

## **A Study of Locus of Control, Failure Tolerance and Test Anxiety among Normal and Orthopedically Handicapped Students**

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### **Abstract**

The present study was conducted in different private, Government and Aided Schools in around Tamilnadu. The purpose of the study on Locus of Control , Failure of Tolerance and Test Anxiety among normal and Orthopaedically Handicap students of these 360 students 180 are studying different types of normal school and 180 studying orthopedically Handicapped students. For university using purpose random sampling techniques the researcher has used personal date sheet and questioner for analysis and interpretation of data the investigator has used ANOVA and T-Test. It was found that, there is difference between normal and Orthopaedically students who are studying different types of schools, locality and socio-economical condition to know about the above premises topic.

### **Introduction**

School organizational structure provides a framework for students to perform their tasks and co-ordinate with others. The different types organizational setups of schools are more prevalent in the Indian context. In general, the managements of private schools are keener on obtaining successful results. Moreover the parents of the students also expect better results from private than government schools than government and other aided schools. So, the management also fixes greater responsibility to the students of private schools. Therefore, it is generally expected that the students of private schools should work harder and bring out best results. This pressure probably would have an influence on their personality and emotional characteristics.

Many research studies have concluded that cognitive abilities were more characteristics of individuals with internal rather than external control orientation (**Leffcourt, 1996**). This suggests that the attribution variables play a vital role in the determination of success in academic achievement activities. In other words, the kind of attribution in students will reinforce their ability to strive for success.

While students strive for their success in achieving their intellectual pursuits, they may face many obstacles and failures. Such failures produce certain amount of stress in them and how much they bother about these failures will indicate the degree of failure tolerance in them. Thus the degree of failure tolerance in students will influence their educational success.

When the students strive to attain their goals, they should possess a fair degree of failure tolerance as it will help them endure different obstacles they would face while attaining these goals. If the person lacks failure tolerance, he is bound to suffer from depression or other kind of psychological problems which would deter his mental health.

Further, the level of anxiety in students will either nor their educational success or help in attaining their intellectual pursuits. Students are faced with a variety of anxiety provoking situations. Anxiety faced by the students could be due to the teachers and with their classmates. Anxiety from students as well, they are constantly evaluated by the teachers in the classroom situation. They are also questioned and examined by the teachers. The ability of the students will be determined by the teachers' questions on attentiveness and receptiveness.

### **Statement of the Program:**

The present study is “A study of locus of control, failure Tolerance and Test Anxiety among Normal and Orthopaedically handicapped students”.

### **School Failure Tolerance:**

Here failure tolerance relates to the endurance of failure in the school performances.

School failure represents non-performance of what is normally expected or required in the school context. The non-performance causes a tension in individuals. Some individuals may face boldly the failure or the non-performance of the required behavior. Some may be depressed about the non-performance of what is required. It can be said that the behavior of bothering much about the failure constitutes fear of failure. The act of not bothering about the failure can be termed as failure tolerance.

Fear of failure and failure tolerance are the two ends of the spectrum of failure. As the ‘fear of failure’ increases the ‘failure of tolerance’ decreases and vice versa.

**Atkinson (1969)** conceived fear of failure as a disposition to inhibit one’s achievements striving on penalty of pain, the avoidance motive inhabiting achievement motivation in order to avoid possible failures is multiplicative function of the motive to avoid failure, the possibility of failure and the disincentive value of failure.

**For Heckhausn (1963)** fear of failure surrounds the fear one will not be able to complete with the standard of excellence, appropriate to the task I question.

### **Locus of Control:**

“Children get into trouble because their parents punish them too much”. “People’s misfortunes result from the mistakes they make”. “Without the right breaks one cannot be an effective leader The statements from **Rotter (1966)** are the kind we would asked to agree or disagree with if we were to take attest to determine our perceived locus of control. ”If we look carefully at them he has to do with, how much a person himself, as opposed to out-side forces or influences, determines what happens to him”. This is the essence of the locus of controlling elements in our lives either inside or outside ourselves. The person who believes that he can decide for himself what he will do or be, that he is the “captain of his soul”, locates his control internally and the person who believes that what happens to him is largely a matter of luck or who depends on the decisions of others is locating his control externally.

### **Internal Locus of Control**

If one person perceives that an event or achievement is contingents on his own behavior or his own relatively permanent characteristics, he is termed to have internal control (**Rotter, 1966**).

Here he assumes that “he is the master of his fate and the captain of his soul” doing mainly what he wants to do and achieving results by his own efforts and hence he is said to have internal locus of control. **De Charms (1972)** designates internally controlled individuals as origins.

- a) Internals are more likely to seek information.
- b) Internals are more sensitive and alert.
- c) Internals pay more attention to relevant cure as to whether there are uncertainties in the situation.
- d) Internal show more incidental learning.
- e) Internals are more responsible to informational requirement.
- f) Internals pursue goals by paying careful attention to demands of the taste.

These are the findings of various anatomic researchers over internal locus of control.

### **External Locus of Control**

A person may describe himself as an external because he is in a highly competitive social situation where the action of teacher may have great relevance for the success of his own efforts. If a person believes the luck or fate, and if he further believes that these external forces are on his sides he may accurately describe himself as an external. Further a person may develop feeling of persecution, or with or without reasons.

### **Characteristics of Externals**

- a) External are more susceptible to social influences and social demands.
- b) Externals pursue goals by relying more on behavior oriented towards the social agent in the situation.

### **Design of the Study**

#### **Objectives of the Study**

To find out the relationship between students of normal and Orthopaedically handicapped with related to finding variables Locus of Control, Failure Tolerance and Test Anxiety.

#### **Hypothesis:**

To fulfill the objective of the study, the following hypothesis was formulated:

- (i) **Gender** does not significant in the locus of control, Failure Tolerance and Anxiety of normal and Orthopaedically students.
- (ii) **Type of management** does not significant in the locus of control, Failure Tolerance and Anxiety of normal and Orthopaedically students.

**The Duncan's multiple comparison of internal locus of control between the male normal students in different schools.**

- (iii) **School's** does not significant in the locus of control, Failure Tolerance and Anxiety of normal and Orthopaedically students.
- (iv) **Locality** does not significant in the locus of control, Failure Tolerance and Anxiety of normal and Orthopaedically students.

### **Selection of Tools**

#### **(A) Locus of Control**

The Crandall's (1965) intellectual achievement responsibility scale to measure the locus of control of the respondent responsibility was selected and suitably modified. In this questionnaire, there are 34 statements of which 16 items are positive and 18 are negative statements. While answering the respondent has to answer from the position of a student.

In each item, there are two alternatives:

- (i) Expressing faiths in internal locus of control.
- (ii) Expressing faiths in external locus of control.

Respondents have to read each item carefully and the response as it applies to them. Alternatives advocating internal locus of control are designated as 'I'. A student's score is obtained by summing all positive events for which he assumes credit (I+) and his score (I-) is the total of negative events for which he assumes blame. His total score is the sum of (I+) and (I-) score. This high score indicates his level of the internal locus of control. Events for which he assumes blame His total score is the sum of (I+) and (I-) score. This high score indicates his level of the internal locus of control.

**(B) Failure Tolerance**

To assess the failure tolerance of the school students, failure tolerance scale developed and standardized by Marget Mc. Clifford (1989) was modified and used in this study. There are 50 statements of which 25 are positive and 25 are negative. While answering, the respondents have to position themselves in the place of the students. If they agree with the ideas expressed in each statement, they have to underline ‘Yes’ and if they have disagreement, they have to indicate the response ‘No’.

**(C) Test Anxiety**

“Test Anxiety Scale” was developed on the basis of Scale (1972)- 10 items from TASC and 35 out of 37 items of TAS (Sarason 1972 et al) were included in the present test anxiety questionnaire. There are 45 items in this questionnaire. 10 Lie scale items developed by S.B.Sarason have been included in the present questionnaires. Therefore, there are 55 items in the test anxiety questionnaires, of which 35 are positive items and 10 are negative items. The purpose of the tool is to measure the anxiety related tension in terms of anxiety aroused during the evaluation situations.

**Reliability of the Tests**

The reliability of the locus of control test was established by the test and re-test methods and the obtained stability co-efficient of 0.6 suggest that the locus of control test is fairly reliable.

The reliability of the failure tolerance questionnaire was established through the test and re-test method. A stability co-efficient of 0.97 was obtained for the failure tolerance test. Thus the test used in the present study is reliable.

The reliability of the test anxiety questionnaire was by the test and re-test method and obtained stability co-efficient of 0.71 suggests that the test anxiety test is fairly reliable.

**Analysis and Interpretation**

**Hypothesis-I**

There will be the significant difference in the internal locus of control among different organizational setups of the male students.

ANOVA Scores of Internal Locus of control among the male normal school students.

Source of variation	SS	df	MS	‘F’	Level of Significant
Between the schools	811.6	2	405.8	33.26	S ( 0.01 level)
Within the schools	1062.01	87	12.2		
Total		89			

This table shows the F-ratio of 33.26 of three different organizations with respect to the internal locus of control among male normal students is significant at 0.01 level. Since the F-ratio is greater than the table value the said hypothesis is accepted

**Hypothesis-2**

There will be the significant difference in the internal locus of control between male Orthopaedically handicapped students in various organizational setups.

ANOVA Scores of Internal Locus of control among the male orthopedically handicapped students.

Source of variation	SS	df	MS	'F'	Level of Significant
Between the schools	555.1	2	277.5	42.89	Significant at 0.05 level
Within the schools	5629	87	6.47		
Total		89			

Table shows that F-ratio of 42.89 of three different organizations with respect to the internal locus of control male Orthopaedically student is significant 0.05 level. The said hypothesis is accepted.

**Hypothesis-3**

There will be significant difference in the internal locus of control among different organizational setups of female Orthopaedically handicapped students

ANOVA Scores of Internal Locus of control among the female orthopedically handicapped students.

Source of variation	SS	df	MS	'F'	Level of Significant
Between the schools	560.89	2	280.44	38.97	Significant at 0.01level
Within the schools	626.10	87	7.19		
Total		89			

The table shows that the F-ratio of 38.97 for three different organizations with regard to the internal locus of control among the female Orthopaedically handicapped students is significant ar both levels. Hence this hypothesis is accepted

**Hypothesis-4**

There will be significant difference in the level of failure tolerance among different organizational setups of the male normal students

ANOVA Scores of failure tolerance among the male normal students.

Source of variation	SS	df	MS	'F'	Level of Significant
Between the schools	777.53	2	388.76	48.058	Significant at 0.01level
Within the schools	785.60	87	9.029		
Total		89			

The table shows that the F-ratio of 43.05 among three different organizations with regard to failure tolerance among male normal student is significant at both levels.

**Hypothesis – 5**

There will be significant difference in the level of failure tolerance among different organizational setups of the female normal students

ANOVA Scores of failure tolerance among the female normal students.

Source of variation	SS	df	MS	'F'	Level of Significant
Between the schools	1167.98	2	583.98	41.56	Significant at 0.01level
Within the schools	1222.98	87	14.05		
Total		89			

The table shows that the F-ratio of 41.56 among three different organizations with regard to failure tolerance among female normal student is significant at both level.

**Hypothesis – 6**

There will be significant difference in the level of failure tolerance among different organizational setups of the male Orthopaedically handicapped students

ANOVA Scores of Internal Locus of control among the male Orthopaedically handicapped students.

Source of variation	SS	df	MS	'F'	Level of Significant
Between the schools	1039.06	2	519.53	38.46	Significant at 0.01level
Within the schools	7175.08	87	13.506		
Total		89			

The table shows that the F-ratio of 38.46 among three different organizations with regard to failure tolerance among male Orthopaedically handicapped student is significant at both level.

**Hypothesis – 7**

There will be significant difference in the level of failure tolerance among different organizational setups of the female orthopedically students

ANOVA Scores of failure tolerance among the female Orthopaedically handicapped students.

Source of variation	SS	df	MS	'F'	Level of Significant
Between the schools	1441.63	2	720.81	37.77	Significant at 0.01level
Within the schools	1660.50	87	19.08		
Total		89			

The table shows that the F-ratio of 37.77 among three different organizations with regard to failure tolerance among female Orthopaedically handicapped student is significant at both level.

**Hypothesis –8**

There will be significant difference between the normal male students and female students

**Mean, S.D., and CR value of Normal Male and Female students with regard to Failure tolerance**

Sex	N	Mean	MD	SD	CR value	Level of Significance
Male	90	28.42	0.63	3.34	1.18	N.S. at 0.5 level
Female	90	29.05		3.72		

The above table shows that the CR value is 1.18 which is not significant at 0.05 level. This result indicate that mean scores of the female students have more failure tolerance than the male students

**Hypothesis –9**

There will be significant difference between the male and female Orthopaedically students

**Mean, S.D., and CR value of Male and Female orthopedically students with regard to Failure tolerance**

Sex	N	Mean	MD	SD	CR value	Level of Significance
Male	90	26.97	0.24	5.13	0.33	N.S. at 0.5 level
Female	90	26.73		4.32		

The above table shows that the CR value is 0.24 which is not significant at 0.05 level. This result indicate that mean scores of the female students have low failure tolerance than the male students.

**Hypothesis – 10**

There will be significant difference in the level of test anxiety among normal male students

ANOVA Scores of test anxiety among the male normal students.

Source of variation	SS	df	MS	'F'	Level of Significant
Between the schools	3851.98	2	1925.99	44.92	Significant at 0.01level
Within the schools	3730.30	87	42.87		
Total		89			

The table shows that the F-ratio of 44.92 among three different organizations with regard to test anxiety among male normal student is significant at both level.

**Hypothesis – 11**

There will be significant difference in the level of test anxiety among normal female students

ANOVA Scores of test anxiety among the female normal students.

Source of variation	SS	df	MS	'F'	Level of Significant
Between the schools	3518.09	2	1759.04	40.90	Significant at 0.01level
Within the schools	3741.8	87	43.00		
Total		89			

The table shows that the F-ratio of 40.90 among three different organizations with regard to test anxiety among female normal student is significant at both levels.

**Hypothesis – 12**

There will be significant difference in the level of test anxiety among male orthopedically students

ANOVA Scores of failure tolerance among the male Orthopaedically handicapped students.

Source of variation	SS	df	MS	'F'	Level of Significant
Between the schools	2396.33	2	1198.16	45.7	Significant at 0.01level
Within the schools	2281.40	87	26.22		
Total		89			

The table shows that the F-ratio of 45.7 among three different organizations with regard to test anxiety among male Orthopaedically handicapped student is significant at both level.

**Hypothesis – 13**

There will be significant difference in the level of test anxiety among female Orthopaedically students.

ANOVA Scores of failure tolerance among the female Orthopaedically handicapped students.

Source of variation	SS	df	MS	'F'	Level of Significant
Between the schools	3625.17	2	1812.58	43.08	Significant at 0.01level
Within the schools	3659.81	87	42.07		
Total		89			

The table shows that the F-ratio of 43.08 among three different organizations with regard to test anxiety among female Orthopedically handicapped student is significant at both level.

### **Locus of Control**

Normal male students from government school show more internal locus of control than their counter parts from aided and private school.

The environment in government and private school is quite opposite, that is, in government school students are not questioned or pressurized as in private schools. In government school, students have to work on their own as their success or failure depends on their motivation to study. Even if their performance fails, the teachers or the management are not going to be blamed, whereas the situation in a private school is totally the reverse, where the teachers and management take responsibility for the student's performance Hence it is only natural that the results of the locus of control in normal male students is just the opposite in government schools.

With regard to the orthopedically handicapped male students, the internal locus of control is greater in students from private schools want to make use of this opportunity. They are well motivated in a private school. In the case of female students be it normal or orthopedically handicapped students, the internal locus of control is found to be equal. But in general, the normals are found to be greater in their level of internal locus of control. The normal students have to prove themselves better than orthopedically handicapped students whereas the orthopedically handicapped students whereas the orthopedically handicapped students can attribute the failure to their handicapped or other external factors. This could be one of the reasons for greater internal locus of control in the normal students.

The study by Gon et al (1983) indicates the orthopedically handicapped subjects showed greater trend towards internal locus of control than the normals. Contradicting uncertainty, inferiority complex, and other personality variables have an influence in the internal locus of control of orthopedically handicapped students. In the Indian context, a handicap is attributed to external factors like fate. Grave's study (1916) shows that Indians are most external than the Spanish Americans and Whites.

### **Failure Tolerance**

With regard to normal male students they are found to have greater failure tolerance in the private school sectors than in the government or aided schools. In the private schools students work under greater pressure than in government or aided schools this difference in the school environment probably conditions the private school students to withstand failure. This is true for both normal male and female students studying in various setups of schools.

In the male orthopedically handicapped students there is found to be no difference in their level of failure tolerance. In other words, the difference in the school environment does not seem to affect the male orthopedically handicapped students whereas, the female orthopedically handicapped students studying in government schools are found to have greater level of failure tolerance than the students in private or aided school sectors.

It is expected that high level of achievement motivation tendency will develop with the high level of fear of failure within the individual. This study indicates that all the groups of students have similar level of failure tolerance. More or less it might have been due to their high level of achievement motivation. This result is line with the conceptual idea of Gould (1939) that is, the individual with strong need to achieve may also have an intense fear of failure.

## **Test Anxiety**

The normal male students studying in different type of schools are found to have equal level of test anxiety. Similarly, the male orthopedically handicapped students from various school setups have equal level of test anxiety. This indicates that the different kinds of institutional setups do not influence the test anxiety level of male students whether they are normal or orthopedically handicapped. But in general, the normal male students have greater test anxiety than the male orthopedically handicapped students. In general, the normal students are required to perform better than the orthopedically handicapped students. So the normal students have greater test anxiety than the handicapped students.

In addition, the personality development of the students, their self-concept, and fear of failure, attention and concentration, Social development, commitment to their studies are some of the other factors which are bound to influence the test anxiety level of students. The above mentioned factors probably play a greater role in determining the level of test anxiety than the institutions in which they study.

Even with regard to the female students, the normal's have greater test anxiety than the females who are orthopedically handicapped.

Female normal students in government schools show a tendency for greater test anxiety than aided and private schools. This difference is not seen in the orthopedically handicapped students. This result supports the finding of chatterjee (1976) that female have more test anxiety than the male.

The female students in government schools normally come from poor socio-economic backgrounds. They lack appropriate guidance and hence they have low self-confidence. But they are found to be more anxious during testing situation.

Regarding the overall test anxiety level of male and female orthopedically handicapped students, the females are found to have greater test anxiety. This might be due to the stigma attached to educating female orthopedically handicapped students and also their personality development.

## **Suggestion and Educational Implications**

Based on the interpretations of results and discussion suitable suggestions and implications are given in this chapter.

The above findings reveal that both the normal and orthopedically handicapped students studying in government schools have more internal locus of control when compared to their counterparts studying in various schools. Secondly, all groups of students have equal level of failure tolerance. Thirdly, the female normal students and orthopedically handicapped have high level private school students may be trained independently to inculcate the habit of own decision making and attribution for internal forces by way of different psychology – based therapeutic methods like counseling and behavior modification etc. The failure tolerance results indicate that whether they are handicapped or not, they are able to tolerate in the school situation and try to overcome the obstacles to reach the academic pursuits.

The findings of test anxiety from both the categories of the female reveal that it is at a higher level, which may retard their academic performance. So, in order to overcome this problem, it is suggested that counseling and behavior modification techniques should be adopted in the classroom situations.

The handicapped are a normal part of today's society and do not exist as a group apart, with separate lives. Their needs and rights are same as those of any other persons; their problems are the problems of all people and should be considered as a

part of the whole society. The handicapped person should be regarded as a whole person, physically, mentally, socially and emotionally, rather than within the narrow confines of his handicap. Plans should be made with and for the handicapped person on the basis of abilities, not disabilities, and of capabilities, not limitations, to most fully develop his assets.

When an individual suffers from disability or impairment, whether mental or physical, he or she is labeled in terms of that quality and label carries with it an assumption of dependence and limited worth. This seems to be the contention of society, perception. In fact, this is not the case of orthopedically handicapped. A comparison between the orthopedically handicapped and normal's in the present investigation yielded significant results in terms of their personality.

The present study implies that the society should change their negative attitude towards the handicapped. In addition to this, they need more recognition in terms of capability and responsibility to enable them to utilize their potentialities productively. The Government and voluntary agencies should also provide more opportunities in various hierarchical positions, which may prove their self worth thereby they can gain a better status in the society.

This kind of suggestion had already been followed by one of the New York agency which has given job placements in positions such as management, estimators, personal assistants, specialists, technicians, architects, college instructors etc., during the year 1965 and 1970 and found it very successful. The same strategy can be adopted in the Indian Context.

### **Suggestions for further study**

1. The handicapped individuals from varying backgrounds, for eg. Rural and urban could be compared to throw great light on the effect of geographical location on personality and vocational factors.
2. A comparison between the acquired handicap and congenital handicap could be made and see whether any differences exist any differences exist between the two groups.
3. Parent's educational qualification, Socio-economic status and social support could also be included, to study the influence of locus of control, failure tolerance and test anxiety.

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