

APPENDIX - C

CODING      MANUAL

# PSYCHOLOGICAL PHASES AND DIMENSIONS OF

## CRISES EXPERIENCE

	SELF EXPERIENCE	REALITY PERCEPTION	EMOTIONAL EXPERIENCE	COGNITIVE STRUCTURE	PHYSICAL DISABILITY	ATTITUDE TOWARDS HELP AND SYMPATHY
1	2	3	4	5	6	7
SHOCK	Experiences of threat to the existing structure, e.g. "when people stare at my arm stump with curiosity 'I feel as if I am a stranger'"	Overwhelming, utter confusion e.g. "Oh! No!" "I never imagined this will ever happen to my life. Now how shall I be able to live a normal life."	Emotionally up-set severely disturbed, helplessness, domb-founded, etc. e.g. "Oh! No experiences, how miserable I am, now nothing could be done I feel like crying, even that I cannot."	Cognitive inefficiency, confused, failure to think constructively or to plan e.g. "he says I will die... May live... will not take help... who will marry me?"	Distorted body image, unable to reconcile, the extent of damage to the body is unknown e.g. "Doctor! can you not tell me openly what will be the final result of these bandages? Will it be alright?"	Help needed but not sought e.g. and "I do need proper care but not in the form of pity".
DEFENSIVE RETREAT (Denial)	Denial of injury Attempt to maintain the old structure e.g. "I never think I am handicapped," "I am still as normal as I was before."	Denial of reality strong resistance, indulges in wishful thinking e.g. he says "Well, I think I have not lost anything I am still far better than thousands of others."	Emotional incapsulation, resistance to discussions, unrealistic state of happiness e.g. he says "It is good that this happened, because of this I got monetary help and sympathy from others."	Disorganization in deliberate thinking internalization, aggressive feelings, preoccupied, rigid thinking e.g. "I do not want to talk of my accident.... sit" or "leave me alone.... you can not understand my problems."	Strong defensive attitude, deliberate and forceful denial of disability e.g. "I never think I have lost my arm".	No good response e.g. "If God could not help me, how can you do it?"
ACKNOWLEDGEMENT (Renewed stress)	Giving up the old existing structure, loss of valued self image, feelings of 'wounded one', 'disabled' one, 'helpless one' e.g. "Now I am not the same person as I was before my accident."	Facing reality facts, Acceptance of the self as it is, not as it was e.g. he says "Now I will have to adjust with my new circumstances."	Depression, bitterness experiences, aware of the self disfigurement, what have I done to deserve this?.	Defensive breakdown of organized planned thinking, reorganization of reality perception, e.g. things are changed for me, "I know I can't have the same facilities which I had but I will try to adjust with the new situation."	Acceptance of disability, Physical plateau, Effort to incorporate the body e.g. "Though I am not the same but still I can lead my life happily."	Best time for therapeutic intervention, more receptivity to help and sympathy e.g. "Formally I never sought any help from any one, but now I am afraid I need it."
ADJUSTMENT	Establishing modified self structure, sense of being worth, explore resources within the self e.g. "I have learnt to stay with what I am left."	New reality testing, open to discussions, better awareness of disability e.g. "I know that I am, and what I can do with whatever I am left."	Gradual increase in adjustment. More emotionally stable; Does not mourn the loss anymore e.g. "I have learnt to cope up with the new situations".	Cognitive reorganization improved reality perception, acceptance of disability, Aware of Physical limitations e.g. "I am trying to forget the past and looking forward for my future".	Disability is accepted, prosthetic skills are the substitutes e.g. "I can walk and run as any other normal persons"	No more dependent on help, very positive towards receptivity to help e.g. "Help me but do not pity me" "I would like to try my own ways."

(For details refer to the Appendix - C ; The Coding Manual).

## CODING MANUAL

Descriptions given by the Ss are to be coded and explained in terms of certain content dimensions taken under different phases and categories in order to provide measures for the major characteristic processes in adjustment to crisis by the physically disabled people. These phases and dimensions of adjustment were selected and formulated on the basis of an inductive-cum-deductive approach. Inductive-cum-deductive approach means data (derived from the data itself), and deductive means (derived from the related theories).

### CODING PROCEDURE :

- 1) Each of the descriptions as a whole are to be read first and then divided into psychological units.
- 2) A unit here refers to a discrete statement related to the crisis experience resulting from disability.
- 3) When a sentence contains several statements or ideas, each discrete statement is to be coded under one and only one cell (Refer Appendix - C)
- 4) The entries in each cell are added up and formed into frequencies.

### CONTENT DIMENSIONS:

#### 1. SHOCK: kg

This refers to the sudden depression of the nervous

system or nervous exhaustion produced by violent emotion, accident, surgical operation etc. The shock occurs when the psychological alarm bell sounds. The individual perceives real danger to himself; he experiences threat to self-preservation. Reality has suddenly become 'too much to handle', with a resultant emotional state of helplessness to the point of panic.

The shock period is that time when immediate medical attention is required and when the extent of damage, temporary or permanent, is still unknown or the normal functioning of the organism either breaks down or suffers a serious loss in efficiency, depending upon its basic strength.

## 2. DEFENSIVE RETREAT:

It refers to the involuntary or unconscious measures adopted by an individual to protect himself against the painful affect associated with some highly disagreeable situation, physical or mental. This is the period during which the individual defends himself against the implications of the crisis. This is a period of 'fight or flight' or a combination of these. The intense anxiety of the first stage of crisis is followed by a fight-flight pattern in the form of denial, resistance and defensive retreat etc.

The individual cannot tolerate the overwhelming chaos accompanying the shock, Reality is avoided or denied

and the individual indulges himself in wishful thinking. During this stage, the individual's thinking becomes rigid, and refuses to consider the possibility of change in any aspect of his life style, his values etc.

### 3. ACKNOWLEDGEMENT:

It refers to the act of admitting and recognising the existence of the truth or reality. Acknowledgement means a renewed encounter with reality after crisis and consequently a renewed period of stress. The person no longer finds it possible to escape reality. Hence the acceptance.

### 4. ADAPTATION AND CHANGE:

Adaptation is a period during which the person actively copes with the situation, and he develops a healthier self-image and a renewed sense of worth. He can say to himself, 'May be' I will never be quite the same person as I was before, 'but basically I am still the same and there are ways in which I can be of value to the world around me. He begins to 'try himself out', in terms of the demands and expectations of life.

## DIMENSIONS

### a. SELF EXPERIENCE:

An individual who has to live with a body which is in a permanently altered condition owing to injuries caused

by accident or war undergoes marked changes in self experience. He experiences a threat to his existing structures and makes an attempt to maintain the old structure but gradually he gives up the existing structure and establishes a new structure and a sense of worth.

b. REALITY PERCEPTIONS:

The sum total of the conditions imposed by the external world on the activity of the individual to which adaptation on the part of the individual is demanded. The reality of disability has imposed itself and S finds that a change has occurred and he cannot fight this change. The reality is perceived as overwhelming. He tries to avoid reality through wishful thinking. Facts impose themselves and he is set to face reality, as a consequence comes the acceptance of the reality.

c. EMOTIONAL EXPERIENCE:

It is a complex state of the organism involving bodily changes, a state of excitement or perturbation, marked by strong feelings, and usually an impulse towards a definite direction for behaviour. If the emotion is intense, there is some disturbance of the intellectual functions. This is an affective state of consciousness in which sorrow, fear, hate, bitter or the like are experienced. The person feels emotionally numb, panic and he is in a state of helplessness. He feels depressed and overwhelmed, gradually he becomes aware

of the self disfigurement hence there is lowering in helplessness experiences and gradual increase in adjustment.

d. COGNITIVE STRUCTURE:

It refers to the cognitive function, as the only mode or aspect of the conscious life. This term covers all the various modes of knowing, perceiving, remembering, imagining, judging and reasoning etc. In all the earlier stages there occurs a disruption of coordinated thinking, the person feels confused, cannot plan adequately to cope with the situation. The normal functioning of the organism either breaks down or suffers a serious loss followed by the development of a novel structure.

e. PHYSICAL DISABILITY:

It refers to loss or impairment of a function, usually due to some impairment of the body structure. It also refers to a permanent physical blow, or handicap which prevents one from living a full normal life. The individual is confronted with a body which is in a permanently altered condition where he has lost a valued part of the body.

f. ATTITUDE TOWARDS HELP AND SYMPATHY:

Attitude of the disabled people towards help means seeking assistance of others. The individual who has lost a

valued part of his body does not like being pitted, when he is passing through the beginning phases of his injury but gradually he accepts it.

## 1. SHOCK PHASE

### 1.1 Shock : Self Experience:

A disabled person who is injured in war or accident, experiences a threat to the existing self concept.

Example : "People stare at / my stump with curiosity as if I am a stranger".

### 1.2 Reality Perception:

The reality is perceived as overwhelming and he is in a state of utter confusion. Reality has become suddenly too much to handle,

Example : "Oh ! No ! I never imagined this will happen in my life. Now how shall I be able to live a normal life ?!"

### 1.3 Emotional Experience:

This refers to the emotions and feelings actually experienced by the person as immediate consequences of crisis. The person feels emotionally upset and there is a feeling of helplessness. Person is found to be severely disturbed and emotionally upset.

Example : "How miserable I am ! Now nothing could be done. I feel like crying and even that I cannot ! "



#### 1.4 Cognitive Structure:

Cognitively, there occurs a disrruption of coordinated thinking, the person feels confused, hence cannot plan adequately to cope up with the situation.

Example:- "I will die... may live.... will not take help.... all are my enemies.... Who will marry with me ? "

#### 1.5 Physical Disability:

This included reference made by the S to his body appearance and changes caused by amputation etc. The extent of damage, temporary or permanent is still unknown to the S, however, he devalops distorted body image and is unable to reconcila to it.

Example: "Doctor ! can you not tell me openly what will be the final result of these bendeges? I can't imagine myself crippled and dependent on others. Will it be all right ? ".

#### 1.6 Attitude Towards Help and Sympathy:

Help is needed but not deliberately sought.

Example: "I do need proper care and help but not in the form of pity".

## 2. DEFENSIVE RETREAT

### 2.1 Self Experience:

The individual cannot tolerate the overwhelming chaos. What follows then, is an attempt to fortify the habitual and familiar structure so as to control or shut out the threat imposed upon him because of injury. In terms of the self the individual reassures himself.

Example:- "I am still as normal as I was. I am still the same", and so on

### 2.2 Reality Perception:

Reference to external objective reality is denied or avoided and the individual indulges himself in wishful thinking. The avoidance mechanisms are actually reinforced and the individual is not open to discussions.

Example:- "Well, I think I have not lost anything, I am still far better than thousands of others".

### 2.3 Emotional Experience:

There is a sense of deception and imagine the emotional relief described as unrealistic states of happiness. During this stage the individual refuses to consider the possibility of change in any aspect of his life style. Resistance to discussions in the emotional areas.

Example:- "It is good that this happened, because of this I got monetary help and sympathy from others, had this not been there I would not have been recognised".

#### 2.4 Cognitive Structure:

This refers to disorganization in volitional thinking S is preoccupied and there is internalization of aggressive feelings consequently his thinking tends to become rigid.

Example:- "I don't want to talk about my accident....  
Sit or..... Leave me alone ! ..... You  
can't understand my problems".

#### 2.5 Physical Disability:

The subject deliberately and forcefully denies the fact of his disability.

Example:- "I never think that I have lost my leg/arm".

#### 2.6 Attitude Toward Help and Sympathy:

During denial phase the S does not respond to any kind of help rendered by others.

Example:- "If god could not help me how can you  
help me".

### 3. ACKNOWLEDGEMENT PHASE

#### 3.1 Self Experience:

'S' gives up the old existing structure and experiences the loss of his valued self-image and is filled with an intense feelings of being the "wounded one", the disabled one', and the 'helpless one' and so on.

Example:- "Now I am not the same person as I was before my accident".

#### 3.2 Reality Perception:

The limitations imposed by the reality are recognised. He is confronted with the fact that the remaining life he has to live with what he has become and not with what has been lost. He feels socially isolated as he cannot participate in the social activities or interactions.

Example:- "Now I will have to adjust with my new circumstances and It will not be possible for me to participate in the social activities with the same zeal and zeast".

#### 3.3 Emotional Experience:

There is a sense of loss and often an attitude of bitterness. Under this phase he becomes completely aware of the self disfigurement. Inspite of bitter experiences adjustment is sought.

Example:- "Now I can pass by an icy stare but what have I done to deserve this" ?

#### 3.4 Cognitive Structure:

On the cognitive level there first occurs a breakdown of organized planned thinking with a sense of confusion and an inability to comprehend the nature of the changes that have occurred. There is reorganization in terms of altered reality perception.

Example:- "Things have changed for me, I know I have to be dependent on others help and I will try to adjust with the new situation".

#### 3.5 Physical Disability:

There is acceptance of the painful fact of disability. There is an effort to incorporate the body as it is a total part of the self image.

Example:- "Though I am not the same; but still I can lead my life happily!"

#### 3.6 Attitude Toward Help and Sympathy:

There is receptivity to help and need for protection and sympathy etc. This is the best time for therapeutic intervention.

Example:- "Formerly, I never sought any help from anyone; but now I am afraid I need help and sympathy".

#### 4. ADAPTATION PHASE

##### 4.1 Self Experience:

The individual develops a modified self-image and a renewed sense of worth. There is complete acceptance of his disability. He begins to try himself out and explore resources within himself and test them within the limitations and expectations of reality.

Example:- "I have being with myself", hence the acceptance.

##### 4.2 Reality Perception:

The individual develops a better awareness of his disability during this phase, and he works with and cares for his physical body in ways which tend to prevent future complications, and maximize the physical resources available within his limitations. S is open to discussion.

Example:- " I know what I am' and what I can do with whatever I am left to me.

##### 4.3 Emotional Experiences:

The individual becomes more emotionally stable and does not mourn the loss or injury as he had been doing earlier. Hence there is a deliberate effort towards more adequate emotional adjustment.

Example:- "I have learnt to cope up with the new situation".

#### 4.4 Cognitive Structure:

There is cognitive reorganization in terms of improved reality perception and acceptance of disability. Thinking and planning are organized in terms of present resources, future potentials, and physical limitations. The outlook is generally towards the future.

Example:- "I am trying to forget the past and looking forward to my future".

#### 4.5 Physical Disability:

Disability is accepted as a permanent part of the self and life. At this stage disability is accepted as it is, and the prosthetic skills are used by some as substitutes and the physical disability does not stand as too great a barrier in the normal participation in life.

Example:- "I can walk and run as any other normal person".

#### 4.6 Attitude towards Help and Sympathy:

There is a positive response toward help and sympathy, but the individual is no more dependent on it.

Example:- "I am really grateful for the help I received from many of my sympathisers, but now as I am trying to have an independent mode of life I would like to try my own ways".