے چیزیں پہچاننے میں مدد کرواتے ہیں | 21۔ |
| | | | | میرے گھر والے میری جسمانی صفائی کا خیال رکھتے ہیں | 22۔ |
| | | | | میرے گھر والے کھانا کھلانے میں مدد کرتے ہیں | 23۔ |
| | | | | میرے ساتھ بہن بھائی زیادہ وقت گزارتے ہیں | 24۔ |
| | | | | میرے گھر والے روزہ مرہ کاموں میں مجھ سے مشورہ لیتے ہیں | 25۔ |
| | | | | میرے گھر والے مجھے امید دلاتے رہتے ہیں | 26۔ |
| | | | | مجھے گھر والے گاڑی میں بیٹھنے میں مدد کرواتے ہیں | 27۔ |
| | | | | میرے گھر والے میری رائے کو اہمیت دیتے ہیں | 28۔ |
| | | | | میری ورزش کیلئے گھر میں خاص سامان رکھا گیا ہے | 29۔ |
| | | | | میرے گھر والے سیڑھیاں چڑھنے میں میری مدد کرواتے ہیں | 30۔ |

# Instructions for (EDS) Scale

ہدایات

آپ کو ایک سوال نامہ دیا جا رہا ہے ہر سوال کے سامنے 5 جوابات ہیں ان میں سے جو بھی موزوں لگے اس پر صحیح کا نشان

دیں آپ کو جو سوال سمجھ نہ آئے وہ پوچھ لیں کوئی سوال خالی نہ چھوڑیں۔

# Emotional Development Scale

آپ کو ایک سوال نامہ دیا جا رہا ہے ہر سوال کے سامنے 5 جوابات ہیں ان میں سے جو بھی موزوں لگے اس پر صحیح کا نشان لگا د

آپ کو جو سوال سمجھ نہ آئے وہ پوچھ لیں کوئی سوال خالی نہ چھوڑیں ۔

| بہت | کم | کبھی کبھی | زیادہ تر | ہمیشہ | سوالات | نمبر شمار |
|---|---|---|---|---|---|---|
| | | | | | کیا آپ اچھل کود والے کھیل کھیلتے ہیں؟ | 1۔ |
| | | | | | اگر آپ کی تعریف نہ کی جائے تو آپ کو برا لگتا ہے؟ | 2۔ |
| | | | | | کیا آپ زیادہ تر خاموش رہتے ہیں؟ | 3۔ |
| | | | | | جب آپ کے سامنے دوسرے بچے کی تعریف کی جائے تو کیا آپ خوشی محسوس کرتے ہیں؟ | 4۔ |
| | | | | | کیا آپ کو جاسوسی کہانیاں پسند ہیں؟ | 5۔ |
| | | | | | کیا آپ کو جانوروں سے خوف آتا ہے؟ | 6۔ |
| | | | | | کیا آپ کو مزاحیہ کہانیاں پسند ہیں؟ | 7۔ |
| | | | | | اگر کوئی آپ کی چیز زبردستی چھین لے تو کیا آپ لڑائی کرتے ہیں | 8۔ |
| | | | | | کیا آپ کو غمگین کہانیاں پسند ہیں؟ | 9۔ |
| | | | | | جب آپ دوسرے بچوں کے پاس اچھے کھلونے دیکھتے ہیں تو کیا آپ کو برا لگتا ہے؟ | 10۔ |
| | | | | | کیا آپ کھلونوں کو توڑ کر دیکھتے ہیں؟ | 11۔ |
| | | | | | کیا آپ اندھیرے کمرے میں اکیلے جا سکتے ہیں؟ | 12۔ |
| | | | | | کیا آپ کو کارٹون پروگرام پسند ہیں؟ | 13۔ |
| | | | | | جب کوئی آپ سے مذاق کرے تو کیا آپ خفا ہو جاتے ہیں؟ | 14۔ |
| | | | | | اگر آپ کو اپنے دوست کی کوئی چیز پسند آ جائے تو کیا آپ اس سے چھین لیتے ہیں؟ | 15۔ |

| بہت کم | کم | کبھی کبھی | زیادہ تر | ہمیشہ | سوالات | شمار |
|---|---|---|---|---|---|---|
| | | | | | کیا آپ دوسروں کی باتیں چھپ کرتے ہیں؟ | |
| | | | | | کیا آپ کو ڈراؤنی کہانیاں پسند ہیں؟ | |
| | | | | | جب آپ کو کسی کام پر شاباش ملے تو کیا آپ اچھا لگتا ہے؟ | |
| | | | | | اگر کوئی آپ کی بات نہ مانے تو کیا آپ اس سے ناراض ہو جاتے ہیں؟ | 1 |
| | | | | | جب آپ کی کوئی چیز گم ہو جائے تو کیا آپ روتے ہیں؟ | 20 |
| | | | | | اگر کسی بچے نے آپ سے اچھے کپڑے پہنے ہوں تو کیا آپ کو اچھا لگتا ہے؟ | 2 |
| | | | | | کیا آپ کوئی معلومات اکھٹا کرنا اچھا لگتا ہے؟ | 22 |
| | | | | | کیا آپ کسی کے اونچا بولنے سے گھبرا جاتے ہیں؟ | 23 |
| | | | | | کیا آپ سیر و تفریح کرتے ہیں؟ | 24 |
| | | | | | جس کام سے آپ روکا جائے اس کام کے کرنے پر سزا ملے تو کیا آپ کو غصہ آتا ہے؟ | 25 |
| | | | | 1 | جب آپ اداس ہوتے ہیں تو کیا آپ دوستوں کی وجہ بتاتے ہیں؟ | 26 |
| | | | | | آپ کے دوست سے کوئی اور بات کرے تو کیا آپ کو برا لگتا ہے؟ | 27 |
| | | | | | کیا آپ کو جس جگہ جانے سے منع کیا جائے آپ وہاں جاتے ہیں؟ | 28 |
| | | | | | جب آپ اکیلے ہوتے ہیں تو خوف محسوس کرتے ہیں؟ | 29 |
| | | | | | کیا آپ دوسرے بچوں کے ساتھ کھیل کر خوش ہوتے ہیں؟ | 30 |
| | | | | | اگر آپ کو غصہ آئے تو کیا آپ چیزیں توڑتے ہیں؟ | 31 |
| | | | | | جب آپ اداس ہوتے ہیں تو کتابیں پڑھتے ہیں؟ | 32 |
| | | | | | آپ کے دوستوں کے نمبر زیادہ آئیں تو آپ کو برا لگتا ہے؟ | 33 |
| | | | | | جب آپ کو ڈر لگے تو کیا آپ روتے ہیں؟ | 34 |