

A Study on Need for Achievement and Dominance Among Orthopedically Specially Abled Children

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Abstract

Knowledge in a particular area is the product of researches and observations carried out at various times by various individuals. In this way issues and problems relating to the phenomenon being studied are gradually brought to light and incorporated in the larger body of knowledge. The study of exceptional children is the study of differences; it is also the study of similarities. The exceptional children are in some way different from the average, also not different not different from average in every way. Disabled child has a combination of special abilities or disabilities. The large numbers of individuals falling in the various groups of those who are differently-abled make it imperative that we must not deny this group the chance to live a good quality of life in harmonious relationship with the community and world at large. Here, an attempt has been made to present cogently and comprehensively some of the major researches carried out in the area of handicapped, with particular references to the dimensions being investigated.

The researcher focuses on the two important psychological dimensions of orthopedically specially abled children i.e. need for achievement and dominance in order to have a proper perspective of the need required among born and acquired orthopedically abled children.

Key Words: Abled, Disabled, Handicapped, Orthopedic

Introduction

The concept of disadvantaged group had always been understood and appreciated, but at different points of times, terminologies underwent a change. The individual with handicap has been referred to as differently abled, challenged, especially abled etc. apparently to rise above the stigma of the word 'handicap'. The present investigation has been undertaken to study the need for achievement and dominance among born and acquired.

Handicap refers to a relative incompetence ensuing from a condition which does not permit pursuit of achievement and goal reaching at the normal and optimal level. This condition is intrinsically a pathological or disadvantageous state which does not allow the individual to reach normal standards.

Disability is not an individual's own choice. A normal person's limbs and sensory organs are intact. But when a child is born without one or more limbs and is unable to perform important functions, which other children perform, it is definitely a situation requiring attention. This deficit may be due to biological reasons or accident however the child is regarded a physically challenged. Disability is a significantly restricted (or absent) ability relative to an individual or group norms. The term is often used to refer to individual functioning including physical impairment, or mental disorder. This usage is associated with a Medical Model of disability.

By contrast, Human Rights and Social Models focus on ability as an interaction between a person and their environment highlighting the role of a society in labeling, causing or maintaining disability within that society, including through attitudes or accessibility favoring the majority.

According to *Medical Dictionary of Law (1996)* handicapped is defined as a "disadvantage that makes achievement unusually difficult especially a physical disability". *Stedman's Medical Dictionary (2002, 2001)*, defined "handicap a physical, mental, or emotional condition that interferes with ones normal functioning".

The World Health Organization defines disability as follows: Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. *Impairment* is a problem in body function or structure; and activity limitation is a difficulty encountered by an individual in

executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

A person with a handicap is one who is challenged by emotional, physical, mental, social or age hurdle. People constantly interpret themselves in relation to other human beings. No personality characteristic, physical or mental can be measured in a vacuum. Always it must be evaluated in a setting. This consists of the individual's own ideas or concepts what his parents, his relatives, his friends and society in general think about him, and also he thinks about himself, or his self- concept. In other words, each person perceives himself and his word according to his own frame of reference.

Need for achievement is a powerful mainspring of activity. The individual, in order to satisfy his inner urge for accomplishing something, thinks and acts in terms of attaining goals which are not within easy reach. He is not always interested in the outcome of the achievement directed activity; the sheer joy of accomplishment is in itself important. Need is an anticipation of change in effect, that is an anticipation of an increase or decrease in feeling of pleasure or pain.

The main needs are subject to change. New conditions create new needs and old ones disappear. Sometimes that satisfies and gives rise to others. Of course constantly changing needs in the life history of individual may actually not be a fundamental change at all except basic needs; other needs are constantly being acquired and changed.

In one's interpersonal relationship, one can make inferences from the activities in which they engage and condition they try to attain. The strength of the need determines how much activity the organism will show in its effort to satisfy the need.

Individual psychology and the synthesis of developmental and learning perspective concerns for the individual's thought feelings and perceptions. People with disability change their behavior for multiple reasons not simply because they obtain new understanding about themselves or because they resolve troubled feelings of being different. Attempt to broaden the level of achievement, the child's self- management, self- monitoring and self- reinforcement is necessarily required. Setting goal for oneself is an example of behavior change strategy involving self- control.

Describing the achievement, disability is a challenge because of the limitation imposed by their physical handicap. They tend to show varied emotional and behavioral problems; very markedly they vary in intelligence, achievement and life circumstances.

The guiding principle of psychoanalysis can be used in studying the level of achievement in the children with special abilities. The problem of emotional disorder among the handicapped children is viewed as a pathological imbalance in the dynamic parts of the mind which reduces the level of function and subsequently affects the level of achievement.

The psycho educational approaches have tried to interweave the educational and other developmental processes. Unconscious motivation and underlying pathology are taken into account. But there is also concern for the management of surface behavior and academic achievement with the special emphasis on the needs of the children as well as needs of the especially abled family and needs and demand of society in consonance with the capabilities of children with handicap.

The *Humanistic Approach* believes that especially abled children are out of touch with their own feelings and cannot find meaning and self- fulfillment in the traditional schools settings. The recommended practices are to enhance children's self- direction, self- evaluation and their own emotional involvement in educating and learning special skills.

It is impossible to make many valid generalizations about the academic achievement of children with physical disabilities because they vary in the nature and severity of their conditions. Due to the frequent interruptions in their schooling, due to illness and hospitalization, they fail considerably behind their age mates in academic achievement, even though they have normal intelligence and motivation. Children with mild and transitory physical problems have no academic deficiencies, others have severe difficulties. Children with obvious handicaps are frequently overlooked or denied opportunities to achieve in non-formal, less strict settings. Perusing the areas of interest of those especially abled children as far as the optional achievement is concerned, a non -authoritarian, self-directed, self- evaluative affective, open and personal are words used to coercible humanities education for disturbed and disabled children.

The proponent of *Ecological Approach* believes that the problem with emotionally disturbed and especially abled is of the child in interaction with the various elements of the environment i.e. family school, community and social agencies. The child is viewed as a disturber of the environment. The theorists suggest that to enhance the level of achievement of such children the entire social system has to be altered in which the child enmeshes. Then only the level of achievement can be improved.

Achievement has probably been studied more than any other motive. It is an important force for the self-reliant human being, particularly with regard to handicapped who has to prove his worth even to himself. In *Maslow's Hierarchy of Need*, *Achievement* occupies an important position taking man nearer towards the ultimate goal of self-actualization. The feeling of self-worth, self-regard to which Roger gives so much importance are intimately related with need for achievement.

Murray (1938), defines achievement to accomplish something difficult, to master, manipulate or organize physical objects, human beings or ideas, to excel one's self, to rival and surpass others etc. It is considered by some that the achievement often called the "will power" is the dominant psychological need for recognition.

The most commonly observed achievement activity occurs within school settings. Scholastic achievement requires that a youngster persist of activities such as reading and attending to the teacher readily when his inclination might be to play, day dream, or to socialize with his friends. School like other situation, that offers the opportunities for achievement, requires a degree of self-management, conscious effort, and the sacrifices of immediate pleasure for the possibility of future goal attainment. The experiences which a handicapped child is forced to undergo in the school environment, their impact on his sense of achievement together with the impact of the handicap, make it imperative that this need should be particularly investigated.

A very powerful need to understand adjustment of handicapped children is the *need for dominance*. Dominance represents manipulative power over other people and is frequently regarded as a learned sociogenic motive. Dominative attitude means to control others to persuade, to dictate, to restrain and to organize the behavior of a group.

Murray (1938), defines 'dominance' as to control one's human environment to influence or direct the behavior of others by suggestions, reductions, persuasion or command. Dominance means to dissuade, restrain or prohibit. Where we view the handicapped in the frame work the need for dominance acquire great importance. Due to disability it is difficult for them to achieve position and power control and command over others. Their pathological situation is likely to make them suffer or feel that they are being continuously dominated by others. On the other hand, distress due to disability leads to a certain sort of dominance reaction often visible in the behavior of handicapped. It is a compensatory reaction to overcome the feeling of inferiority.

The need for dominance has to do with human power exerted, resisted or yielded to. It is a question of whether an individual, to a relatively large extent, initiates independently his own behaviour and avoids influences, whether he copies or obeys or whether he commands, leads and acts as an example for others (Murray, 1938). We all know that people have the desire for 'dominance' over others that they can influence or direct the lives of others as well as themselves. Some individuals, on the other hand, are relatively "powerless' exerting little control over the course of events. So dominance can be defined as the ability or capacity of one person to produce some intended effect on the behavior or emotion of others.

Social dominance represents manipulative power over other people, and as such it is frequently regarded as a learned sociogenic motive. The dominance of adults over children is condemned in our society and to a limited extent dominance of male over female is the social conventional pattern in marital relationship. Horney (1939), suggests status implies social power and the ability to dominate and control other. Dominance or prestige is directly dependent upon gaining the acceptance and approval of one's peer. Thus, it is difficult to isolate dominance from other sociogenic motive such as achievement, affiliation and power.

A handicapped individual is different in the pathological sense from the normal. The feeling that he is less capable, less strong perhaps less appealing physically and different from his normal peers give rise to a sense of condemnation, frustration and inferiority. Such things produce an inordinate amount of conflict and anxiety and finally may strengthen a reaction which may be called domination, which is supposed to be obvious and attempt to overcome all these feeling of inferiority. It is assumed that

certain disabilities are so distressing that anyone who has must be psychological disturbed. Someone who is blind is expected either to live in a perpetual depression or to possess supernormal adaptation power that make acceptance of the condition possible. Such distresses due to disabilities lead to certain sort of dominance reaction often visible in their activities. The dominance may have come as a compensatory reaction.

Literature Review

Research focused on the thoughts, perceptions, and feelings of individuals with physical deformity has yielded several consisted results (Thompson and Kent, 2001). As a result of their physical deformity individuals experience heightened social mocking, embarrassment, feeling of stigmatization, social withdraw, depression and low self- esteem (Einsiedel and Clausner, 1999; Kent, 2000; Sarimski, 2001, Thompson and Kent, 2001). Research has yielded mixed results on the role of the severity and visibility of physical deformity in shaping the individuals response to their physical difference. It is generally agreed upon that severity is far less relevant to overall coping and adjustment than visibility (Kent and Keohane, 2001).

The need of achievement is also known as the motive for success and represents a relatively stable or enduring disposition to strive for success. Atkinson defines the need for achievement as a capacity to experience pride in accomplishment. Theorists prior to Atkinson also conceived of an active organism, not bound by incoming external stimulation (Freud, 1915; Lewin 1935 and Peak, 1958). McClelland (1995), interpreted need for achievement as a quest, previously associated with hedonically positive events, producing a partial rearousal of the positive affect originally experienced. The individual partly experiences as well anticipates a pleasurable outcome. If prior achievement situation have led to positive effect, the individual would be more likely to engage in achievement behavior. Conversely, if a person was punished for failing, a fear of failure could develop and would be a motive to avoid failure.

Richardson, Hostorf, and Dornbusch (1964), found that 9 to11 year old disabled children made more negative statement about themselves than did nondisabled children. Observably disabled children

have been found to show greater inhibition of impulse and lower educational achievement than control (Richman and Harper, 1978).

A number of factors significantly influence the aspect of social competence. Achievement is perhaps most notable example. In a study Vaughn, Hogan, Lancelotto, Shapiro and Walker (1980) found that high achieving children with physical problems did not receive significantly lower peer rating of acceptance than did the high achieving peers without behavioral problems.

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rise to a sense of condemnation, frustration and inferiority. Such things produce an inordinate amount of conflict and anxiety and finally may strengthen a reaction which may be called domination, which is supposed to be obviously and attempt to overcome all these feeling of inferiority. It is assumed that certain disabilities are so distressing that anyone who has their must be psychological disturbed. Someone who is blind is expected either to live in a perpetual depression or to possess supernormal adaptation power that make acceptance of the condition possible. Such distresses due to disabilities lead to certain sort of dominance reaction often visible in their activities. The dominance may have come as a compensatory reaction.

Hypothesis

It emerges from earlier empirical evidence that need for achievement and dominance among born and acquired orthopedically especially abled children and between males and females orthopedically especially abled children are major criterion to be analyzed. Therefore, the following hypothesis is being formulated by the researcher.

1. Children with born and acquired handicap will differ on needs:
 - i. Need for Achievement
 - ii. Need for Dominance.

2. Male and female orthopedically handicapped children will differ on needs:
 - i. Need for Achievement
 - ii. Need for Dominance.

Design

The researcher has taken into account that inborn and acquired status of disability and gender of the specially abled child are two other important psychosocial factors. Therefore a comparative research design has been selected to observe the level of need for achievement and dominance among the two groups i.e. born and acquired and males and females orthopedically especially abled children for study.

Sample

Our sample consisted of 160 physically handicapped children, age ranging between 5-13 years. These subjects were randomly selected from the Viklang Kendra, Bharadawaj Ashram, Allahabad. Sample consisted exclusively of orthopedically especially abled children who were handicapped from birth as well as those who had acquired it later, either through accident or by disease like polio, during their childhood. Our sampling technique was therefore purposive sampling with all efforts to ensure objectivity.

A sample of 160 subjects was obtained. However, a sample of 100 was ultimately available for analysis because it was found that information given by almost sixty children on tests was incomplete. Eliciting information on relatively complex dimensions from children, particularly handicapped children is not an easy task. So many forms had to be cancelled. Among these hundred orthopedically handicapped children finally selected, the number of boys and girls were 51 and 49 respectively. And the children who were born (congenital) with handicap were found to be 36 while children who had acquired handicap were 64.

Tools

A very important decision was taken with regard to tools of the study. This decision regarding the tool and administration of test was particularly important because of the nature of the sample. The specially abled children were either too small to read and write fluently or were uneducated to come across a situation in which they were expected to give their responses and views. It was difficult to communicate with the subjects so the language of the tests had to be changed in accordance with their vocabulary and understanding level. For smaller children it was not possible to obtain responses directly from them. So the investigator discussed at length with the parents of the child and doctors and social workers who were looking after them and the response category indicative of the child's position was marked.

Need Scale

The test used by the present researcher to study needs was the Hindi adaptation of an earlier need scale which had been prepared with the help of adjectives taken from Gough and Heilburn (1965), and is in the form of self-rating following Murray's (1938) need press system.

This adaptation from English to Hindi was done by Aijaz and Kureshi (1984), Department of Psychology AMU, Aligarh. The adjectives which have been translated from English to Hindi with all precautions and checks, for faithful translation were arranged alphabetically (English languages) and not according to the first letter of the needs. Thus, the fifty adjective gave a scattered rather than an organized layout of the given needs. The test in question has been extensively and successfully used by many investigators. The needs studied by the investigator, viz. achievement and dominance may be defined as follows:

Achievement : To strive to be outstanding in pursuit of socially recognized.

Dominance : To seek and sustain leadership role in group

Procedure

Here, the subjects were children with disabilities, so this establishment of rapport and trust needed to be done with great sensitivity. The questionnaire was administered to all the respondent, at Viklang Kendra, Allahabad. Instructions for all scales were given separately and the authorities, social workers and doctors were asked not to influence children while responding to the questionnaires. It was a learning experience for the researcher to be in contact with the children with special needs, their parents, social worker and doctors. Instructions for the scale were given slowly, clearly in a tone that was reassuring. Each child was attended individually.

Statistical Analysis

1. t-test was used to find out the significant difference between various groups in terms of variables under study.
2. Chi-Square and Median was used to determine the significance between two independent groups.

Results and Discussions

Following are the results depicted in two tables for the males and females (Table-1) and born and acquired (Table-2) orthopedically specially abled children, showing the level of need achievement and dominance.

Table: -1: Showing the significance difference on need- achievement and need- dominance between male and female oriented orthopedically handicapped children.

Groups	Variable	N	Mean	SD	Mean Diff.	t	p
Male	need achievement	51	28.25	7.81	-1.89	1.14	NS
Female		49	30.14	8.61			
Male	need dominance	51	35.00	7.029	8.04	5	p<.01
Female		49	27.96	6.83			

The above table shows the results of an independent sample t-test which is conducted to compare the mean of two groups. Computed t value is 1.14 shows that there is no significant difference obtained between male and female orthopedically handicapped children on need achievement. Therefore, our hypothesis that there will a difference between male and female on need for achievement is rejected.

Level of achievement is found comparatively similar for both the group of orthopedically handicapped children. Male subjects are found to be relatively lower on their n-achievement (Mean=28.25) in comparison to female subjects (Mean=30.14).

Male and female orthopedically handicapped children are compared on need dominance. The result shows the significant difference between two means i.e. =5.07 $P < 0.01$, on need for dominance. The computed findings indicate that there is significant difference at 0.01 level of significance. Thus, our hypothesis there will be difference between male and female orthopedically handicapped children on need dominance, is accepted. Male are found to be greater on dominance need (Mean=35.00) in comparison to female orthopedically handicapped children (Mean=27.96). This statistically proves that the difference is in the direction of our hypothesis. That is in our society; in general, males are more dominating than females.

Table: 2: Showing the significance of difference on need- achievement and need-dominance between born and acquired orthopedically handicapped children

Groups	Variable	N	Mean	SD	Mean Diff.	t	p
Born	n-achievement	36	26.08	10.47	-7.40	3.67	p<.01
Acquired		64	33.48	9.21			
Born	n-dominance	36	22.78	7.46	-6.86	4.19	p<.01
Acquired		64	29.66	8.10			

Born and acquired orthopedically handicapped children are compared on mean scores of need for achievement and need for dominance

The above table reveals the fact that the children who have acquired handicap are high on need achievement (Mean=33.48) than the children who are born with handicap (Mean=26.08). Significant difference is found between the two groups ($t=3.67$, $p < 0.01$). This proves our hypothesis that there will be a difference between born and acquired orthopedically handicapped children on the dimension of need achievement.

On the dimension of need dominance, when both the two groups are compared, the mean of born handicap is found to be 22.78 and that of acquired handicap is found to be 29.66. The mean difference, -6.86, indicates that children with born handicap are subjected to be dominant in their nature than the children who have acquired handicap. The computed t-value is 4.19, which is significant at 0.01 level of significance. This confirms the hypothesis that there will be a difference between born and acquired orthopedically handicapped children on the dimension of need dominance.

Discussions

Need for achievement is the most important need studied by the investigator as it is directly related to adjustment, as the success and failure of an individual is a parameter of his adjustment to his immediate situational environment. The present research also upholds that the need for achievement is an important factor along with other needs.

It is generally agreed that the individual's motivational pattern is the result of gradual building of superstructure on the innate and primary foundation. Handicapped individual's experiences, his reinforcements and constraints, his feelings of inadequacy and societal reactions are distinctive and unique to him. In what manner the various experiences are found to affect his patterning and organization of needs deserve to be investigated.

A handicap child is forced to undergo in various situations, the impact of the handicap itself on sense of achievement, make it imperative that this need should be particularly investigated. Strassberg (1973), opined that we should accept that more intensive investigation is needed to be conducted

before we can draw conclusion regarding the need for achievement. Achievement has probably been studied more than any other motive. It is an important drive for the self-reliant human being, particularly with regard to the handicapped person who has to prove his worth even to himself. Amongst the disabled children, we may note that motivation may have distinctive ramifications for the handicapped as compared to the non-handicapped. In our study need for achievement was found to predict adjustment of orthopedically handicapped children. Hewett (1960), presented an approach for the children with special needs and to educate them for the achievement of their goals and the consequent satisfaction. The assumption was that the child can be helped when his observable behavior is modified. It can be accomplished by manipulating child's immediate environment. This fact must be taken into account in planning a conducive environment for handicapped children so that need for achievement is fostered and they experience enhancement in self-worth and ultimately self-actualization

Conclusion

We all know that people have a desire for dominance over others. Some individuals due to some reasons are powerless and cannot exert control over other individuals or the course of events. A handicapped individual is different in the pathological sense from the normal. The feeling that he is less capable, perhaps less appealing physically and different from normal peers gives rise to a sense of condemnation, frustration and inferiority. Such thought processes produce an inordinate amount of conflict and anxiety and finally may strengthen a reaction which may be called domination, which is supposed to be an attempt to overcome all these feelings of inferiority. It is assumed that certain disabilities are so distressing that anyone who has them must be psychologically disturbed. Someone who is blind is expected to either live in perpetual depression or to possess supernormal adaptation power that make acceptance of the condition possible. Such distresses due to disabilities lead to some sort of dominance reaction often visible in their activities. Thus the dominance may have come as a compensatory reaction, which is also found to be an important predictor of adjustment of the orthopedically specially abled children.

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