

EFFECTS OF STRESS MANAGEMENT TRAINING OF SELF-IMAGE PERCEPTION OF THE VISUALLY IMPAIRED INDIVIDUALS

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Abstract

This study investigates the effects of stress management training on self-image perception of the visually impaired individuals. The participants were thirty-three (33) purposively selected visually impaired students of Federal College of Education (Special) Oyo, Nigeria with age ranging between 18 and 27 years. The research instrument used for data collection was visually impaired stress Questionnaire (VISQ). ANCOVA was the method of data analysis employed. The results of the treatment indicates that there was significant difference between the subjects exposed to treatment and the control group. The results also confirmed that there was significant difference in the level of stress experienced by the totally blind and the partially sighted.

Introduction

The thinking faculty of every individual plays a significant role in one's life. Your thinking as an individual influences what you watch or observes and which in turn influences your behaviour, your perception is also influenced by your thinking, Adeyoju (1989).

Irrational thinking is a major cause of stress. Albert Ellis, the author of Rational Emotive Therapy (RET) is of the opinion that events are not really harmful but the way an individual sees it. Rational Emotive Therapy holds the feeling that "Learners get disturbed and malfunctioned mainly because of their erroneous and irrational beliefs, attitudes, values and philosophies (Ellis in Oladele, 1987).

When your thinking is illogical, what you perceive may be different from what you perceived when your thinking is logical. In other words, when as a visually impaired one allows himself to be plagued by irrational, angry, hostile, anxious, ineffective, defensive and defenseless, guilty and of course, unhappy with lives because of blindness, there is the tendency that one's self-image would be negatively affected. This in effect,

can affect the overall adjustment of such individual to the society in which he or she lives.

Blindness can affect negatively one's adjustment to the entire environment and subsequently, one's social aspect of life will be affected. Once this happens, the attitude, behaviour and the whole personality of such an individual will be adversely affected. This in turn can evoke a negative psychological reaction in an individual concerned.

For those that are visually impaired, stress is a profound sadness or sorrow due to the significant changes or reduction in such areas as health, independent sense of control over life, self-identity, familiar daily routines and loss of career vocational goals and job opportunities. The stress may further be characterized by the persistent desire for recovery of lost abilities or the need to express negative feelings because of the losses and inability to do so (Brown, 1990).

Stress is something we can not avoid. Even while we sleep, life goes on, because the heart continues to beat, the muscles move which help the lungs to breath, we continue to digest last night's meal, the brain functions as we dream. Apart from this, stress can result from tensions within a family, at work or from the restraining influence of social taboos or traditions.

In fact, any situation in life that makes demands upon our adaptive mechanism creates stress. The most distressful experience is frustration occasioned by visual loss. The care-giver system and the disruption of social relationship can influence the development of depression following the stress of visual loss. There is a significant loss of pre-disability social contacts, accompanied by inability to form new social contacts. Bad and unpleasant experiences cause stress. An adolescent with a promising future who has just become blind will be compelled to change his career in life limit his/her social functioning. This development can bring about stress.

Stress can lead to negative or counter-productive feelings or threaten emotional well-being. Stress can threaten the way a person normally perceives reality, how he/she solves problems or thinks in general. It can threaten relationships and sense of belonging. In addition, stress can threaten a person's general outlook on life, attitude towards loved ones, job satisfaction, ability to solve problem and health status (Kline-Leidy, 1990; Oberst, *et al*, 1991; Bartoldus, Gillery, Sturges, 1989). Since stress can threaten a person's general outlook on life, there is the need to manage stress in the visually impaired so that it would not have negative effects on their self-image.

The self-image we are talking about is an individual self-concept. It is both a belief in self and a respect for self. In children, self-image is formed largely by how they think significant adults in their lives perceive them (Puig-Ravira, 2001). Self-image is rooted in the personal self which is the inner identity. It is the self seen by you alone, it is important to stress that individuals need a high self-image to cope effectively with the demands of life. Embedded in each child's self-image is our hope for the future (Bush,

2001). That is why there is the need to enhance the self-image of the visually impaired through stress management training.

Hypotheses

The following null hypotheses were tested at 0.05 level of alpha.

- (1) There will be no significant difference in the level of stress experienced by the visually impaired subjects exposed to stress management training and the control group.
- (2) There will be no significant difference in the level of stress experienced by the totally blind and the partially sighted subjects exposed to stress management training technique.

Methodology

Design

Pre-post experimental research design was adopted for the study.

Participants and Sampling Techniques

The participants consist of 33 purposively selected visually impaired students of Federal College of Education (Special) Oyo. The age range of the subjects is between 18 and 27 with the average age of 22.5 years. Twenty-two (66.7%) are male while 11 (33.3%) were female.

Based on religion, 24 (72.7%) were Christians and 9 (27.3%) were Muslims. Based on degree of disability, 18 (54.6%) were totally blind while 15 (45.4%) were partially sighted.

Instrument

The research instrument used for data collection was visually impaired stress Questionnaire developed by the researchers. It contains 22 items structured in a five points Likert format grade as follows:

- 5
- 4
- 3
- 2
- 1

It has the Crombach Coefficient reliability of 0.903 while expert screening was employed to establish the content validity.

Treatment

The subjects participated in eight-one hour session, which held once in a week. Only the subjects in the treatment group were made to participate in the training programme.

Topic covered during the training include:

- Full briefing about the objectives of stress management training and administration of the pre-test instrument;
- Identification of some physiological indicators of stress;
- Personal adjustment techniques to stress;
- Positive coping skills to stress;
- Recreational therapies to ameliorate the problem of stress;
- Success building skills to stress;
- Health management techniques to stress; and
- Behaviour rehearsal through role play and administration of post-test instrument

They were all expected to reduce the problems of stress and facilitate proper adjustment to stress.

Data Analysis

Hypothesis One

This hypothesis states that there will be no significant difference in the level of stress experience by subjects exposed to treatment and the control. This hypothesis was tested at 0.05 level of significance using ANCOVA.

The statistical analysis employed and details of obtained results are presented in Table 1 below.

Table 1: Summary of ANCOVA on Sample Data

<i>Source of Variation</i>	<i>Df</i>	<i>Sum of Squares</i>	<i>Mean Square</i>	<i>F</i>	<i>Significant of F</i>	<i>Remark</i>
Man effects	1	3601.579	3601.579	99.601	0.00	S
Explained	2	5353.723	2676.861	74.028	0.00	S
Residual	42	1518.722	36.160			
Total	44	6872.444	156.192			

Source: Authors' Computation

Table 1 shows that analysis of covariance confirmed that there is a significant difference in the level of stress experienced by subjects exposed to treatment and the control group. With the F-ratio of 74.028 at the 0.05 level. Additional computational analysis as presented in Table 2 was also done using multiple classification analysis.

Table 2: Multiple Classification Analysis of the Treatment and the Control

<i>Variable plus Category</i>	<i>M</i>	<i>Unadjusted Deviation</i>	<i>E & A</i>	<i>Adjusted for Independent Variable</i>	<i>BETA</i>
Positive Coping	33	-6.20		-5.60	
Skill Control	12	17.06		15.39	
Multiple R ²			0.83		0.75
Multiple R					0.779
Grand Mean =	86.11				0.883

Source: Authors' Computation

The means for the treatment group and the control group are 79.91 and 103.17 respectively. From the results, it is observed that the treatment group experienced less stress compared to the control group.

Hypothesis Two

This hypothesis states that there will be no significant difference in the level of stress experience by the totally blind and partially sighted. This hypothesis was tested using analysis of covariance at $\alpha = 0.05$ level of significance.

Table 3: Summary of ANCOVA on Sample Data

<i>Source of Variation</i>	<i>Df</i>	<i>Sum of Squares</i>	<i>Mean Square</i>	<i>F</i>	<i>Signif. of F</i>	<i>Remark</i>
Main effects	1	2.912	2.912	0.127	0.724	NS
Explained	2	868.004	434.002	8.935	0.000	S
Residual	30	687.633	22.921			
Total	32	1555.636	48.614			

Table 4 shows that the analysis of covariance confirms that there is a significant difference in the level of stress experienced by the totally blind and partially sighted with the F-ratio of 18.935 at the 0.05 level of significance. Additional computational analysis as indicated in Table 4 was also done using multiple classification analysis.

Table 4: Multiple Classification Analysis of the Subjects

<i>Variable to Category</i>	<i>N</i>	<i>Unadjusted Deviation</i>	<i>E&A</i>	<i>Adjusted for Independent Deviation</i>	<i>BETA</i>
Totally Blind	18	0.97		0.27	
Partially Sighted	15	-1.16		-0.33	
			0.15		0.04
Multiple R ²					0.558
Multiple R					0.747

Source: Authors' Computation

Grand Mean = 82.36

From Table 5, it could be observed that there was a significant difference in the partially sighted and totally blind subjects as reflected in the means of the two groups (i.e. 83.33 and 81.20) for totally blind and partially sighted respectively. The partially sighted has less stress experience compared to the totally blind subjects.

Discussion

The findings of this study affirm that the respondents differ on the level of stress they experienced. The evidence can be drawn from the results obtained from Tables 1 and 2. The subjects in the treatment group had their levels of stress reduced compared to their counterparts in the control group who were not given any treatment. The reason for this is that the treatment programme was loaded with positive coping skills such as success building skills, recreational therapies and personal adjustment techniques to stress.

Analysis of covariance confirmed the result to be F-ration at 74.028 at 0.05 level.

Further computation of Multiple Classification Analysis (MCA) indicates a grand mean of 86.11 and the means for the treatment group and the control group are 79.91 and 103.17 respectively. From these results, it is observed that the treatment group experienced reduction in the stress level compared to the control group.

The results of hypothesis two indicates that there is a significant difference in the level of stress experienced by the totally blind and the partially sighted after treatment. The partially sighted experience less stress compared to the totally blind after the treatment. Table 3 shows that the analysis of covariance confirms the result of F-ration 18.935 at 0.05 level of significance. Additional computation analysis using MCA

indicates significant difference in the level of stress experienced by totally blind and partially sighted as shown in the means of the two groups, 83.33 and 81.20 respectively.

From the results discussed so far, it can be concluded that stress management training techniques has positive effects on the self-image perception of the visually impaired individuals. This finding also corroborates the study of Albert Ellis (1987) where he asserts that when an individuals thinking is illogical, what such an individual perceives may be different from what he/she perceives when his/her thinking is logical. More importantly, the subjects were trained in personal adjustment techniques which detangled the visually impaired from irrational angry, hostile, anxious and ineffective defensive and defenceless, guilty and probably boosted their ego as well as their perception of self-image.

Recreational therapies adopted as part of their training programme must have contributed to the effectiveness of the whole programme. This is because the subjects were introduced to many creational activities which help to redirect their thinking pattern at the same time facilitate their mixing with their non-visually impaired counterparts in places other than the college or hostel environment.

Conclusion

In spite of a healthier attitude among the visually impaired individuals, there is still a considerable misconceptions which often and very easily induce stress and create poor self-image in the visually impaired individuals. On this point, the therapists must take cognizance of this in the management of stress in visually impaired individuals. The large number of the visually impaired at this point needs no counselling or rehabilitation programme other than reassurance and education. It is therefore important that a balanced information opportunity for discussion particularly in building the self-image and a concomitant knowledge in psychological related issues in a context where the complex issues such as the effects of stress on the visually impaired individuals are well chatted.

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